



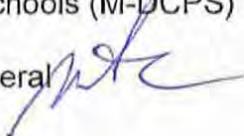
Mary T. Cagle  
Office of the Inspector General  
for Miami-Dade County Public Schools



19 West Flagler Street ♦ Suite 220 ♦ Miami, FL 33130 ♦ Phone: (305) 375-1946 ♦ Fax: (305) 579-2593

To: Hon. Chairwoman Perla Tabares Hantman and Members  
Miami-Dade County School Board

Alberto Carvalho, Superintendent  
Miami-Dade County Public Schools (M-DCPS)

From: Mary T. Cagle, Inspector General 

Date: October 16, 2014

Subject: OIG SB 1314-1009 - Outside Employment of Employee Nestor E. Yero  
While on Medical Leave of Absence Without Pay

---

Enclosed please find a copy of the Miami-Dade County Public Schools (M-DCPS) Office of the Inspector General's (OIG) Final Report regarding allegations that Nestor E. Yero was working in his own business without approval while on medical leave of absence without pay.

This report, as a draft, was provided to Mr. Yero for his review and comment. A courtesy copy of the draft report was also provided to the Superintendent. A written response was received from Mr. Yero. The response is summarized in the final report and is attached in full as Appendix A.

Our report on this matter contains our investigative findings, conclusions and, although Mr. Yero has resigned his position with M-DCPS, a recommendation that the report be made part of his personnel file.

Enclosure

cc: Walter J. Harvey, School Board Attorney, Miami-Dade County Public Schools  
Jose Montes de Oca, Chief Auditor, Miami-Dade County Public Schools  
Individuals previously provided with the draft report

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
*Outside Employment of Employee Nestor Yero While on Medical Leave of Absence*

---

**INTRODUCTION & SYNOPSIS**

In December 2013, the Miami-Dade County Public Schools (M-DCPS) Office of the Inspector General (OIG) began an investigation predicated on information received from Roberto Romero, Executive Director, M-DCPS Office of Leave, Retirement, and Unemployment Compensation (Leave Office). The complaint alleged that Nestor E. Yero, a vocational teacher at Southwest Miami Senior High School, might be working at Quick Line Automotive LLC (Quick Line), while on Medical Leave of Absence Without Pay (MLOA/WP) from his M-DCPS employment, in violation of M-DCPS policy.<sup>1</sup>

M-DCPS granted Mr. Yero an MLOA/WP from September 20, 2012 to March 19, 2013. In January 2013, Mr. Yero requested an extension for the same medical issues. M-DCPS granted his request and extended the MLOA/WP from March 19, 2013 to September 20, 2013. Mr. Yero returned to work on August 30, 2013, but again requested, and was granted, a third MLOA/WP from November 12, 2013 to May 12, 2014.

The OIG investigation revealed that Mr. Yero in fact was working at Quick Line during his MLOA/WP, thus substantiating the allegation. Mr. Yero resigned from M-DCPS on February 10, 2014.

**OIG JURISDICTIONAL AUTHORITY**

The OIG provides inspector general services to M-DCPS pursuant to an Interlocal Agreement (ILA) between Miami-Dade County and the Miami-Dade County School Board. The ILA governs the scope and jurisdiction of the OIG's activities. Among the authority, jurisdiction, responsibilities and functions conferred upon the OIG through the ILA is the authority and jurisdiction to investigate M-DCPS affairs, including the power to review past, present, and proposed programs, accounts, records, contracts and transactions. The OIG shall have the power to require reports and the production of records from the M-DCPS Superintendent, School Board members, School District departments and allied organizations, and School District officers and employees, regarding any matter within the jurisdiction of the OIG.

**INDIVIDUALS & ENTITIES COVERED IN THIS REPORT**

***Nestor E. Yero***

Mr. Yero began his employment with M-DCPS on April 10, 1998, as a substitute bus driver. On July 17, 1998, he transferred to the M-DCPS Transportation Department where he worked as a bus mechanic. On September 4, 1998, he became a full-time vocational teacher at Southwest Miami Senior High School, a position he held until he resigned on February 10, 2014. During his employment as a vocational teacher, Mr. Yero was a member of the bargaining class of the United Teachers of Dade.

---

<sup>1</sup> Mr. Yero's requests for medical leave were for "illness of self."

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
***Outside Employment of Employee Nestor Yero While on Medical Leave of Absence***

---

***Quick Line Automotive LLC (Quick Line)***

Quick Line is an automobile repair shop located at 15020 S.W. 136 Street, Miami, FL, 33186. Quick Line was formed in 2008 as a limited liability company with the Florida Department of State, Division of Corporations, under FEI Number 20-3741552. Nestor E. Yero is listed as the manager and registered agent in the company's annual report.

***M-DCPS Office of Leave, Retirement, and Unemployment Compensation***

The Office of Leave, Retirement, and Unemployment Compensation (Leave Office) is accountable for providing information to employees on the types of leaves of absence available and the eligibility criteria to take a certain type of leave. The Leave Office is responsible for reviewing and providing approval for these leave requests and ensuring compliance with the parameters of the leave requests. The Leave Office also provides information and counseling on retirement and further responds to unemployment compensation claims filed by M-DCPS employees with the State of Florida.

**RELEVANT GOVERNING AUTHORITIES**

Article XIV, Section 20.A.3.d, *Contract between Miami-Dade County Public Schools and the United Teachers of Dade, 2012-2015*

Employment while on leave is not permitted, unless specifically requested and approved. If approved, such employment shall be limited to a maximum of 25 hours per week, except as provided in Section 20(F), Extended Professional Leave. (Emphasis added)

**INVESTIGATION**

***Case Initiation & Investigative Methodology***

The investigation was predicated on a complaint alleging that M-DCPS employee Nestor Yero was working at Quick Line while on MLOAWP from M-DCPS. During the course of the investigation, OIG Special Agents conducted onsite visits to Quick Line, interviewed witnesses, and reviewed documents, including, but not limited to, M-DCPS personnel files, M-DCPS employment records, and regulatory documents on file with the Miami-Dade County Consumer Protection Division (CPD).<sup>2</sup>

This investigation was conducted in accordance with the *Principles and Standards for Offices of Inspector General, Quality Standards for Investigations*, as promulgated by the Association of Inspectors General.

---

<sup>2</sup> CPD is a division of the Miami-Dade County Department of Regulatory and Economic Resources.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
***Outside Employment of Employee Nestor Yero While on Medical Leave of Absence***

---

***Identification of Nestor Yero***

Based on the information given in the complaint, OIG Special Agents visited Quick Line on December 13, 2013, and anonymously met with an unidentified male dressed in a blue Quick Line mechanic's uniform<sup>3</sup> who confirmed that Mr. Yero worked at Quick Line but indicated that he was not present at the time. This individual then directed us to speak to Mr. Yero's son, who was also dressed in a blue Quick Line mechanic's uniform. The OIG Special Agents approached the individual identified as Mr. Yero's son and he identified himself as Frank Gomez. Mr. Gomez confirmed that Mr. Yero worked at Quick Line, but was not there. Mr. Gomez went on to state that Mr. Yero went to his physician's office in preparation for a medical procedure that he was scheduled to have the following week. Mr. Gomez further stated that Mr. Yero was expected to be back to work at the shop no later than by the end of the following week.

On January 14, 2014, OIG Special Agents returned to Quick Line and spoke to another unidentified male dressed in a blue Quick Line mechanic's uniform who informed the OIG Special Agents that Mr. Yero was in the shop's office and directed them there. Upon entering the office, OIG Special Agents observed Mr. Yero behind a counter wearing the same Quick Line blue mechanic's uniform as every other employee in the shop.<sup>4</sup> Mr. Yero was having a conversation on the telephone with someone while simultaneously speaking with Mr. Gomez about the same business matter.

Upon concluding his telephone conversation, the OIG Special Agents confirmed he was Nestor Yero. When asked if he worked at the shop he replied, "Yes, how can I help you?" The OIG Special Agents then identified themselves and informed Mr. Yero as to the purpose of the visit. Mr. Yero then stated that he was at the shop just to pick up some paperwork.

Mr. Yero was contacted numerous times for an interview; however, he failed to return several telephone calls that were made to him.

***Review of Mr. Yero's Medical Leave of Absence Requests***

Documents obtained from the M-DCPS Leave Office concerning Mr. Yero's MLOAWP requests and approvals were reviewed and revealed the following:

- On September 24, 2012, Mr. Yero completed and signed a *Request for Leave of Absence Without Pay Application* (Form FM-2763) requesting medical leave for the period of September 20, 2012 through March 20, 2013, which was approved on

---

<sup>3</sup> "Quick Line" is embroidered on the uniform shirt.

<sup>4</sup> OIG Special Agents observed Mr. Yero's last name embroidered on his Quick Line uniform shirt.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
***Outside Employment of Employee Nestor Yero While on Medical Leave of Absence***

---

October 19, 2012.<sup>5</sup> Mr. Yero also submitted a *Leave of Absence Medical Documentation* (Form FM-6030) signed by Dr. Manuel Gonzalez listing his illness. (Composite EXHIBIT 1)

- On January 15, 2013, Mr. Yero signed a *Letter of Intent* (Form 2328) requesting an extension of his medical leave from March 20, 2013 until September 20, 2013, accompanied by a *Leave of Absence Medical Documentation* (Form FM-6030) citing the same medical condition. This MLOA/WP was approved on March 7, 2013. (Composite EXHIBIT 2)
- On August 26, 2013, Mr. Yero was cleared by his physician, via a medical prescription, to return to work. Payroll records reflect that Mr. Yero returned to work on August 30, 2013.
- Beginning on October 28, 2013, Mr. Yero again started to take leave without pay, but without officially filing a *Request for Leave of Absence*. On November 11, 2013, Mr. Yero filed a third *Request for Leave of Absence Without Pay* beginning November 12, 2013 through May 12, 2014, citing the same medical conditions. The MLOA/WP was approved on November 15, 2013. (Composite EXHIBIT 3)
- Dr. Manuel Gonzalez verified that he diagnosed and signed three M-DCPS *Leave of Absence Medical Documentation* forms for Mr. Yero, dated September 24, 2012, January 15, 2013, and November 11, 2013. In addition, he confirmed that he authored the medical prescription dated August 26, 2013, releasing Mr. Yero to return to work.
- There is no record that Mr. Yero requested authorization for employment while on leave.
- During Mr. Yero's leave of absence, M-DCPS contributed towards his medical health insurance and other benefits.

***Failure to Obtain Approval for Employment While on MLOA/WP***

The OIG Special Agents verified with the Leave Office that Mr. Yero failed to obtain approval for employment while on leave, as required under Article XIV, Section 20.A.3.d of the 2012-2015 Contract between M-DCPS and the United Teachers of Dade. The request for approval must be in writing and must include an attachment from the treating physician indicating that the individual is able to work and in what capacity. Mr. Yero was notified of this requirement on at least three separate occasions when his leave was approved. The

---

<sup>5</sup> M-DCPS employees' immediate administrator may approve sick leave for a period of 30 days. If, at any time during the 30 days, it is determined that the employee will need to be out of work for a longer period of time, the employee will then be required to file an MLOA request with the Office of Leave.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
***Outside Employment of Employee Nestor Yero While on Medical Leave of Absence***

---

Executive Director sent three emails to Mr. Yero approving his leave, which included the following warning:

All Employees: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. **(Composite EXHIBIT 4)**

***M-DCPS Contributions Towards Medical Health Insurance & Other Benefits***

The OIG Special Agents determined that during the period that Mr. Yero was on leave of absence without pay, and working in his own business without M-DCPS approval or knowledge, Mr. Yero continued to receive, from M-DCPS, regular contributions for insurance benefits. These contributions included a minimum of \$460 a month for medical health insurance for the period of September 1, 2012 through December 31, 2012; \$486 a month from January 1, 2013 through August 31, 2013; \$486 a month from November 1, 2013 through December 31, 2013; and \$602 a month from January 1, 2014 through February 28, 2014. Other benefits he received from M-DCPS included \$10.36 a month for Short Term Disability and \$6.54 a month for Life Insurance.

***Miami-Dade County Consumer Protection Division Records***

The County requires all vehicle repair shops (mechanical, paint, and body repair) and all vehicle repair personnel (mechanics/technicians/apprentices) be registered with the County's Consumer Protection Division (CPD) and comply with various regulations.

A review of Quick Line's renewal applications for Motor Vehicle Repair Business Registration (MVRBR) revealed the following:

- Quick Line's original MVRBR license number (09589.MVR) was issued on February 4, 2008. Mr. Yero is listed as the owner of Quick Line on the original application and on all renewal applications. Quick Line's license expires on February 15, 2015.
- On the latest MVRBR renewal application dated December 27, 2012, Mr. Yero is listed as the "Person Actively in Charge of the Shop" and also as a Quick Line certified mechanic and manager (License No. 28492.MVR-C). Mr. Yero's Mechanic/Apprentice License Applications revealed that Mr. Yero is an ASE Certified Master Automobile Technician through June 30, 2014. Frank Gomez and Simon Garcia were also listed as mechanics on the same application. **(Composite EXHIBIT 5)**

**RESPONSE TO THE DRAFT REPORT & OIG COMMENTS**

The OIG provided this report, as a draft, to Nestor E. Yero for his discretionary written response. A draft report was also provided to the Superintendent for informational

**MIAMI-DADE COUNTY PUBLIC SCHOOLS OFFICE OF THE INSPECTOR GENERAL**  
**OIG FINAL REPORT OF INVESTIGATION**  
***Outside Employment of Employee Nestor Yero While on Medical Leave of Absence***

---

purposes. The OIG received a response from Mr. Yero, which is incorporated herein as Appendix A and summarized below. OIG comments to the response also follow.

In his response, Mr. Yero acknowledges that he was on site at Quick Line Automotive (Quick Line) on January 14, 2014, but contends that he was there only to "use the fax machine." However, Mr. Yero does not explain why he was wearing his Quick Line blue mechanic's uniform and why he was on the phone handling a business call related to Quick Line. Mr. Yero also does not explain why two of his employees confirmed that he worked there.

Mr. Yero also acknowledges that he and his partner own Quick Line, but are not employees. He contends that they have always had employees manage the day-to-day operation of the business. If this is indeed true, then his latest MVRBR Renewal Application dated December 27, 2012, where he listed himself as the "Person Actively in Charge of the Shop" is not true. According to Miami-Dade County, the person listed as actively in charge of the shop, is the person that must be at the shop on a daily basis supervising the shop and its employees.

#### **CONCLUSION & RECOMMENDATIONS**

The OIG has thoroughly reviewed Mr. Yero's response and has concluded that the report requires no changes. The OIG's investigation substantiated Mr. Yero's unapproved employment with Quick Line while on MLOA/WP as a full-time vocational teacher. Pursuant to the 2012-2015 Contract between M-DCPS and the United Teachers of Dade, "employment while on leave is not permitted, unless specifically requested and approved."

On February 10, 2014, Idolidia Baluja, Supervisor of the Leave Office, received an email from Mr. Yero resigning his employment with M-DCPS, effective the same date.

**(EXHIBIT 6)**

The OIG recommends that the final report be made part of Mr. Yero's personnel file.

**Miami-Dade County Public Schools  
Office of the Inspector General**

**Composite  
EXHIBIT 1**

**Request for Leave of Absence Without Pay and Leave of Absence Medical  
Documentation for September 20, 2012 Through March 20, 2013 (Redacted)**  
(2 pages)

**OIG Report  
SB1314-1009**



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<i>[Signature]</i>	10/19/12
(Signature)	(Date)

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

I, Nestor Yero 231125, hereby request a leave of absence without pay  
 (Please Print Name and Employee Number.)  
 effective 9/20/12 through 3/20/13 Southwest Miami Senior High School 7741  
 (Cost Center Name and Number)

TYPE OF LEAVE REQUESTED

- Personal .....
- Professional (Study) .....
- DCSAA employees - see back side
- University .....
- Degree Sought/Major .....

DOCUMENTATION REQUIRED

Reverse side must be completed. Employees are not eligible to request personal leave without pay until after completion of three (3) continuous years of full-time employment (AFSCME - full-time and/or part-time) with Miami-Dade County Public Schools.

Statement of educational plans, demonstrating relevance to MDCPS employment, to be followed within one month by official letter from university verifying enrollment as a full-time student.

UTD employees MUST complete three (3) years of full-time employment prior to requesting extended professional leave, unless such leave is needed to complete an internship as part of an academic program leading to a Bachelor's degree in education. Extended leave for study may be granted solely for programs of study which are designed to enhance and expand the educational training for careers available within MDCPS.

- Professional (Other) ..... Letter indicating the professional activity to be engaged in which will enhance professional competence. Full-time employment requires completion of Supplemental Information Form (FM-6445). DCSAA employees - see back side
- Illness of Self or Relative ..... Leave of Absence Medical Documentation form (FM-6030) indicating diagnosis, length of time required for leave.
- Relative's Name ..... Relationship .....
- Parental ..... Leave of Absence Medical Documentation form (FM-6030) with anticipated date of child's birth, birth certificate, or letter from attorney or agency verifying adoption.
- Military ..... Copy of military orders.  Voluntary  Involuntary

**TEACHERS:** A teacher must hold a current valid Florida Teacher's Certificate in order TO BE ON LEAVE. Any prescription in effect at the commencement of leave will remain in effect upon the employee's return from leave.

**ALL EMPLOYEES:** The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned. IT IS THE EMPLOYEE'S RESPONSIBILITY TO INSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE. Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

RECEIVED  
LEAVE/RETIREMENT/D.C.  
OCT 02 2012

Signature Nestor Yero Date 09/24/12 Telephone No. (786) 210-1776  
 Address 12422 SW 119 Terrace Miami, Florida 33186  
 (Number & Street) (City, State) (Zip Code)

Notification of approval/disapproval of leave request will be sent exclusively to your M-DCPS e-mail address.

For employees applying for an illness of Self, illness of Relative or Parental Leave - Approval of your Parental, illness of Self or illness of Relative Leave of Absence, which meets the criteria of the Family Medical Leave Act (FMLA), constitutes designation of your FMLA entitlement and comprises a part or all of your FMLA entitlement. Any paid or unpaid leave taken prior to the Board-approved leave you are seeking, which was as a result of the same condition(s) which forms the basis for this Board-approved leave/FMLA leave, will be counted as part of your FMLA leave entitlement.

The work-site administrator's recommendation is not the final disposition of the request, and should not be relied on to absent your self from work. Contact the Leave Office if you have not received authorization, via e-mail to take the leave of absence.

FOR WORK SITE ADMINISTRATOR ONLY	
I recommend: <input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Disapproval (Please attach explanation.)
Signature <u>[Signature]</u>	<u>Principal</u> 9/26/12
(Work Site Administrator)	(Title) (Date)
PLEASE DO NOT SIGN UNTIL ALL REQUIRED DOCUMENTATION IS ATTACHED.	



**Miami-Dade County Public Schools  
LEAVE OF ABSENCE MEDICAL DOCUMENTATION**

RECEIVED  
LEAVE/RETIREMENT/U.C.  
OCT 0 9 2012

**For Completion by the EMPLOYEE:**

Nestor Yero/ 231125  
Employee Name / Employee Number

I hereby authorize Miami-Dade County Public School's healthcare representative to contact my healthcare provider for purposes of verification, clarification and/or authentication of the information on this form.

Nestor Yero  
Employee Signature

9/24/12  
Date

The healthcare provider must indicate beginning and end dates of leave, otherwise your application will be considered incomplete, will not be approved and you may face disciplinary action or termination.

**For Completion by the Healthcare Provider:**

Your patient has requested an extended leave of absence. In providing the information, be specific. Terms such as "lifetime," "unknown," or "undetermined" are not acceptable.

• **FOR ILLNESS OF EMPLOYEE:**

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: 414.0 Description: \_\_\_\_\_ **REDACTED**

ICD Code: 789.00 Description: \_\_\_\_\_

2. Recommend leave of absence from 9/20/12 to 3/20/13  
Date (be specific) Date (be specific)

• **FOR ILLNESS OF FAMILY MEMBER:**

Relationship to Miami Dade School Board Employee

\_\_\_\_\_ is a patient of mine and needs to be cared for by your employee.  
Patient Name

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

2. Recommend leave of absence from \_\_\_\_\_ to \_\_\_\_\_  
Date (be specific) Date (be specific)

• **FOR PARENTAL LEAVE:** Estimated date of Confinement (EDC)

Manuel Gonzalez  
Physician's Name Printed

[Signature]  
Physician's Signature

9/24/12  
Date

MD  
Specialty

(305) 6602-7234  
Phone Number

**Miami-Dade County Public Schools  
Office of the Inspector General**

**Composite  
EXHIBIT 2**

**Letter of Intent and Leave of Absence Medical Documentation for March 20, 2013  
Through September 20, 2013 (Redacted)  
(2 pages)**

**OIG Report  
SB1314-1009**



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

Phone:305-995-7090 Fax: 305-523-0495.

LETTER OF INTENT

FOR OFFICE USE ONLY
Approved [Signature] Not Approved [Date: 3/7/13]

TO: NESTOR E YERO
12422 S.W. 119 TERRACE
MIAMI, FL. 33186

RECEIVED
LEAVE/RETIREMENT/U.C.
JAN 17 2013

Our records indicate that your Illness of Self leave of absence from work location No. 7741 expires on 03/19/2013.

Please check the appropriate box below. IF YOUR RESPONSE IS NOT RECEIVED BY YOUR LEAVE EXPIRATION DATE, IT WILL BE CONSIDERED THAT YOU HAVE RESIGNED AND YOUR EMPLOYMENT TERMINATED.

All leave requests are adjudicated and the decision notice is sent exclusively via school email. Extensions of leave are governed by the following limitations:

Table with 3 columns: TYPE OF LEAVE, MAXIMUM TYPE ALLOWED, \*DOCUMENTATION REQUIRED TO EXTEND. Rows include Personal, Professional (Study), Professional (Other), Illness of Self, Illness of Relative, Parental, and Military.

Notwithstanding the above limitations on the maximum length for each type of extended leave of absence without pay, the following overall limitations shall apply to any single leave or combination of leaves, regardless of category:

The number of calendar years granted for any single period of continuous leave of absence without pay, with the exception of extended military leave, shall not exceed the number of creditable salary years earned with M-DCPS (entire fiscal/school years worked for AFSCME and DCSMEC) immediately preceding the leave request...

- I wish to resign at the expiration of my leave. Reason
I wish to retire at the expiration of my leave.
I wish to extend my leave until 9/20/13
I wish to return to work at the expiration of my leave.

NOTIFICATION OF APPROVAL OR DISAPPROVAL OF YOUR LEAVE REQUEST WILL BE SENT EXCLUSIVELY TO YOUR M-DCPS E-MAIL ADDRESS. IT IS THE EMPLOYEE'S RESPONSIBILITY TO CONTACT THE LEAVE OFFICE IF HE/SHE DOES NOT RECEIVE ADJUDICATION FROM LEAVE OFFICE

Employee's Signature Nestor Yero Emp.No. 231125 Date Signed 1/15/13
Home Address 12422 SW 119 Terr Miami 33186 Home Phone No.
Personal E-mail address pollyyero@gmail.com Cell Phone No.: 786-210-1776



**Miami-Dade County Public Schools  
LEAVE OF ABSENCE MEDICAL DOCUMENTATION**

**For Completion by the EMPLOYEE:** Nestor Vero / 231125  
Employee Name / Employee Number

I hereby authorize Miami-Dade County Public School's healthcare representative to contact my healthcare provider for purposes of verification, clarification and/or authentication of the information on this form.

Nestor Vero  
Employee Signature

1/15/13  
Date

The healthcare provider must indicate beginning and end dates of leave, otherwise your application will be considered incomplete, will not be approved and you may face disciplinary action or termination.

**For Completion by the Healthcare Provider:**

Your patient has requested an extended leave of absence. In providing the information, be specific. Terms such as "lifetime," "unknown," or "undetermined" are not acceptable.

RECEIVED  
LEAVE/RETIREMENT/U.C.  
JAN 17 2013

• **FOR ILLNESS OF EMPLOYEE:**

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: 414.0 Description: \_\_\_\_\_  
ICD Code: 789.00 Description: \_\_\_\_\_

**REDACTED**

2. Recommend leave of absence from 3/20/13 to 9/20/13  
Date (be specific) Date (be specific)

• **FOR ILLNESS OF FAMILY MEMBER:**

\_\_\_\_\_  
Relationship to Miami Dade School Board Employee

\_\_\_\_\_ is a patient of mine and needs to be cared for by your employee.  
Patient Name

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_  
ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

2. Recommend leave of absence from \_\_\_\_\_ to \_\_\_\_\_  
Date (be specific) Date (be specific)

• **FOR PARENTAL LEAVE:** Estimated date of Confinement (EDC) \_\_\_\_\_

Manuel Gonzalez MD  
Physician's Name Printed  
MD  
Specialty

[Signature]  
Physician's Signature  
(305) 662-7734  
Phone Number

1/15/2013  
Date

**Miami-Dade County Public Schools  
Office of the Inspector General**

**Composite  
EXHIBIT 3**

**Enclosure Letter, Request for Leave of Absence Without Pay, and Leave of  
Absence Medical Documentation for  
November 12, 2013 Through May 12, 2014 (Redacted)**

(3 pages)

**OIG Report  
SB1314-1009**

RECEIVED  
LEAVE/RETIREMENT/U.C.  
NOV 12 2013

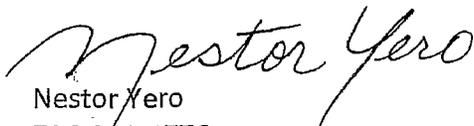
November 11, 2013

REF: Request for Leave of Absence without Pay  
Nestor Yero 231125

I am requesting an exception for a Request of Leave of Absence Without Pay due to the fact of continued medical issues.

I am submitting form FM-2763 Request for Leave of Absence and form FM-6030 Medical Documentation as required.

If you should have any questions or need additional information, please do not hesitate to contact me at your earliest convenience.

  
Nestor Yero  
786-210-1776



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<i>[Signature]</i>	11/5/13
(Signature)	(Date)

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

I, Nestor Vero 231125, hereby request a leave of absence without pay  
 (Please Print Name and Employee Number.)  
 effective 11/12/13 through 05/12/14 7741 Southwest Sr. High School  
 (Cost Center Name and Number)

TYPE OF LEAVE REQUESTED

DOCUMENTATION REQUIRED

Personal ..... Reverse side must be completed. Completion of three (3) continuous years of full-time employment with Miami-Dade County Public Schools.

Professional (Study) ..... Statement of educational plans, and class schedule.  
 DCSAA employees - see back side  
 University/Degree .....

MUST complete three (3) years of full-time employment prior to requesting extended professional leave, unless such leave is needed to complete an internship as part of an academic program leading to a Bachelor's degree in education.

Professional (Other) ..... Letter indicating the professional activity to be engaged in. Full-time employment requires completion of Supplemental Information Form (FM-6445).  
 DCSAA employees - see back side

Illness of Self or  Relative ..... Leave of Absence Medical Documentation form (FM-6030) indicating diagnosis, length of time required for leave. If relative: Name/relationship on (FM-6030).

MOU/LOU Leave-Name of Leave ..... Must be accompanied by employee's signed copy of the MOU/LOU leave provisions.

Parental ..... Leave of Absence Medical Documentation form (FM-6030) with anticipated date of child's birth, birth certificate, or letter from attorney or agency verifying adoption.

Military ..... Copy of military orders.  Voluntary  Involuntary

TEACHERS: A teacher must hold a current valid Florida Teacher's Certificate in order TO BE ON LEAVE. Any prescription in effect at the commencement of leave will remain in effect upon the employee's return from leave.

ALL EMPLOYEES: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned. IT IS THE EMPLOYEE'S RESPONSIBILITY TO INSURE RECEIPT OF THE COMPLETED APPLICATION. (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE. Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

RECEIVED  
LEAVE/RETIREMENT U.C.  
NOV 12 2013

Signature Nestor Vero Date 11/11/13 Telephone No. 786-210-1776  
 Address 12422 SW 119 TER MIAMI, FL 33186  
 (Number & Street) (City, State) (Zip Code)

Notification of approval/disapproval of leave request will be sent exclusively to your M-DCPS e-mail address.

For employees applying for an Illness of Self, Illness of Relative or Parental Leave - Approval of your Parental, Illness of Self or Illness of Relative Leave of Absence, which meets the criteria of the Family Medical Leave Act (FMLA), constitutes designation of your FMLA entitlement and comprises a part or all of your FMLA entitlement. Any paid or unpaid leave taken prior to the Board-approved leave you are seeking, which was as a result of the same condition(s) which forms the basis for this Board-approved leave/FMLA leave, will be counted as part of your FMLA leave entitlement.

The work-site administrator's recommendation is not the final disposition of the request, and should not be relied on to absent your self from work. Contact the Leave Office if you have not received authorization, via e-mail to take the leave of absence.

FOR WORK SITE ADMINISTRATOR ONLY		
I recommend:	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval (Please attach explanation.)
Signature _____	(Work Site Administrator)	(Date)
PLEASE DO NOT SIGN UNTIL ALL REQUIRED DOCUMENTATION IS ATTACHED.		



### Miami-Dade County Public Schools LEAVE OF ABSENCE MEDICAL DOCUMENTATION

For Completion by the EMPLOYEE:

Nestor Yero 23125  
Employee Name / Employee Number

I hereby authorize Miami-Dade County Public School's healthcare representative to contact my healthcare provider for purposes of verification, clarification and/or authentication of the information on this form.

Nestor Yero  
Employee Signature

11/11/13  
Date

The healthcare provider must indicate beginning and end dates of leave, otherwise your application will be considered incomplete, will not be approved and you may face disciplinary action or termination.

#### For Completion by the Healthcare Provider:

Your patient has requested an extended leave of absence. In providing the information, be specific. Terms such as "lifetime," "unknown," or "undetermined" are not acceptable.

RECEIVED  
LEAVE/RETIREMENT/U.C.

NOV 13 2013

• FOR ILLNESS OF EMPLOYEE:

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: 414.0 Description: \_\_\_\_\_

**REDACTED**

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

2. Recommend leave of absence from 11/12/13 to 05/12/14  
Date (be specific) Date (be specific)

• FOR ILLNESS OF FAMILY MEMBER:

Relationship to Miami Dade School Board Employee (must be accompanied by FM-7497)

\_\_\_\_\_ is a patient of mine and needs to be cared for by your employee.  
Patient Name

1. Diagnosis: Please provide required ICD Code and description for each medical condition:

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

ICD Code: \_\_\_\_\_ Description: \_\_\_\_\_

2. Recommend leave of absence from \_\_\_\_\_ to \_\_\_\_\_  
Date (be specific) Date (be specific)

• FOR PARENTAL LEAVE: Estimated date of Confinement (EDC) \_\_\_\_\_

Manuel Gonzalez  
Physician's Name Printed  
MD.  
Specialty

[Signature]  
Physician's Signature  
(305) 662-7234  
Phone Number

11/11/13  
Date

**Miami-Dade County Public Schools  
Office of the Inspector General**

**Composite  
EXHIBIT 4**

**Email from Executive Director of M-DCPS Office of Leave, Retirement,  
and Unemployment Compensation Approving the Requests for Leave of  
Absences Without Pay  
(3 pages)**

**OIG Report  
SB1314-1009**

Barry, Irene L.

---

**From:** User Id Workflow System [WF-BATCH@dadeschools.net]  
**Sent:** Friday, October 19, 2012 12:01 PM  
**To:** Baluja, Idoldia; Barry, Irene L.; Diaz, Carlos A.; Romero, Roberto; Troncoso, Maria C.; Wright, Janice E.; Yero, Nestor E.  
**Subject:** Illness of Self Leave Approved

*LN/DP'S  
9/20*

Approval Of Leave

Name: NESTOR YERO School/Dept: SOUTHWEST MIAMI SENIOR HIGH SCHOOL

Your request for Illness of Self Leave from 09/20/2012 to 03/19/2013 has been Approved, subject to following conditions:

No other employment, either for the school board or for another employer, is permissible while on leave unless specifically requested and approved.

You cannot return with an expired certificate. Thirty (30) days notice of intent to return from leave is required in order to effect an appropriate placement.

ALL EMPLOYEES: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned.

Please be advised that the granting of a leave of absence by the District will not act to impede, place in abeyance, or preclude final action on any pending disciplinary recommendation.

Comments from the Leave Office:

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE.

Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for/or during incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

Sincerely,  
Roberto Romero,  
Executive Director  
Leave/Retirement/Unemployment Compensation

**Barry, Irene L.**

---

**From:** User Id Workflow System <WF-BATCH@dadeschools.net>  
**Sent:** Thursday, March 07, 2013 4:15 PM  
**To:** Baluja, Idolidia; Barry, Irene L.; Diaz, Carlos A.; Romero, Roberto; Troncoso, Maria C.; Wright, Janice E.; Yero, Nestor E.  
**Subject:** Illness of Self Leave Approved

Approval Of Leave

Name: NESTOR YERO School/Dept: SOUTHWEST MIAMI SENIOR HIGH SCHOOL

Your request for Illness of Self Leave from 03/20/2013 to 09/20/2013 has been Approved, subject to following conditions:

No other employment, either for the school board or for another employer, is permissible while on leave unless specifically requested and approved.

You cannot return with an expired certificate. Thirty (30) days notice of intent to return from leave is required in order to effect an appropriate placement.

ALL EMPLOYEES: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned.

Please be advised that the granting of a leave of absence by the District will not act to impede, place in abeyance, or preclude final action on any pending disciplinary recommendation.

Comments from the Leave Office:

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE.

Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for/or during incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

Sincerely,  
Roberto Romero,  
Executive Director  
Leave/Retirement/Unemployment Compensation

Barry, Irene L.

---

**From:** User Id Workflow System <WF-BATCH@dadeschools.net>  
**Sent:** Friday, November 15, 2013 12:47 PM  
**To:** Archer, Claude J.; Baluja, Idolidia; Barry, Irene L.; Diaz, Carlos A.; Rodgers, Treska V.; Romero, Roberto; Troncoso, Maria C.; Wright, Janice E.; Yero, Nestor E.  
**Subject:** Illness of Self Leave Approved

Approval Of Leave

LUY  
11/12

Name: NESTOR YERO School/Dept: SOUTHWEST MIAMI SENIOR HIGH SCHOOL

Your request for Illness of Self Leave from 11/12/2013 to 05/12/2014 has been Approved, subject to following conditions:

No other employment, either for the school board or for another employer, is permissible while on leave unless specifically requested and approved.

You cannot return with an expired certificate. Thirty (30) days notice of intent to return from leave is required in order to effect an appropriate placement.

ALL EMPLOYEES: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned.

Please be advised that the granting of a leave of absence by the District will not act to impede, place in abeyance, or preclude final action on any pending disciplinary recommendation.

Comments from the Leave Office:

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE.

Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for/or during incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

Sincerely,  
Roberto Romero,  
Executive Director  
Leave/Retirement/Unemployment Compensation

**Miami-Dade County Public Schools  
Office of the Inspector General**

**Composite  
EXHIBIT 5**

**Application for Motor Vehicle Repair Business Registration,  
License Information, Business License Receipt, and copy of  
A Quick Line Automotive Check signed by Mr. Yero (Redacted)**  
(6 pages)

**OIG Report  
SB1314-1009**

**License Information** [other accounts] [change owner] [work order]

Quick Line Automotive, LLC Email: pollyyelo@gmail.com <input checked="" type="radio"/> Location <input type="radio"/> Mail [update] Quick Line Automotive, LLC 15020 SW 136th St Miami, FL 33196 Google Maps	Contact ID 63180 Account ID 68025 Status Active Type Limited Liability Company Date of Inc. 02/14/2005 Warnings Phone Number (305) 259-5900 Fax Number (305) 259-5009 Cell (786) 210-1776 Location Parcel # 3059210230050 Location PIN 3059210230050 Zoning IU-C In City Limits Yes	Contact Location Info All Licenses History Issues Bankruptcy Images Comments Alt. Owner Key Ind. Owners Owned Receivables
--	---	---

License [update] [renew] [terminate] [form letter]

License # 09589.MVR Motor Vehicle Repair Registration Initial License 02/04/2008 Effective Date 02/15/2013 Expiration Date 02/14/2015 Expiration Type 12-23 Months from DOB/DOI	Insurance expired on 04/15/2013 License Status Active Status Reason Renewal Issued Amount Due \$0.00 Date Last Activity 12/27/2012 12:36:28 PM Alternate Owner None License Mailing Location Address NAICS Code 811111.2	History Bond/Ins/Lien Images Fees Comments Print Docs Approvals Key Ind. Associated
---	---	---

Comments: exp ins letter 6/22/12

License Information

Shop Info <b>MVR Mechanic</b>		[Update]
MVR License # 26108984	ShopType Fixed	
Engine Repair Yes	Automatic Transmission/Trans Axle Yes	
Manual Drive Trans and Rear Axle Yes	Front End Yes	
Brakes Yes	Electrical System Yes	
Heating and/or Airconditioning Yes	Engine Performance Yes	
Tire Installation Yes	Oil Change Yes	



\$570.00 TO: 2/14/2015

Tel: 305-375-4222

Fax: 305-375-3512

email: consumer@miamidade.gov

APPLICATION FOR MOTOR VEHICLE REPAIR BUSINESS REGISTRATION

Application Type: Check one of the following:

- Initial  Renewal  2yr Renewal

Type of Business: Check all that apply:

- Fixed Repair Facility  Mobile Repair Facility
- Year/Make/Model: \_\_\_\_\_
- VIN: \_\_\_\_\_

TYPE OF OWNERSHIP: Check one of the following:

- Corporation  Sole Proprietor  Fictitious Name  Other \_\_\_\_\_
- Date of Inc: 02-14-05 D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

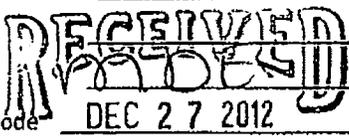
BUSINESS INFORMATION:

1. Company Name: Quick Live Automotive, LLC  
2. D/B/A: \_\_\_\_\_  
3. Address: 15020 SW 136 ST miami, FL 33196  
4. Mailing Address: \_\_\_\_\_  
5. Phone Number: 305-259-5900 Fax Number: 305-259-5009 Cell Number 786-210-1776  
6. Email Address: pollyvero@gmail.com County MVR Number: 09589-MVR  
7. Federal Tax Identification Number (FEID#): 20-3741552

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: Nestor E. Yero	Owner/Officer Name: Ivan E. Silva
Position: Manager	Position: manager
Date of Birth: 2-26-62	Date of Birth: 7-12-70
Address & Zip Code: 12422 SW 119 Ter Miami, FL 33186	Address & Zip Code: 15421 SW 164 St Miami, FL 33187
Owner/Officer Name: _____	Owner/Officer Name: _____
Position: _____	Position: _____
Date of Birth: _____	Date of Birth: _____
Address & Zip Code: _____	Address & Zip Code: _____

CONSUMER PROTECTION DIVISION - LICENSING



**Please answer yes or no to the following questions:**

Yes  No  Have you or any partners or corporate officers, as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of the Miami-Dade County Business Affairs and Consumer Protection Division with regard to the operation of a Motor Vehicle Repair Business? *If yes, please provide details on a separate sheet.*

Yes  No  Do you owe money to Miami-Dade County, either individually or through any other business? (Unpaid Liens, etc.) *If yes, please provide details on a separate sheet.*

**Please answer the following question:**

List the names of any other corporation, entity, or trade name through which any owner, director or officer has engaged in motor vehicle repair business within the past 5 years:

N/A

**Person Actively in Charge of the Shop:**

Name: Nestor E. Yero

Title: Manager

Home Address: 12422 SW 119 Ter

City/State/Zip: Miami, FL 33186

Home Phone Number: 786)210-1776

Mobile Number: 786)210-1776

**REPAIR CATEGORIES APPLIED FOR**

\*\*\* Business is required to employ certified mechanics/technicians that are certified in each category of repair checked off

**AUTOMOBILE REPAIRS \*\*\***

- Engine Repair
- Automatic Transmission
- Manual Transmission
- Front-End (Suspension & Steering)
- Brake Repair
- Electrical & Electronic Systems
- Heating & Air Conditioning
- Engine Performance (Tune-Ups)

**TRUCK REPAIRS \*\*\***

- Truck Engine Repair - Gasoline
- Truck Engine Repair - Diesel
- Truck Drive Train
- Truck Brake Repair
- Truck Suspension & Steering
- Truck Electrical Systems
- Truck Heating & Air Conditioning

**COLLISION & PAINT REPAIRS \*\*\***

- Structural Repairs (Body & Collision)
- Painting & Refinishing
- Non-Structural Repairs

**OTHER / MINOR REPAIRS**

- Motorcycle Repairs
- Recreational Trailer Repair
- Oil Change Only
- Glass Installation
- Muffler Installation Only
- Tire Installation Only
- Alarm/Radio Installation Only
- Window Tinting
- Vehicle Upholstery
- Vehicle Graphics & Wraps

Other Repairs: oil change, tire installation

**Please list all your Certified Technicians & Apprentices: (Attach a separate sheet if necessary)**

Mechanic Name: <u>FRANK GOMEZ (4/14/14)</u>	License No: <u>707032200</u>
Mechanic Name: <u>NESTOR YERO (2/20/15)</u>	License No: <u>28492.MVR-C</u>
Mechanic Name: <u>SIMON GARCIA (7/14/14)</u>	License No: <u>54245.MVR-A</u>
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____
Mechanic Name: _____	License No: _____

**Complete the following checklist including those items attached or enclosed with this application:**

- Renewal Applications Need Only Include the Underlined Items Below -

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <u>Completed Application</u>                  | <input type="checkbox"/> County Local Business Tax Receipt  |
| <input type="checkbox"/> <u>License Fees(See attachment)</u>                      | <input type="checkbox"/> DERM Permit  |
| <input type="checkbox"/> <u>Certified Mechanic(s) for all Repairs Applied For</u> | <input type="checkbox"/> Federal Employer Identification Document from IRS                            |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> State Sales Tax Registration Certificate                                     |
| <input type="checkbox"/> City Local Business Tax Receipt, if applicable           | <input type="checkbox"/> <u>Garage Liability &amp; Garage Keepers Insurance Cert.(See attachment)</u> |
| <input type="checkbox"/> Vehicle Registration (Mobile Businesses Only)            | <input type="checkbox"/> <u>Copy of Owner's Drivers License</u>                                       |

I, Nestor Yero, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to Article VII of Chapter 8A of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisement. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio television and internet ads, commercial vehicle ads, signs announcements and displays. I affirm that motor vehicle repairs requiring certification shall be inspected and approved in writing by the certified technicians disclosed on this application. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a license or permit. I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.

Nestor Yero  
 APPLICANT SIGNATURE

12/27/12  
 DATE

Miami-Dade CSD  
Miami CSD  
Business License Receipt

Transaction Date 12/27/2012 Cashier Monique Etienne  
Receipt # 170418  
Receipt Identification: Quick Line Automotive, LLC

Money Tendered			
Type	Amount	Check #	Payer Name
Check	\$856.00	1489	Quick Line Automotive, LLC
Total	\$856.00		

Distribution							
Credential	Use	Amount	Name	Bill #	Paid From	Paid To	BY
28492.MVR-C	REN	68.00	Nestor Yero	81660204	02/2013	02/2015	Monique Etienne
63951.MVR-C	REN	133.00	Frank Gomez				Monique Etienne
54245.MVR-A	REN	85.00	SIMON GARCIA				Monique Etienne
09589.MVR	REN	570.00	Quick Line Automotive, LLC	81722552	02/2013	02/2015	Monique Etienne

This receipt is not a license or an authorization to do business.

QUICK LINE AUTOMOTIVE LLC  
 PH. 305-259-5900  
 15020 SW 136 ST.  
 MIAMI, FL 33196

63-438  
660

1489

DATE 12/27/12

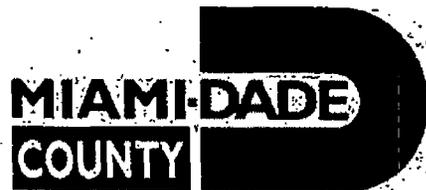
PAY TO THE ORDER OF Board of County Commissioners  
 Eight hundred and fifty six and 00/100

City National Bank  
 OF FLORIDA  
 25 WEST FLAGLER STREET  
 MIAMI, FLORIDA 33130

MEMO licenses

Shield™

**REDACTED**



**Miami-Dade County, Florida  
Department of Regulatory and Economic Resources  
Business Affairs  
Motor Vehicle Repair Registration**

**This business is authorized to offer the following repairs:**

Engine Repair, Oil Change, Tire Installation, Automatic Transmission/Trans Axle, Manual Drive Trans and Rear Axle, Front End, Brakes, Electrical System, Heating and/or Airconditioning, Engine Performance

**09589.MVR**

Quick Line Automotive, LLC  
15020 SW 136th St  
Miami, FL 33196

Expiration: 02/14/2015

A handwritten signature in cursive script, appearing to read "Mary O'Connell", written over a horizontal line.

**Business Affairs  
Miami-Dade County**

This registration is non-transferable. The registration/license # must be stated in all advertisements.

**Miami-Dade County Public Schools  
Office of the Inspector General**

**EXHIBIT 6**

**Nestor E. Yero's Resignation Email Effective February 10, 2014**  
(1 page)

**OIG Report  
SB1314-1009**

**LOPEZ, JORGE I**

---

**From:** Baluja, Idolidia  
**Sent:** Monday, February 10, 2014 11:02 AM  
**To:** LOPEZ, JORGE I  
**Cc:** Romero, Roberto  
**Subject:** FW: Resignation

For your records.

Lily Baluja, Supervisor  
Leave/Retirement/Unemployment Compensation Miami-Dade County Public Schools  
305-995-7090 - Fax: 305-523-0495 or 305-995-7053 Please complete our survey at  
<http://pers.dadeschools.net/survey>

-----Original Message-----

**From:** Yero, Nestor E.  
**Sent:** Monday, February 10, 2014 10:42 AM  
**To:** Baluja, Idolidia  
**Subject:** Resignation

Good Morning Ms. Baluja,

This email will serve as notification that I, Nestor Yero #231125 I'm resigning my position with Miami Dade County Public Schools as of February 10, 2014.  
Thank you for your assistance with this matter.

Nestor Yero

# **Miami-Dade County Public Schools Office of the Inspector General**

## **Appendix A**

Nestor E. Yero's Response to Draft Report  
(2 pages)

**OIG Report  
SB1314-1009**

## **McDonald, Laudelina (OIG)**

---

**From:** nestor yero <neyero@gmail.com>  
**Sent:** Monday, October 06, 2014 11:51 AM  
**To:** McDonald, Laudelina (OIG)  
**Subject:** OIG SB Report - Outside Employment of Employee Nestor Yero While on Medical Leave of Absence Without Pay - Case No.: SB 1314-1009

Ms. Cagle,

I respectfully submit the following as my response to the draft report alleging that I worked while on a medical leave of absence without pay. Briefly, I wish to provide an expanded explanation of the following points:

### **IDENTIFICATION OF NESTOR YERO**

On January 14, 2014 I was only on site (at Quick Line Automotive) to use the fax machine, nothing else. The reason Mr. Lopez had never seen me at the business before this date was because I was either in the hospital or at home ill.

### **REVIEW OF MR. YERO'S MEDICAL LEAVE OF ABSENCE REQUEST & FAILURE TO OBTAIN APPROVAL FOR EMPLOYMENT WHILE ON MLOA/WP**

I never requested authorization for employment while on leave because that was never my intent; I took the leave for medical reasons only.

### **MIAMI-DADE COUNTY CONSUMER PROTECTION DIVISION RECORDS**

I along with my partner have always been the owners of Quick Line Automotive not employees. We have always had employees manage the day to day operation of the business.

### **CONCLUSION & RECOMMENDATION**

For 16 years, I proudly served the Miami Dade School System as a vocational teacher. During that time I was never brought under disciplinary action or violated any of the articles of the contract between Miami Dade County Public Schools and The United Teachers of Dade. I was privileged during my tenure to encounter a number of professionals who I respect and call friends. My students competed and always placed 1st, 2nd, or 3rd in both District and State Competitions, affording them the opportunity to compete Nationally on three occasions; once placing 11th in the Nation at the Greater New York Automotive Competition - which is the highest that Miami-Dade County Public Schools had ever placed at the time. This could not have been accomplished without the numerous hours of additional training I gave my students both after school and/or weekends. Working as a teacher has been one of the highlights of my professional life and one that I will miss tremendously.

Respectfully

Nestor Yero