

FLORIDA COMMISSION ON HUMAN RELATIONS
325 John Knox Road, Suite 240, Building F
Tallahassee, Florida 32303-4149

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 FLORIDA COMMISSION ON HUMAN RELATIONS
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AMENDED CHARGE OF DISCRIMINATION		FCHR No. 220008	NY 23
Name (Indicate Mr. Ms. or Mrs.) Ms. Teresa Cavanaugh		Social Security #	Date of Birth 01/27/66
Street Address 14795 N.W. 96 Place		Home Telephone Number (area code) 352/528-2145	
City, State, and Zip Code Morrison, Florida 32668		Work (if possible to call you there)	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			

Name Sprint	Number of Employees 15+	Telephone Number 352/326-1180
Street Address 425 N. Third Street	City, State and Zip Code Leesburg, Florida 34748	County Lake

CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 12/14/00
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:
 I was terminated from my position on December 14, 2000. I had been employed with Respondent for 15 years.

II. Respondent's Reason for Personal Harm
 Mr. Robert L. Whittaker, Access Customer Manager, told me that I was being terminated for unacceptable misconduct.

III. Discrimination Statement:
 I believe I have been discriminated against because of my disability which is in violation of Title VII of the Federal Civil Rights Act of 1964; the Americans with Disabilities Act (ADA); Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for the following reasons:

1. During my tenure with Respondent I was never written up or disciplined for anything.
2. My evaluations were always meeting or exceeding standards, so my work performance was not in question.
3. The Respondent offered me Long Term Disability on two occasions while I was out for several months on disability leave and I turned them down on both occasions.
4. I feel this was one of the reasons I was terminated, because shortly after returning to work I was dismissed.
5. After receiving a note from my doctor that I was still under his care I was abruptly dismissed without an explanation. The only explanation was in the form of a letter saying I was terminated for unacceptable misconduct.
6. After 15 years of dedicated and creditable service I feel I was unjustifiably dismissed from my job.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

Under penalties of perjury, I declare that I have read the foregoing charge of discrimination and that the facts stated in it are true.

SIGNATURE OF COMPLAINANT
Teresa Cavanaugh

DATE
 11/15/01