

CHARGE OF DISCRIMINATION 02-3756

AGENCY
 FEPA
 EEOC

CHARGE NUMBER
150 99 3342

This form is affected by the Privacy Act of 1974; See Privacy Act Statement I am completing this form.

Florida Comm. on Human Relations
State or local Agency, if any

and EEOC
SEP 10 1999

NAME (Indicate Mr., Ms., Mrs.)
Montye Conlan HOME TELEPHONE (Include Area Code)
(904) 441-4933

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH
55 Seaview Drive, Ormond Beach, FL 32176 01/06/1954

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME NUMBER OF EMPLOYEES, MEMBERS TELEPHONE (Include Area Code)
American Lung Association Cat A (15-100) (904) 743-2933

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY
P.O. Box 8127, Jacksonville, FL 32239 031

NAME TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))
 RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST
05/11/1999
 CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):
I. I am a female who has a disability. I have worked for the above respondent as a Regional Coordinator for the past 9 months.
II. On February 8, 1999 I informed my employer that I had an illness and went on leave for 3 months. On May 11, 1999 I had a meeting with the Directors, Sandra Kessler and Paula Kandel and requested a reasonable accommodation. I was denied the accommodation and terminated on May 28, 1999. The reason given to me was that I never informed them when I was coming back to work.
III. I believe I have been discriminated against in violation of the American with Disabilities Act of 1990.



Signature of Notary: Martha I. Hurst

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY (When necessary for State and Local Requirements)
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT
Montye Conlan

Date 6/28/99
Charging Party (Signature) Montye Conlan

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)
28th day of June, 1999