



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

MARJORY STONEMAN DOUGLAS BUILDING
3900 COMMONWEALTH BOULEVARD
TALLAHASSEE, FLORIDA 32399-3000

March 11, 2015

Mr. Barton L. Bibler
3673 Mossy Creek Lane
Tallahassee, Florida 32311

Dear Mr. Bibler:

Based upon Personnel Rules 60L-34 regarding Attendance and Leaving, specifically, Compulsory Disability Leave and also information we have received regarding your medical condition and behavior, we have attached a Medical Release Form you will need to have your doctor complete before you will be able to return to work.

The Department of Environmental Protection (DEP) is requesting your physician's professional opinion concerning your ability to return to work and to perform the duties and responsibilities of your position on a full time basis. A copy of your position description and the form are attached for the doctor's completion and return. You will need to sign the form authorizing your physician to release your medical information.

DEP has no wish to violate your privacy by requesting the result of any medical test or diagnosis. We must, however, ascertain your ability to return to work and perform your job duties as a Government Operations Consultant III on a full time basis.

We have enclosed your current position description. We would appreciate your physician's professional opinion regarding your ability to perform the essential functions of your job on a full time schedule of 8 hours per day 5 consecutive days per week.

Based on the information we have provided and your signed consent to release information to us, we request that your physician complete the attached form and return it to us as soon as possible so that you may be able to return to work. Please share this letter with the physician.

Please forward this completed information to my attention via fax number (850) 412-0710 or email it to me at mary.stoneman@dep.state.fl.us.

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If additional information is needed please contact me at (850) 245-2532.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew Meehan". The signature is fluid and cursive, with the first name "Drew" and last name "Meehan" clearly distinguishable.

Drew Meehan
Human Resource Officer

DM/gba

Enclosures: (1) Evaluation Form
(2) Position Description # 37001192

c: Mr. Bibler's Physician



Florida Department of Environmental Protection

MEDICAL CERTIFICATION

Required Signatures: Original Ink

If there is a pattern of absence by an employee that appears to be inappropriate or abusive, the supervisor should consult with the Bureau of Human Resource Management, Employee Relations Section for guidance.

Name of Employee: _____

People First ID: _____ Division/District: _____

Please Indicate Reason for Leave Request:

- Employees Serious Health Condition
- Birth of a Child
- Placement of a child with you for Adoption or Foster Care
- Serious Health Condition of your spouse child _____ parent
(list child's Date of Birth)
- Military Family Leave

(NOTE: Qualifying Exigency Leave requires completion of Form WH-384 and Military Caregiver Leave requires completion of Form WH-385)

Authorization to Release Medical Information

I hereby specifically authorize the release of any information contained in all records regarding any and all of my medical treatment in order to complete this questionnaire.

Employee's Signature: _____ Date: _____

CONFIDENTIAL MEDICAL INFORMATION EXEMPT FROM PUBLIC RECORDS DISCLOSURE, CHAPTER 119, F.S

(This part of the form is to be completed by the attending physician)

Health Care Provider

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee's Name (Print): _____

MEDICAL CERTIFICATION – BHRM - DEP 54-202 (Effective 10-30-2013) continued

Patient's Name: _____ (if different from employee)

Last day patient was seen: _____

Absence necessary from work beginning _____ through _____

Is patient able to perform all regular duties: YES NO If YES, how many hours per day? _____
(please specify timeframes for working hours if required due to medical reason)

Please provide an explanation for any restrictions or limitations.

What date (or projected date) will the patient be able to perform their regular duties? _____

Is the patient able to perform light office duties? YES NO

Additional Comments:

If additional treatments will be required for the condition, please provide an estimate of the probable number of such treatments:

If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment).

If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

If the condition is a chronic condition or pregnancy, state whether the patient is presently unable to perform their job duties and the likely duration and frequency of episodes of the patient's inability to perform their jobs:

If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? YES NO

If NO, would the employee's presence, to provide psychological comfort, be beneficial to the patient or assist in the patient's recovery? YES NO

MEDICAL CERTIFICATION – BHRM - DEP 54-202 (Effective 10-30-2013) continued

I understand that this information will be kept confidential and is required by the Department of Environmental Protection's Bureau of Human Resource Management for determining eligibility under the Family and Medical Leave Act and leave usage.

Name of Physician: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Area Code/Phone Number: _____

Signature of Attending Physician

Date

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE <input checked="" type="checkbox"/> SELECTED EXEMPT SERVICE <input type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/>			
POSITION LOCATION INFORMATION		Position Exempt Under 110.205 () F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input type="checkbox"/> Other <input type="checkbox"/>	
NAME OF AGENCY: Department of Environmental Protection		Organization Level: Current: Proposed:	
DIVISION/COMPARABLE: State Lands		Position Number: 37001192	FTE: 1.0
BUREAU/COMPARABLE: Office of Environmental Services		Current Broadband Level Code: 13-1111-04	Current Class Title: Government Operations Consultant III Current Class Code: 2238
SECTION/SUBSECTION:		Proposed Broadband Level Code:	Proposed Class Title: Proposed Class Code:
HEADQUARTERS/COUNTY CODE: Tallahassee 37		Type of Transaction: Minor up to duties & responsibilities	
INCUMBENT:		APPROVAL AUTHORITY USE ONLY	
POSITION ATTRIBUTES: EEO 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/>		Broadband Level Code 13-1111-04	Class Code 2238
CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input checked="" type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/>		APPROVED BROADBAND OCCUPATION: Management Analyst	
Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		APPROVED CLASS TITLE: Government Operations Consultant III	
Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Approved By: <i>JB</i> Effective Date: <i>10/11/14</i>	
CAD: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<i>occ-105</i> <i>B-10</i> <i>PF 25</i>	
1. This position reports directly to: Position Number <u>37001074</u> Broadband Level Code <u>11-1021-03</u> Broadband Occupation <u>General and Operations Mgrs.</u> Class Code <u>8841</u> Class Title <u>Program Administrator</u>			
2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:			
3. What statutes establish or define the work performed? <u>Chapters 253 and 259, F.S.</u>			
4. This position has financial disclosure responsibility in accordance with Section 112.3145, F.S.: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
5. Current budget for which this position is accountable (if applicable): NA			
Salaries & Benefits		O.P.S.	Expenses
F.C.O.	Data Processing		TOTAL ALLOTMENT
If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.			

6. Duties and Responsibilities - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities
75	Coordinates all aspects of the Board of Trustees land management plan program and the evaluation program for use of conservation lands, including evaluating environmental values, proposed public uses, public comments and recommendations (especially those of advisory groups and review teams), and compliance with rule, statutes, and the purposes for which the property was acquired. Works to increase compliance among lessees of conservation lands, and present all program information to the Acquisition and Restoration Council as required.
10	Coordinates and works towards consensus with division staff, other state and local agencies and stakeholders in making and implementing policy/rulmaking recommendations. Develops and provides reports as needed.
5	Coordinates research and analysis of original project boundaries, conservation objectives, and project evaluation reports for existing state-owned lands to determine if any can be recommended for surplusing.
5	Reviews, analyzes and ensures appropriate content of each land management prospectus provided as part of the Project Evaluation Report as required in s. 259.032, F.S.
5	Performs other related duties.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position: Knowledge of basic management principles and practices. Knowledge of the methods of data collection and analysis. Ability to manage a consultative program designed to ensure the resolution of managerial and operational problems. Ability to determine work priorities, assign work and ensure proper completion of work assignments. Ability to communicate effectively. Ability to establish and maintain effective working relationships with others. Ability to assess budgetary needs. Ability to formulate policies and procedures. Ability to understand and apply applicable rules, regulations, policies and procedures relating to operational and management analysis activities. Ability to organize data into logical format for presentation in reports, documents and other materials. Ability to collect, evaluate and analyze data to develop alternative recommendations, solve problems, document work and other activities relating to the improvement of operational and management practices. Ability to conduct fact-finding research. Ability to work independently. Ability to solve problems and make decisions. Ability to maintain a valid driver's license. Ability to demonstrate teamwork. Ability to exercise common sense.
8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Valid Driver's License
9. Other job-related requirements for this position: Incumbent has vendor Invoice/Warrant Processing responsibility and is subject to the provisions of Section 215.422, FS.
10. Working hours: (A) Daily from 8:00 a.m. to 5:00 p.m. (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.) Flextime allowed.

11. Agency Use Only -
 Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
 Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement Management
 Sensitive Agency security check Other: Vendor Invoice, Chapter 215.422 F.S.

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent signature:	Date:
Discussed with employee: Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's signature:	Title: _____ Date: _____
Approval of Reviewing Authority: (Division Director, Agency Head or other) <i>Kellie [Signature]</i>	Title: <i>Director</i> Date: <i>9-29-14</i>
Approval of Agency Personnel Officer: <i>[Signature]</i>	Title: <i>PSS</i> Date: <i>10/9/14</i>