

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

Arturo Hernandez EMP ID: 111410

Work Location		Find First 1 of 1	
HR Status:	Inactive	Payroll Status:	Terminated
Effective Date:	12/03/2010	Sequence:	0
Action:	Termination	Reason:	Misconduct
Last Start Date: 01/14/2002		Termination Date: 12/02/2010	
Expected Job End Date		Job Indicator: Primary Job	
Last Date Worked:	12/02/2010	<input type="checkbox"/> Override Last Date Worked	Position Entry Date: 01/14/2002
Position Number:	00008408	Psychiatrist	
<input type="checkbox"/> Override Position Data		<input type="checkbox"/> Position Management Record	
Regulatory Region:	USA	United States	
Company:	BCC	BOARD OF COUNTY COMMISSIONERS	
Business Unit:	OCGOV	Orange County Government	Department Entry Date: 09/25/2005
Department:	0813909	Corr. Mental Health Sevices	
Location:	CR05	Corr Health Services	
Establishment ID:	BCC	BOARD OF COUNTY COMMISSIONERS	Date Created: 12/07/2010

Job Data | Employment Data | Earnings Distribution | Benefits Program Participation

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation



Employee Change Notice

Company: BCC CMP
 Division: **Corrections Health Services**

Name and ID

Employee ID : 111410	First Name : Arturo	Middle Name: Diego	Last Name: (Ex: Ramirez-Montez, Jr.) Hernandez
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Personal Information

Street Address:		DEC -	City:	State:	Zip:	County:
Mailing Address:		<input type="checkbox"/> Same as Street Address	City:	State:	Zip:	County:
Main Phone:		Other Phone:		Email Address (Optional)		<input type="checkbox"/> Home <input type="checkbox"/> Bus <input type="checkbox"/> Other
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Highest Education Level: <input type="checkbox"/> Less than HS <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College <input type="checkbox"/> Technical School <input type="checkbox"/> 2 yr College Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Some Grad School <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional-MD, DDS, JD) <input type="checkbox"/> Post Doctorate					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Military Status: <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> No Military Service <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran of Vietnam Era				
Birth Date: (MM/DD/YY)	Referral Source: <input type="checkbox"/> Ad <input type="checkbox"/> Agency <input type="checkbox"/> College Recruiting <input type="checkbox"/> County Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Job Posting <input type="checkbox"/> Orange TV <input type="checkbox"/> Walk-In <input type="checkbox"/> Other				Social Security Number:	
Ethnic Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			Citizenship Status: (Supporting documentation required) <input type="checkbox"/> Alien Permanent <input type="checkbox"/> Alien Temporary <input type="checkbox"/> Native <input type="checkbox"/> Naturalized <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other			

Job Information

Effective Date: (MM/DD/YY) 12/03/2010	Effective Sequence:	Action: Termination	Reason for Action: Misconduct
Position Number: 00008408	Department ID: 0813806	Location Code: CR05	Job Code: 4078
Job Title: Psychiatrist	Employee Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Time Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Employee Class: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern <input type="checkbox"/> Not Applicable
Pay Group ID: BAD	Salary Admin Plan: BRG	Grade: 052	Step:
Service Date: (MM/DD/YY)	FS 119: <input type="checkbox"/> Classified <input type="checkbox"/> N/A	FRS Code:	Check Sort:

Emergency Contact Information

Last Name:	First Name:	MI:	Relationship to Employee: <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Friend <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
Street Address: <input type="checkbox"/> Same Address as Employee		City:	State:	Zip:	County:
Main Phone: <input type="checkbox"/> Same Phone as Employee		Other Phone:		<input type="checkbox"/> Bus <input type="checkbox"/> Cell <input type="checkbox"/> Other	

Licenses and Certifications

License/Certification Type: (Attach Copy) <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Driver's License-D <input type="checkbox"/> Driver's License-E <input type="checkbox"/> State ID Card <input type="checkbox"/> EMT <input type="checkbox"/> Firefighter <input type="checkbox"/> Paramedic <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other -- (Use Comments below)					
Issue Date: (MM/DD/YY)	License Number:	State Issued:	Expiration Date:		

General Comments: Support documentation attached.

Recommended by:
 Division Manager (or designee)

Approved by:
 Human Resources

Approved by:
 County Administrator (or designee)

Date: 12/03/2010

Date: 12/03/2010 12/7/10

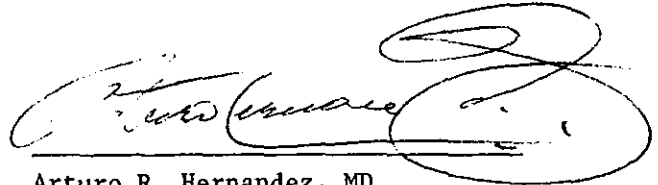
Date:



HEALTH SERVICES DEPARTMENT
 George A. Ralls, M.D., F.A.C.E.P., Director
 Medical Director, Orange County EMS System
 2002-A East Michigan Street
 Orlando, Florida 32806-4014

December 02, 2010

Arturo Hernandez
 5334 Central Florida Parkway
 PMB # 307
 Orlando, Florida 32821



Arturo R. Hernandez, MD

Date Received: 12 - 02 - 2010

Dr. Hernandez-Pena,

Please be advised that, effective immediately, your employment in the position of Corrections Health Psychiatrist is terminated. The decision to terminate your employment is being made by the Department Director in accordance with the following provisions of your employment contract:

- **Item 7(c)(iii), Employee engaging in conduct damaging to the reputation of the County,** based on your recent arrest on the following charges:

1. SCHEME TO DEFRAUD	817.034(4)(A)(3) Third Degree - Felony
2. THEFT	812.014(2)(C)(1) Third Degree - Felony
3. FALSE AND FRAUDULENT INSURANCE CLAIMS	817.234(11)(A) Third Degree - Felony
4. PATIENT BROKERING	817.505(4) Third Degree - Felony

- **Item 8, Outside Employment,** based on your failure to submit written notification of any outside employment to the Corrections Health Services Manager or designee for approval.

If any clarification is needed, please contact Orange County Human Resources. I wish you the best in your future endeavors.

Sincerely,



George A. Ralls, M.D.
 Director, Health Services Department

Cc: Linda Weinberg, Deputy County Administrator
Donna Loyko, Manager, Health Services Department
Edwin Pont MD, Medical Director, Corrections Health Services
Ricardo Daye, Director, Human Resources Division
Laketha Anderson, HR Advisor, Human Resources Division
Pati Giambarberee, HR Administrator, Human Resources Division
Adrienne Johnson, Senior HR Analyst, Health Services