

**Received Event (Event Succeeded)**

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Company:  
Subject:

02/04/2005 10:01 8635347046

POLK CO HLTH DEPT

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**STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS**

**JERRY REEVES**  
Petitioner,  
v.

CASE NO. 04-2952

DSM

**DEPARTMENT OF HEALTH,**  
Respondent

**SETTLEMENT AGREEMENT**

The parties to this appeal have agreed to settle this case on the following terms:

1. The Employee/Petitioner agrees to and does hereby accept a written reprimand from the Agency in lieu of dismissal for violations of DMS Rule 36.005(3)(d), FAC, for Insubordination, as detailed in a separate memorandum to be filed by the Department.
2. The Employee will receive the equivalent of 12 weeks regular pay computed at the rate the employee was receiving at the time of dismissal, minus standard deductions.
3. The Employee agrees to submit a letter of resignation effective August 7, 2003. The Agency agrees to accept the resignation by separate memorandum. Employee's letter of dismissal shall then be placed in an envelope in the Employee's personnel file and marked "Revoked".
4. Each party shall be responsible for their own attorney's fees, costs of litigation and settlement, and expenses of any kind incurred as a result of this case.
5. Petitioner shall voluntarily dismiss this litigation with prejudice. The parties waive the filing of exceptions and any time periods within which exceptions may be filed.
6. The Employee, for himself, his attorney, heirs, executors, administrators, successors and assigns, does hereby fully, finally and forever release and discharge the State of

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Settlement Agreement  
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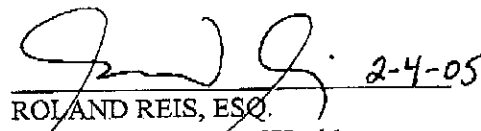
Florida, Department of Health and its agents, employees, representatives, and attorneys (collectively herein referred to as the Agency), of and from all claims, demands, actions, causes of action, suits, damages, losses and expenses, of any and every nature whatsoever arising from any or all of the facts or circumstances which gave rise to this action, including, but not limited to, those claims asserted or any federal, state or administrative action or other claims that were or might have been asserted by or on behalf of the employee against the agency before the Florida Commission on Human Relations and any other suits or charges filed or which may be filed by or on behalf of the Employee with any federal, state or local agency or court relating to these facts or circumstances whatsoever.

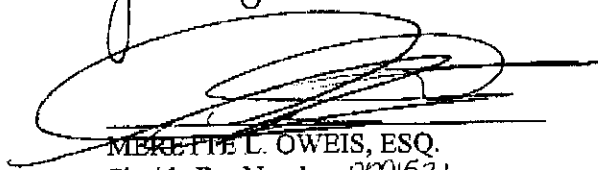
**WHEREFORE**, the parties jointly request that the Commission's hearing officer and the Commission approve this settlement agreement, dated this 1<sup>st</sup> day of February, 2005.

FOR THE EMPLOYEE:

FOR THE AGENCY:

  
JERRY REEVES

 2-4-05  
ROLAND REIS, ESQ.  
Florida Department of Health  
Florida Bar Number 0562653  
1290 Golfview Ave., 4th Floor  
Bartow, FL 33830-6740  
Tel. (863) 519-7900, ext. 1005

  
MERRITTE L. OWEIS, ESQ.  
Florida Bar Number 0001521  
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Lakeland, FL 33806-2278

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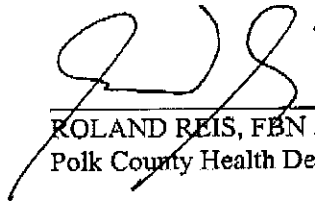
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Tel. (863) 658-5999

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by facsimile to Daniel Manry, Hearing Officer, Division of Administrative Hearings, at Fax Filing (850) 921-6847; and by regular mail to Merette L. Oweis, Esq., DiCesare, Davidson & Barker, Attorneys at Law, Post Office Box 7160, Lakeland, FL 33807, this 4<sup>th</sup> day of February, 2005.

  
\_\_\_\_\_  
ROLAND REIS, FBN 562653  
Polk County Health Department