CONNECT

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

Reemployment Assistance Benefits

Please Join the Conference Call for Audio

Participant Passcode:	8585274832#
US Toll Free:	1-888-670-3525
International Direct:	+1-720-389-1212

Reemployment Assistance

Reemployment Assistance provides temporary, partial wage replacement benefits to qualified workers who are unemployed through no fault of their own.

How it Works

A separated worker files a claim

The worker's eligibility is determined

The affected party can file an appeal

How Does This Affect You?

- Reemployment Assistance is paid for by the employer
- Improper benefit payments can be a major burden
- Responding electronically is the best way to ensure timely reporting and avoid any improper benefit charges

What is *CONNECT?*

- *CONNECT* is a web-based claims maintenance system that provides 24/7 access to claimants and employers
- It was introduced in 2013 to replace previous system

Who can use *CONNECT?*

CONNECT can be accessed by six types of users:

- Claimants – apply for benefits, file an appeal and view and send correspondence
- Employers – file appeals, protest benefit charges and view and send correspondence
- DEO Staff – evaluate information, authorize payments, adjudicate issues and maintain data
- TPR's – search and view information about claimants that have provided access to the TPR
- TPA's – perform reemployment assistance benefit activities on behalf of an employer
- Other State and Federal Agencies – perform contracts that outline the specific information that they can access in CONNECT

CONNECT Benefits

- Access account 24 hours a day, 7 days a week
- Respond to all claimant inquiries
- File benefit charge protests
- Submit files or forms electronically
- View claim and appeal information in one place
- Faster response times
- Fraud prevention

CONNECT Support

CONNECT can operate under the following browsers:

- Internet Explorer version 11
- Chrome
- Firefox versions 16 or 17
- Safari versions 4 or 5
- Tablets, Phones and other mobile devices are ***not*** currently supported by *CONNECT*

Employer Support Unit

Employers can contact the support unit for questions by following these prompts:

1. Appeals
2. Benefit Charging
3. Wage updates
4. Benefit Payment Control
   - New Hires
   - Wage Audits
5. Other

1-877-846-8770

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Where can you access *CONNECT?*

Employers can access *CONNECT* by typing following link into a browser address bar:

https://employers.connect.myflorida.com

CONNECT can also be accessed from the DEO website:

http://www.floridajobs.org

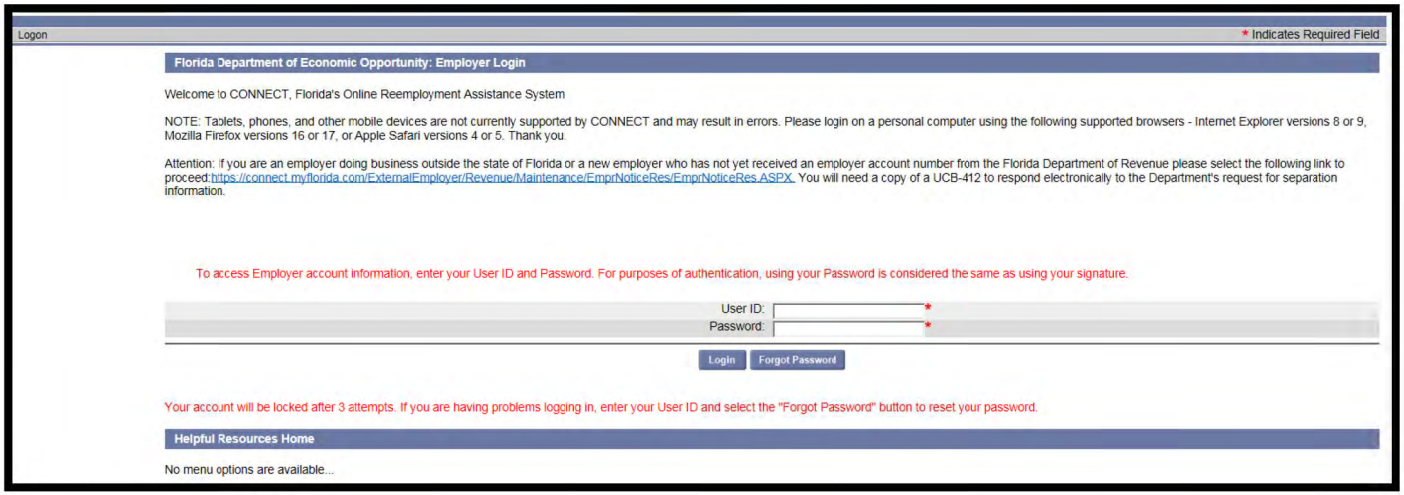
CONNECT Employer Guide

http://www.floridajobs.org/unemployment/connect/External_Guide_Employer.pdf

Login to Connect

Access *CONNECT* by typing or copying the following link into a browser address bar:

https://employers.connect.myflorida.com



You should have received your user ID and set up your password earlier. If you did not, please contact us after the presentation.

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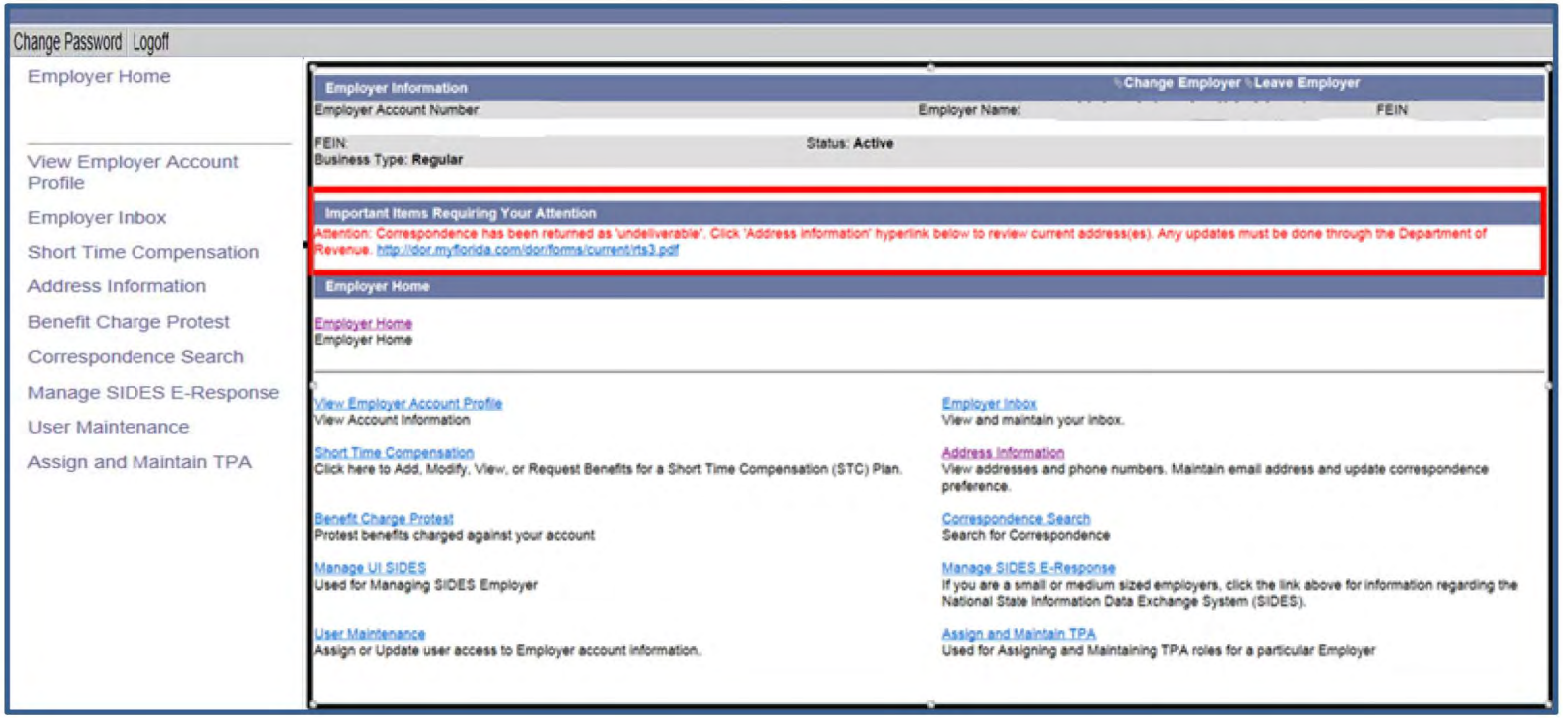
Home Page

This page contains the hyperlinks needed to maintain your employer account.



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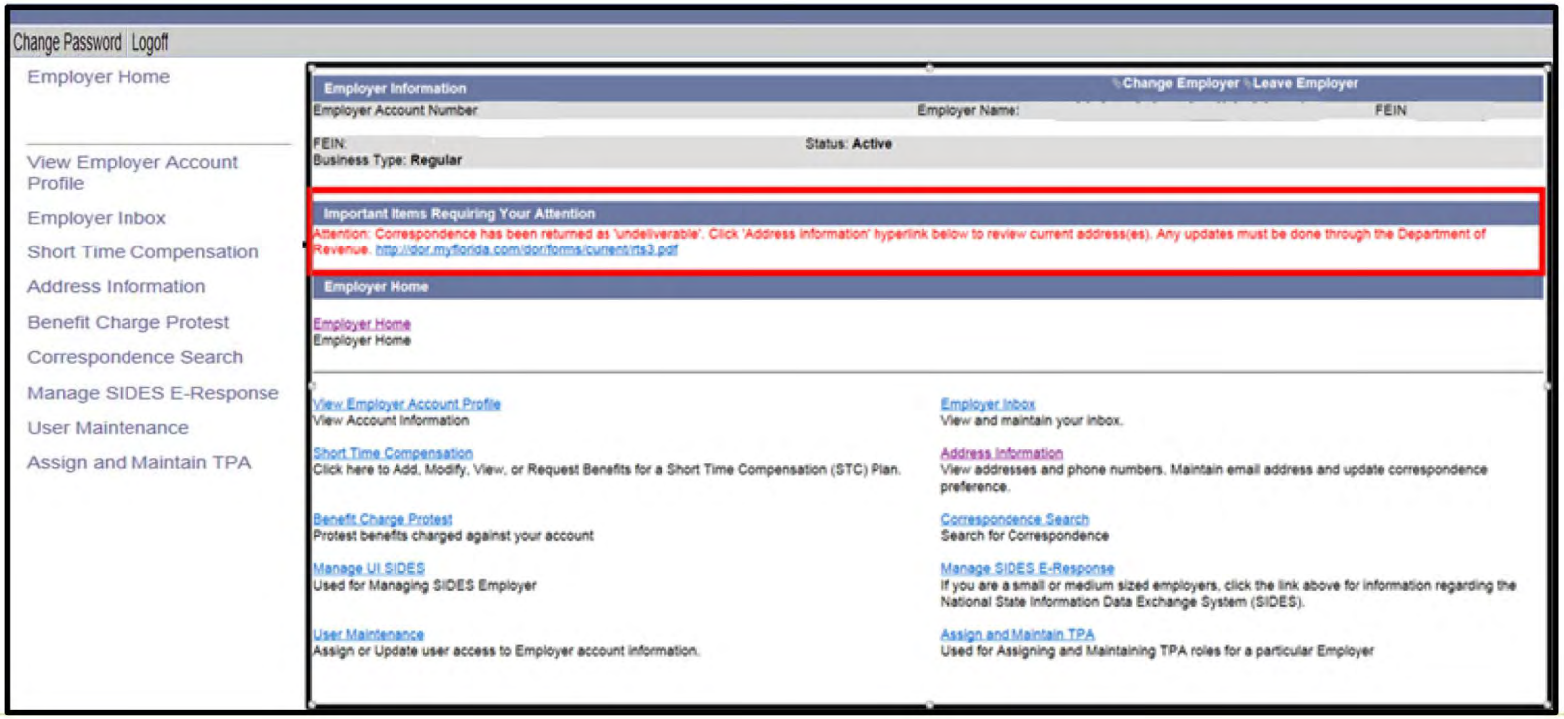
Employer Functions in Connect

From the Home Page you can:

1. View the 'Notice of Important items requiring your attention'.
2. Select 'Change Password' to change your password.
3. Select 'Logoff' to log off.
4. Select 'Employer Inbox' to view your Employer Actions Items.
5. Select 'Address Information' to maintain your account address.
6. Select 'Benefit Charge Protest' benefit charges made against your employer account.
7. Select 'Correspondence Search' to search for completed correspondence.
8. Select 'User Maintenance' to maintain users associated with your Employer Account.
9. Select 'Assign and Maintain TPA' (Third Party Administrator) to assign or maintain TPA users associated with your account.

Important Items Requiring Your Attention

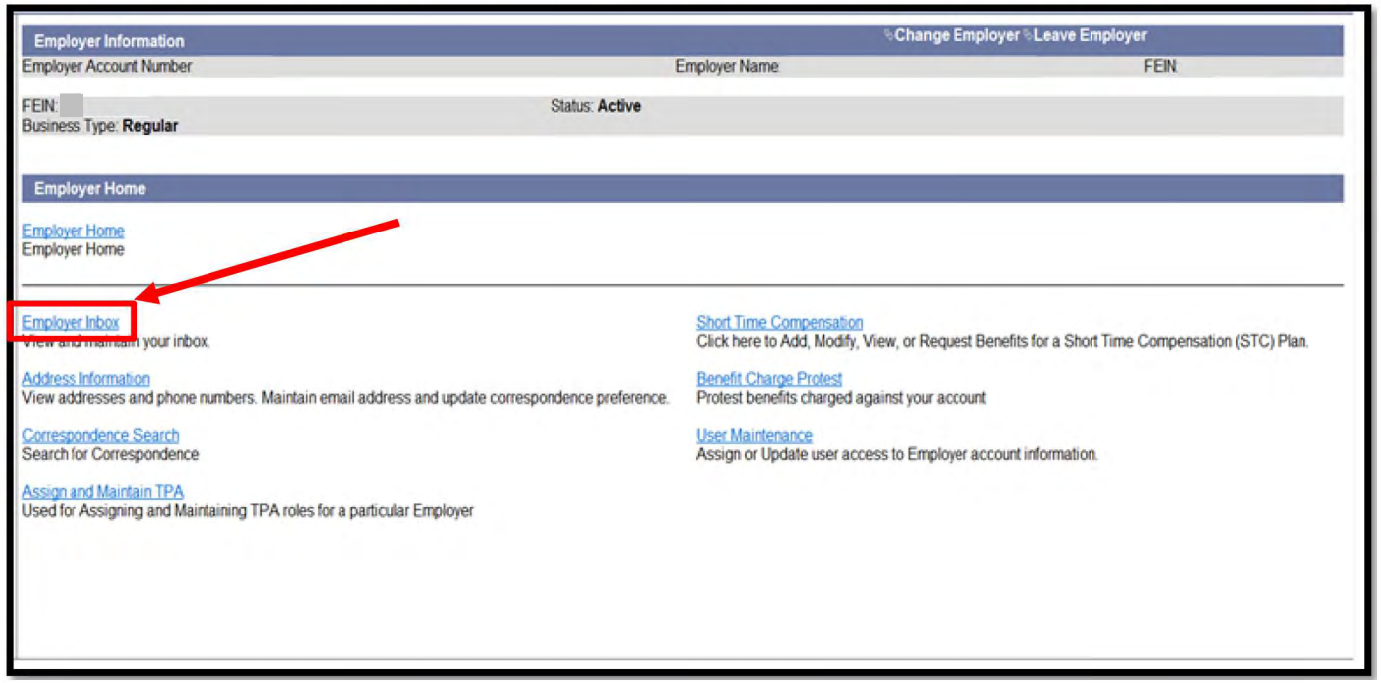
A new link has been added so that Employers will now receive an alert on their home page if correspondence has been returned as ‘undeliverable’.



Access Employer Inbox

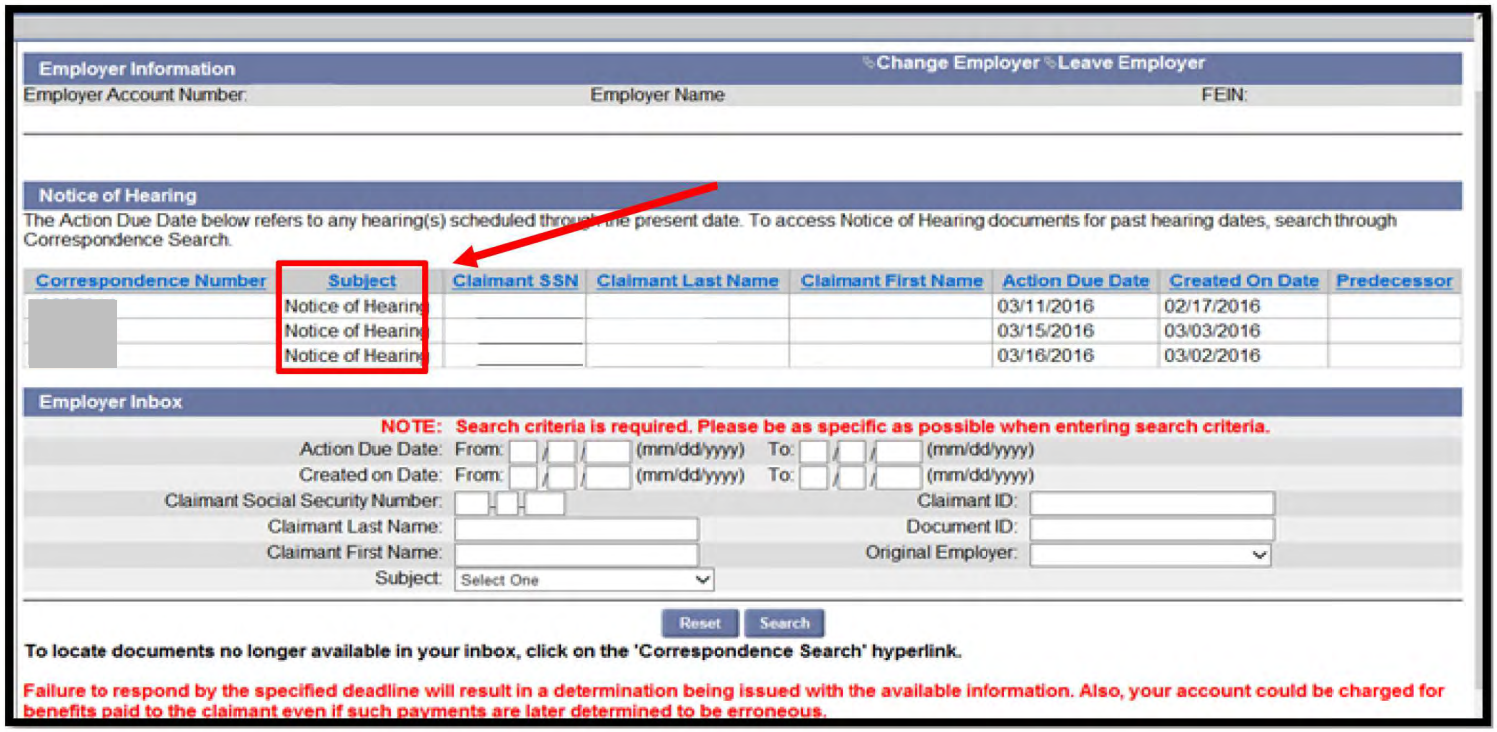
The “Employer Inbox” screen will be used by the Employer to view the action items that require their attention.

To navigate there, select the ‘Employer Inbox’ hyperlink.



Employer Inbox

Your inbox will open with the Notice of Hearings displayed directly under the Employer Information



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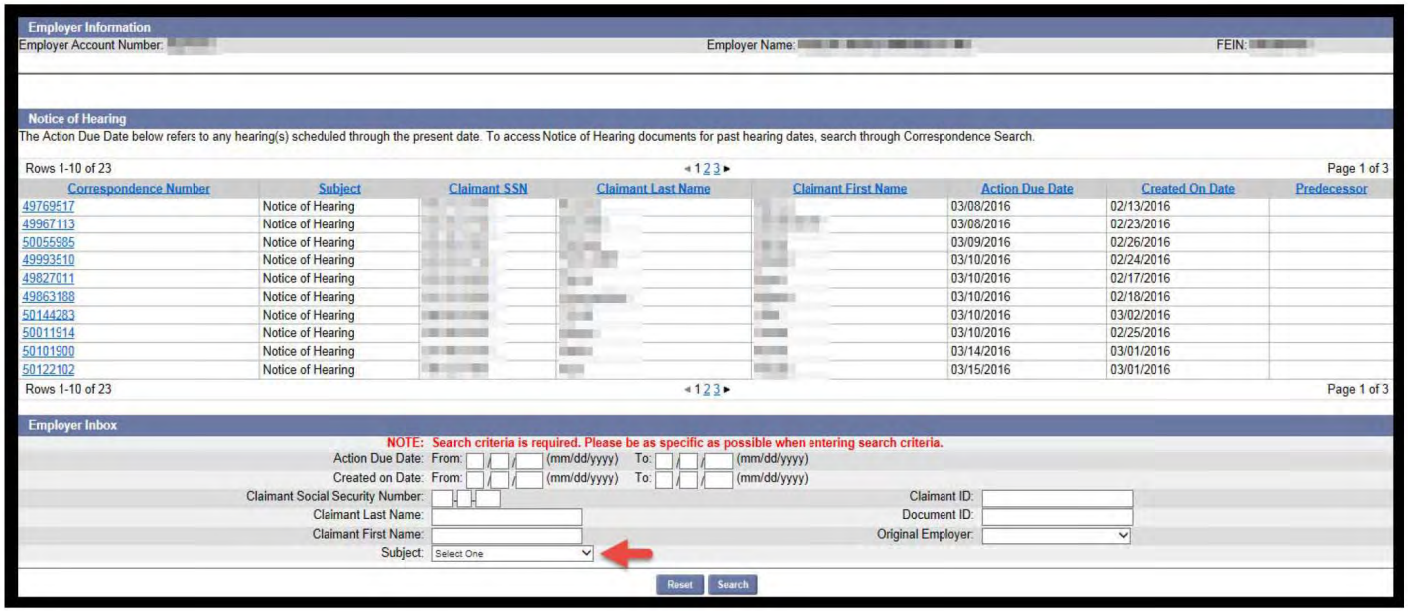
Search for Action Items

Important Note: To view other action items, you will need to filter your search.

You can filter by:

1. Action Due Date
2. Created on Date
3. Claimants SSN
4. Claimant's First & Last Name
5. Claimant ID
6. Document ID
7. Subject
8. Search button

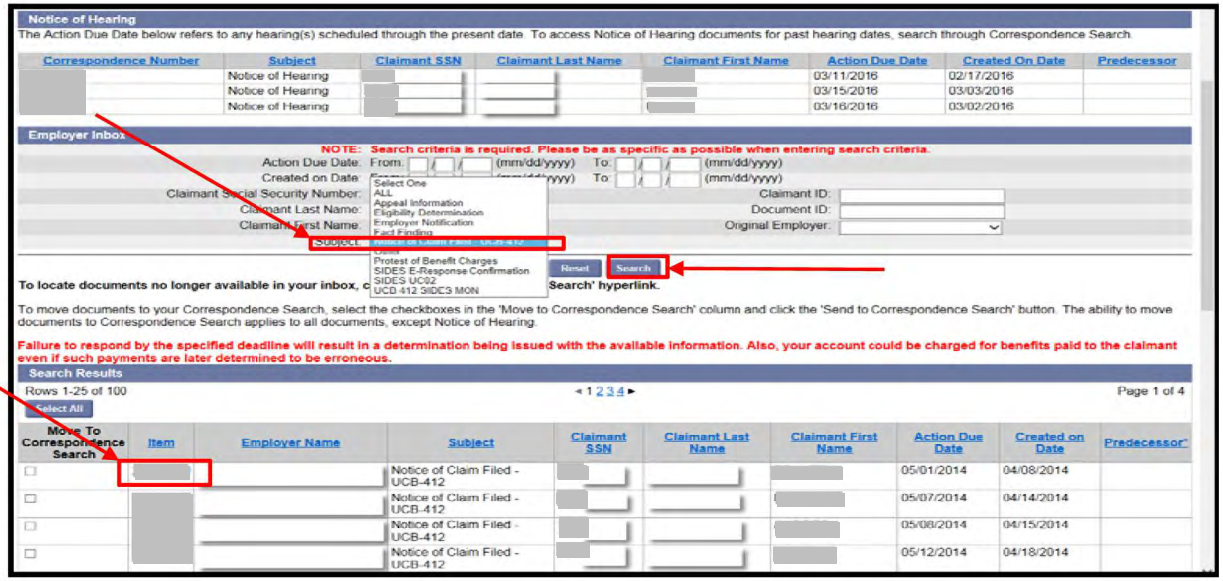


Search by Correspondence Type

Click on the **Subject** drop down arrow and select one of the following:

1. All
2. Appeal Information
3. Eligibility Determinations
4. Employer Notification
5. Fact Finding
6. Notice of Claim Filed – UCB-412
7. Other
8. Protest Benefit Charges

Below is an example of selecting all outstanding Notice of Claims Filed – UCB-412



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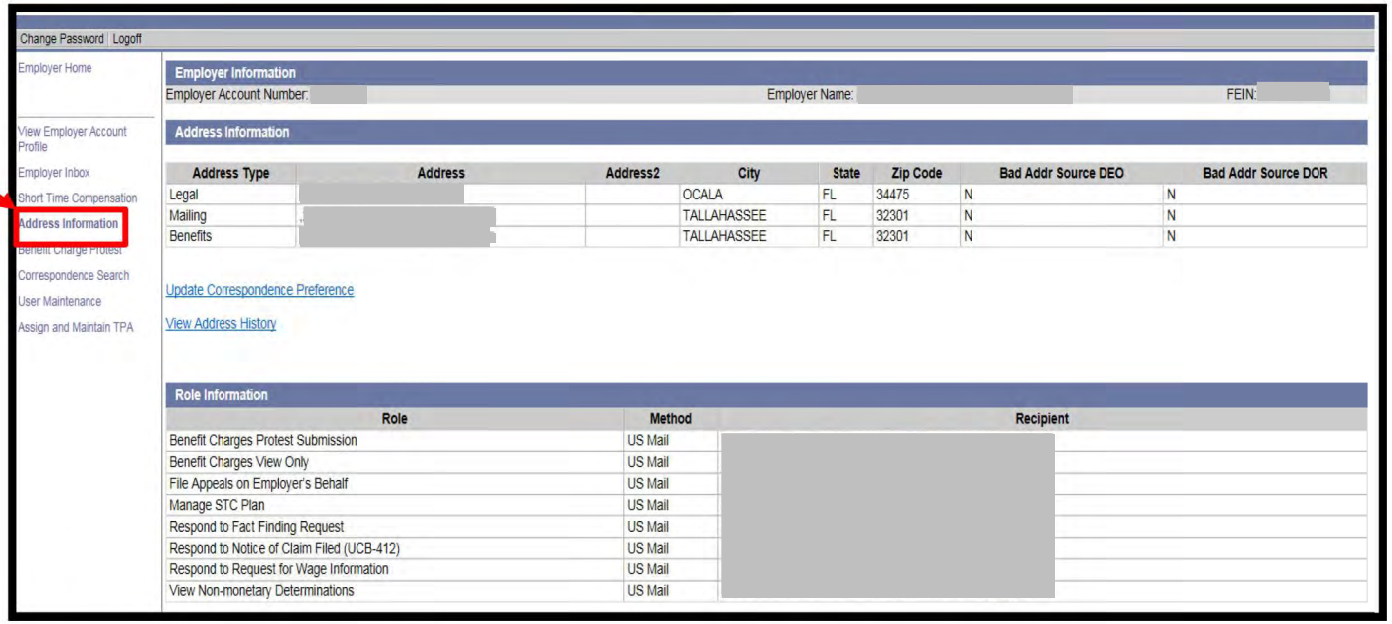
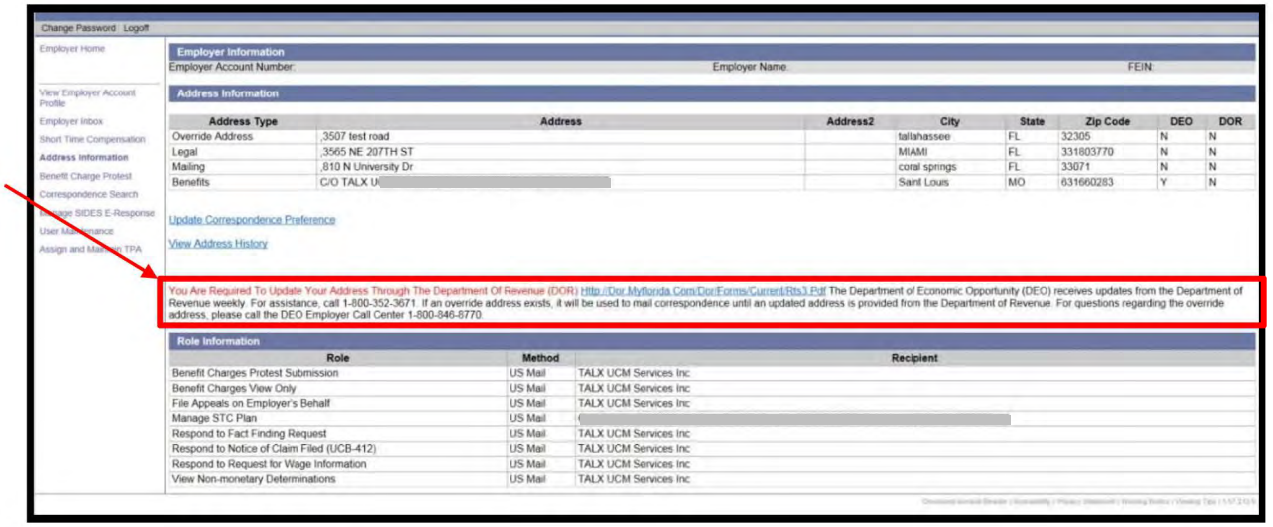
Address Information Hyperlink

- Update correspondence preference
- View address history



Important Note

When viewing the Address History, a notice will generate if correspondence has been returned to the department. This notice advises the Employer that all address changes must be updated through the Department of Revenue (DOR) by completing and submitting the Employer Account Change Form. You can access it here: http://dor.myflorida.com/dor/forms/current/rts3.pdf

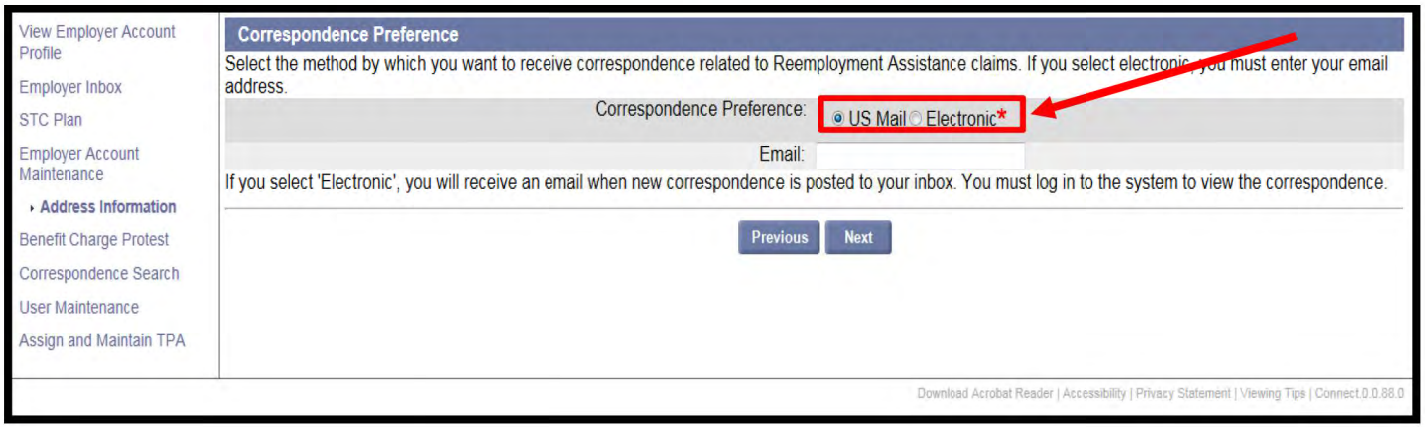


FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

Correspondence Preference Hyperlink

After Clicking on the 'Correspondence Preference' hyperlink, you can update your preference by selecting 'US Mail' or 'Electronic.' This will indicate your preference for hard-copy or electronic action item notices.

Please note you must add a valid E-mail address if you select Electronic.



Benefit Charge Protest

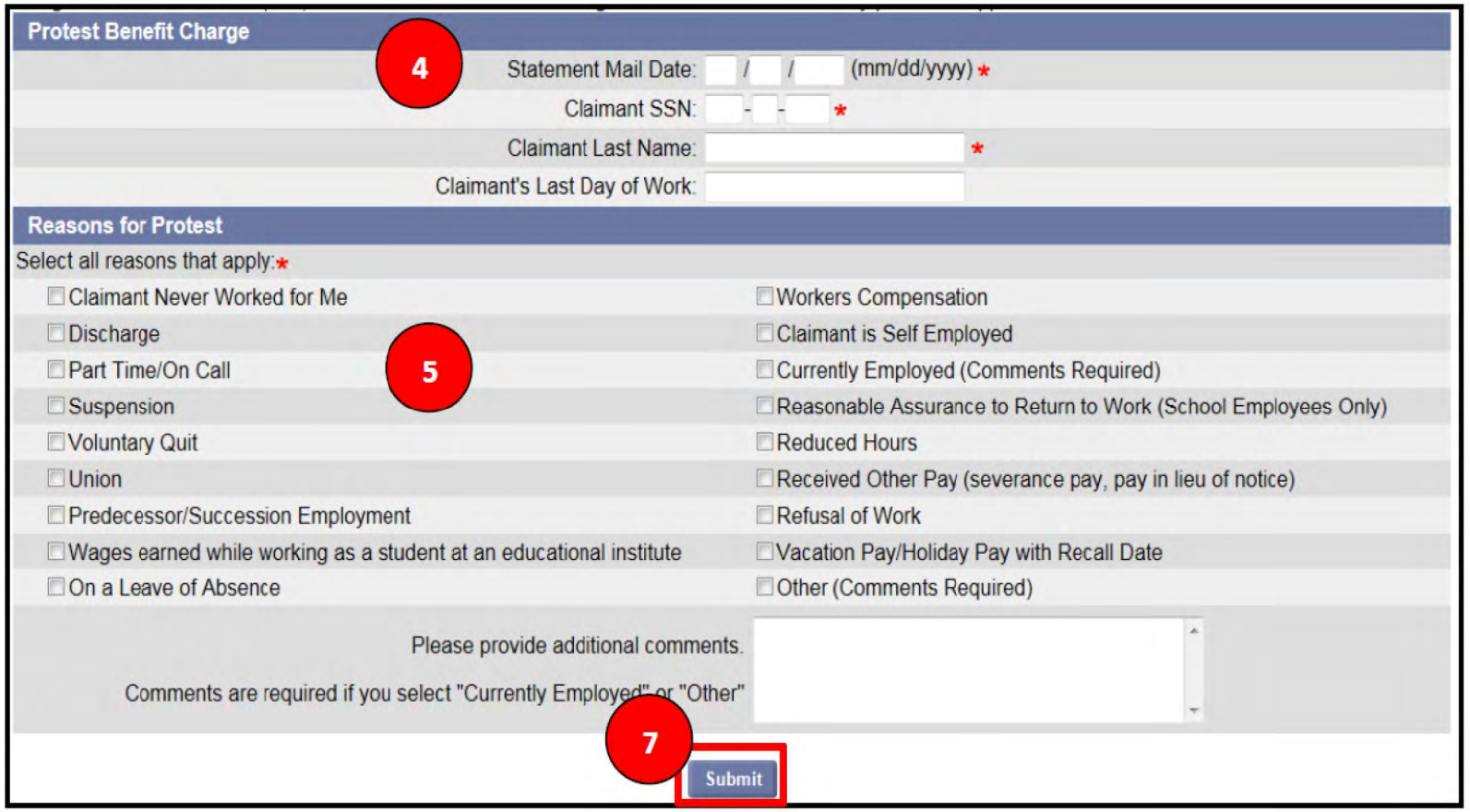
If you have received an RT-29 and noticed a charge you disagree with, you can Protest the Benefit Charges by following the steps below:

1. 1. Select the 'Benefit Charge Protest' link from the left-hand menu on the Employer Homepage.
2. 2. Select 'Benefit Charge Protest' to protest benefit charges.

Benefit Charge Protest (continued)

3. The Protest Benefit Charge screen will populate.
4. Enter the required information in the 'Protest Benefit Charge' section, including:
    a) Statement Mail Date (UCB-412/Notice of Claim Filed)
    b) Claimant SSN
    c) Claimant's Last Name
    d) Claimant's Last Day of Work
5. In the 'Reasons for Protest' section, select the radio button next to the reason(s) for entering a protest to the UCB-412/Notice of Claim Filed – you may select all reasons that apply.
6. If you selected 'Currently Employed' or 'Other' for your rationale, you must enter comments.
7. Select 'Submit' to complete the benefit charge protest.

Benefit Charge Protest



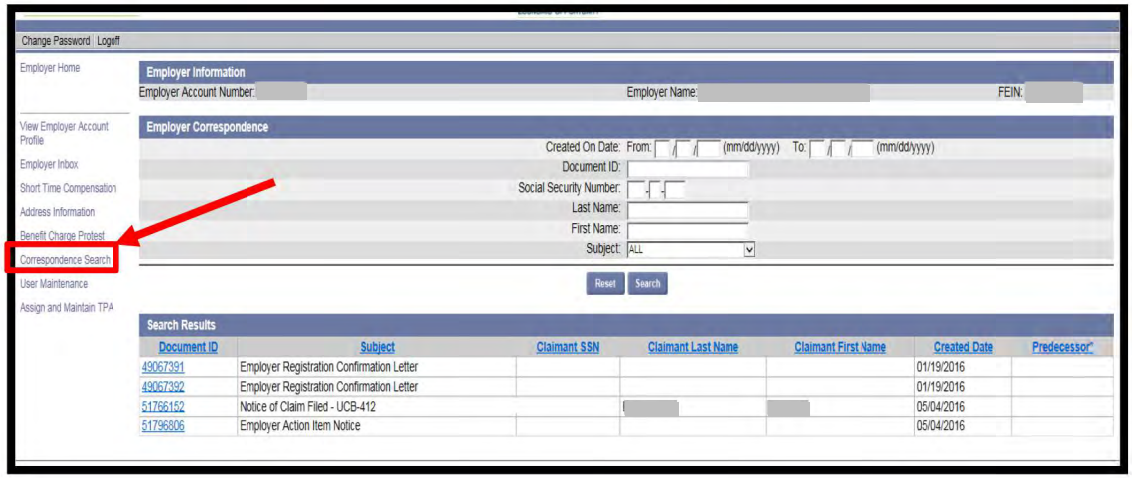
Correspondence Search

To search for any completed correspondence, click on the Correspondence Search Hyperlink and the Employer Correspondence page will display.

You can search from correspondence by entering data in any of the following:

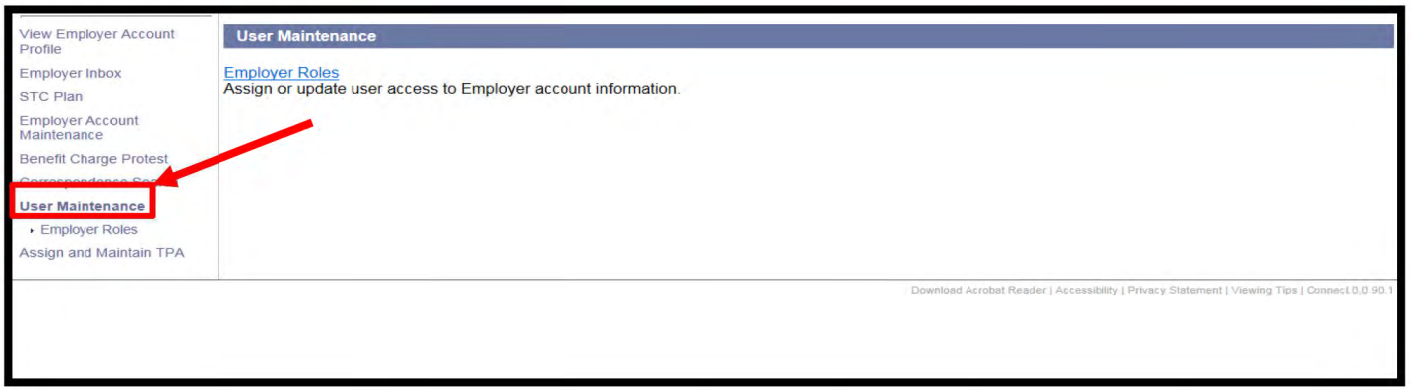
1. Created on Date
2. Document ID
3. Social Security number
4. First and last name
5. Select Correspondence type by clicking on the down arrow on the Subject line and choosing a type.

Then, click on the Search button and all relevant correspondence will populate in the 'Search Results' section.



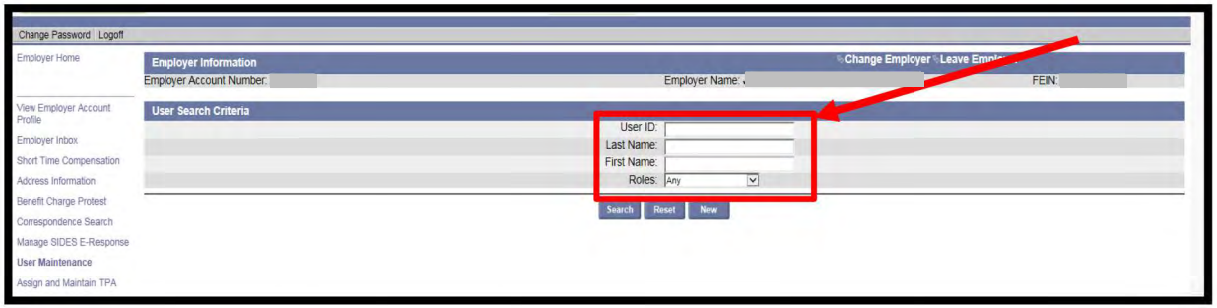
User Maintenance Hyperlink

- Search users
- Update user information
- View roles
- Add or remove users



Search for or Update Employer Account Users

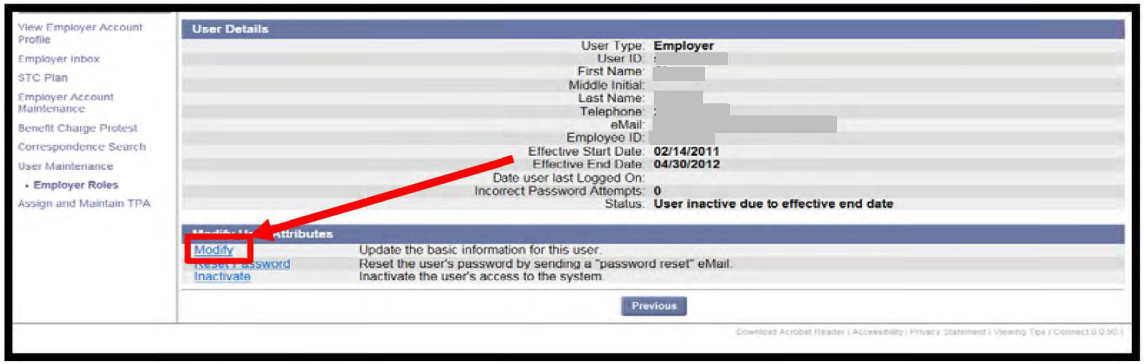
Enter information into the 'User Search Criteria' fields



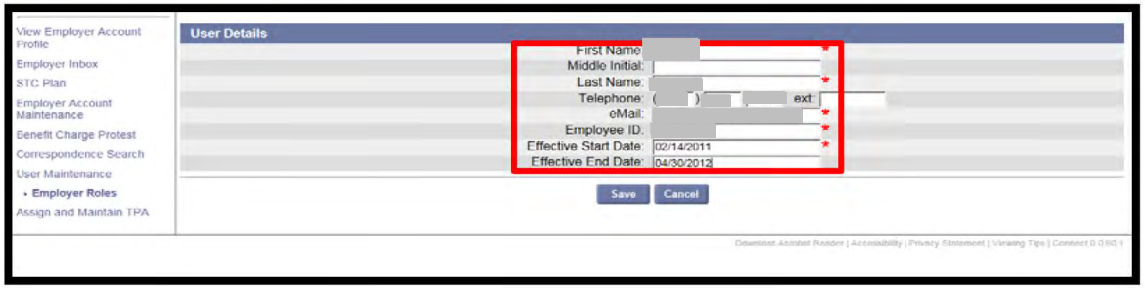
Select the 'User ID' hyperlink

Modify or Update Employer Account Users

Modify user information

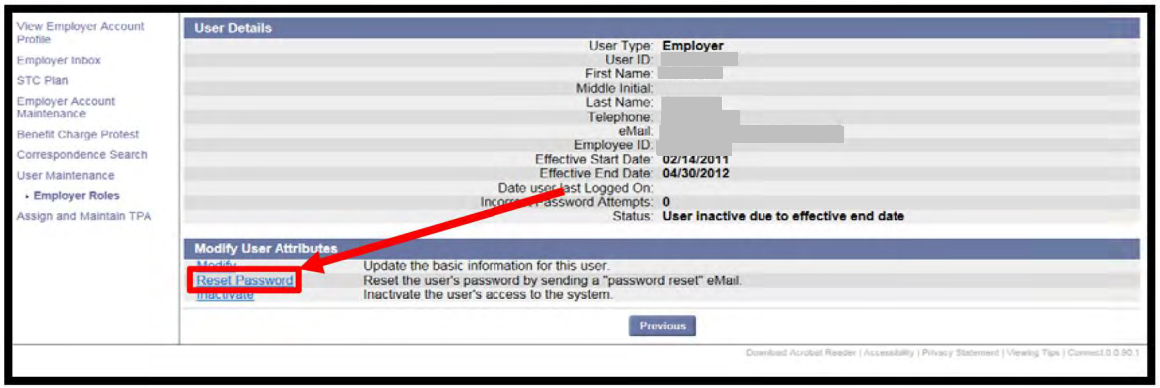


Update user details

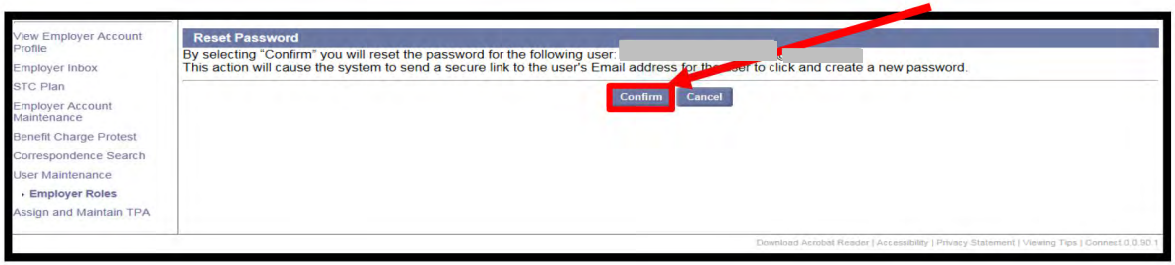


Reset passwords for Employer Account Users

To reset a user's password, select 'Reset Password'



Verify that the e-mail address is correct and Click 'Confirm'



Notice of Claim Filed (UCB-412)

Paper Version

NOTICE OF UNEMPLOYMENT COMPENSATION CLAIM FILED 50271967

*** Respond to this form by 03/31/2016***

***You can respond online at our website: https://employers.connect.myflorida.com ***

Claimant Name:		Employer Number:	
Social Security #:		% Chargeable:	100%
Effective Date of Claim:	03/06/2016	Date Mailed/Posted:	03/08/2016
Max Benefit Amount:	3204	Response Due Date:	03/31/2016
Weekly Benefit Amount:	267	Base Period:	10/01/2014 - 09/30/2015
Claimant ID:		BarCode :	50271967

As a reimbursable employer you cannot be relieved of charges. Your response is needed to determine this Claimant's eligibility.

A. Did this Claimant work for you? **Yes** ☐ **No** ☐

If no, provide any additional information in the 'Remarks' section below. Also provide your Contact information.

The claimant has provided the information in sections B, C, and D. Please make any necessary corrections below and return immediately.

B. Period of Employment: 09/27/2014 to 01/19/2016 **If incorrect,** enter correct dates: _____ to _____

C. Earnings: $15,000.00 **If incorrect,** enter correct earnings: $

D. Reason for Separation: **Quit/Voluntary Layoff**

If Incorrect: ☐ Discharge / Fired ☐ Voluntary Quit ☐ Permanent Layoff ☐ Temporary Layoff* ☐ Leave of Absence*

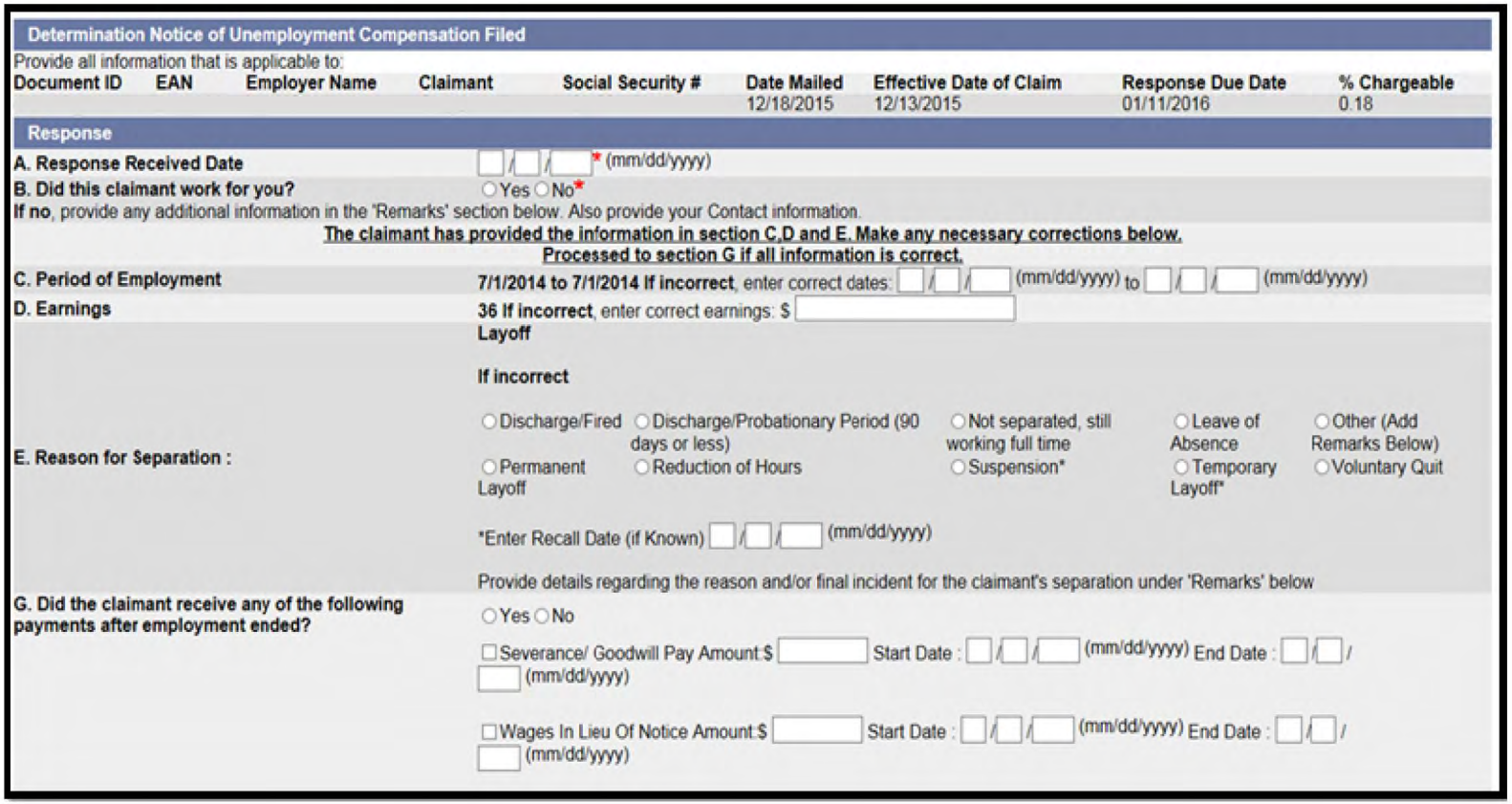
☐ Suspension* ☐ Reduction of Hours ☐ Not separated, still working full time

☐ Discharge/Probationary Period (90 days or less) ☐ Other (Add Remarks Below)

*Enter Recall Date (If Known) _____

Notice of Claim Filed (UCB-412)

Electronic Version



Determination Notice of Unemployment Compensation Filed

Provide all information that is applicable to:

Document ID	EAN	Employer Name	Claimant	Social Security #	Date Mailed	Effective Date of Claim	Response Due Date	% Chargeable
					12/18/2015	12/13/2015	01/11/2016	0.18

Response

A. Response Received Date __/__/____* (mm/dd/yyyy)

B. Did this claimant work for you? ○ Yes ○ No*

If no, provide any additional information in the 'Remarks' section below. Also provide your Contact information.

The claimant has provided the information in section C,D and E. Make any necessary corrections below.
Processed to section G if all information is correct.

C. Period of Employment **7/1/2014 to 7/1/2014 If incorrect**, enter correct dates: __/__/____ (mm/dd/yyyy) to __/__/____ (mm/dd/yyyy)

D. Earnings **36 If incorrect**, enter correct earnings: $

E. Reason for Separation :

Layoff

If incorrect

○ Discharge/Fired ○ Discharge/Probationary Period (90 days or less) ○ Not separated, still working full time ○ Leave of Absence ○ Other (Add Remarks Below)
○ Permanent Layoff ○ Reduction of Hours ○ Suspension* ○ Temporary Layoff* ○ Voluntary Quit

*Enter Recall Date (if Known) __/__/____ (mm/dd/yyyy)

Provide details regarding the reason and/or final incident for the claimant's separation under 'Remarks' below

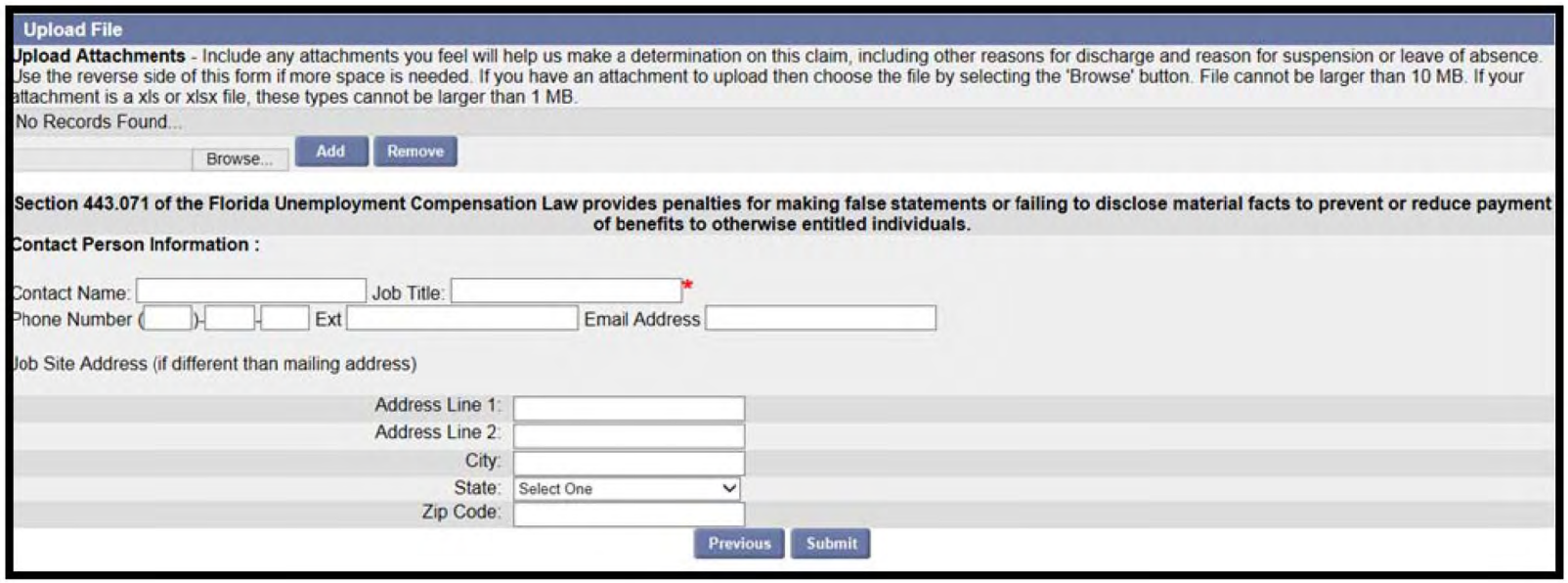
G. Did the claimant receive any of the following payments after employment ended? ○ Yes ○ No

☐ Severance/ Goodwill Pay Amount:$ Start Date : __/__/____ (mm/dd/yyyy) End Date : __/__/____ (mm/dd/yyyy)

☐ Wages In Lieu Of Notice Amount:$ Start Date : __/__/____ (mm/dd/yyyy) End Date : __/__/____ (mm/dd/yyyy)

Notice of Claim Filed (UCB-412)

Electronic Version



Upload File

Upload Attachments - Include any attachments you feel will help us make a determination on this claim, including other reasons for discharge and reason for suspension or leave of absence. Use the reverse side of this form if more space is needed. If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these types cannot be larger than 1 MB.

No Records Found...

Browse... Add Remove

Section 443.071 of the Florida Unemployment Compensation Law provides penalties for making false statements or failing to disclose material facts to prevent or reduce payment of benefits to otherwise entitled individuals.

Contact Person Information :

Contact Name: Job Title: *

Phone Number ( )- - Ext Email Address

Job Site Address (if different than mailing address)

Address Line 1:
Address Line 2:
City:
State: Select One
Zip Code:

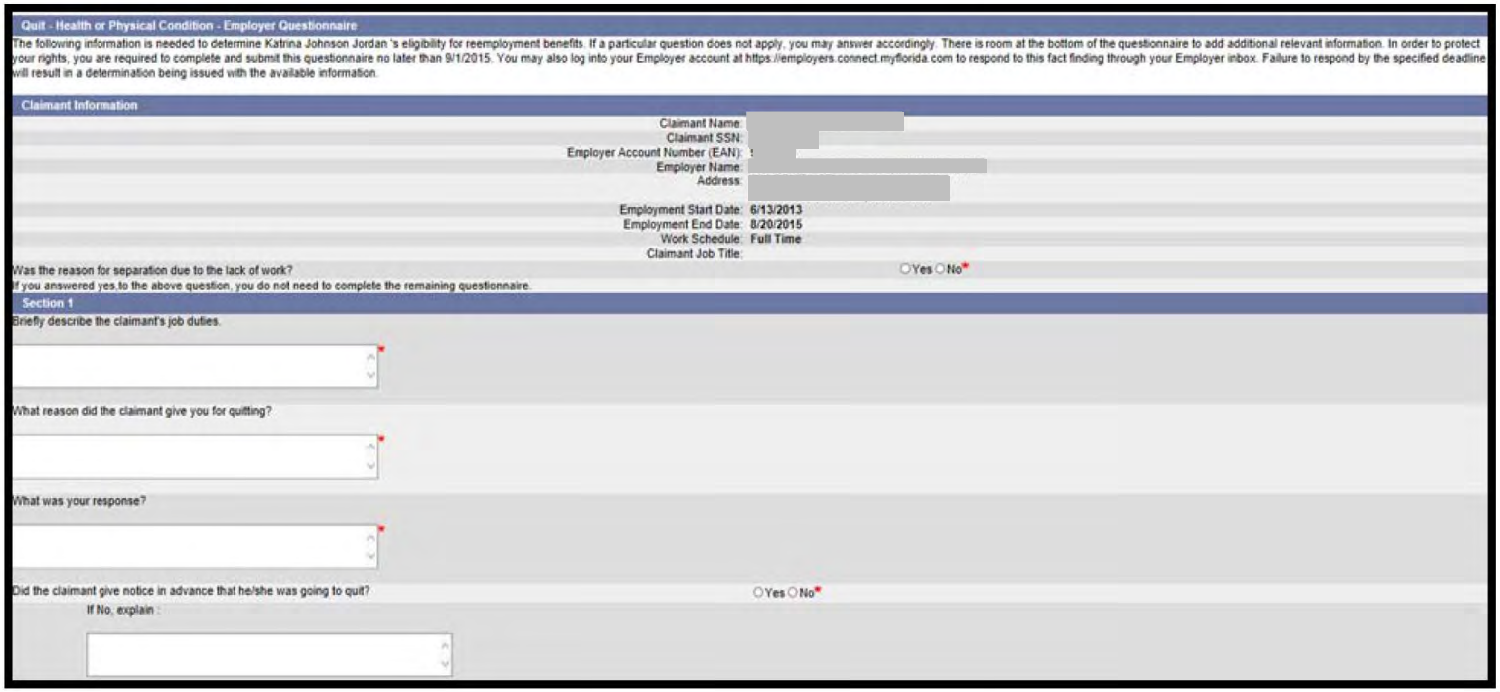
Previous Submit

Responding to UCB-412

- The information on the UCB-412 is provided by the claimant
- You **must** update the dates of employment, earnings and reason for separation if they are incorrect
- Information entered to the UCB-412 should be as accurate as possible
- *CONNECT* will be able to read electronic responses and automatically update the claim

Employer Questionnaire

The Employer Questionnaire is generated by the detail type and subtype of the claimant's separation.



Quit - Health or Physical Condition - Employer Questionnaire

The following information is needed to determine Katrina Johnson Jordan 's eligibility for reemployment benefits. If a particular question does not apply, you may answer accordingly. There is room at the bottom of the questionnaire to add additional relevant information. In order to protect your rights, you are required to complete and submit this questionnaire no later than 9/1/2015. You may also log into your Employer account at https://employers.connect.myflorida.com to respond to this fact finding through your Employer inbox. Failure to respond by the specified deadline will result in a determination being issued with the available information.

Claimant Information

Claimant Name:
Claimant SSN:
Employer Account Number (EAN):
Employer Name:
Address:

Employment Start Date: 6/13/2013
Employment End Date: 8/20/2015
Work Schedule: Full Time
Claimant Job Title:

Was the reason for separation due to the lack of work? ○Yes ○No*

If you answered yes,to the above question, you do not need to complete the remaining questionnaire.

Section 1

Briefly describe the claimant's job duties.

What reason did the claimant give you for quitting?

What was your response?

Did the claimant give notice in advance that he/she was going to quit? ○Yes ○No*

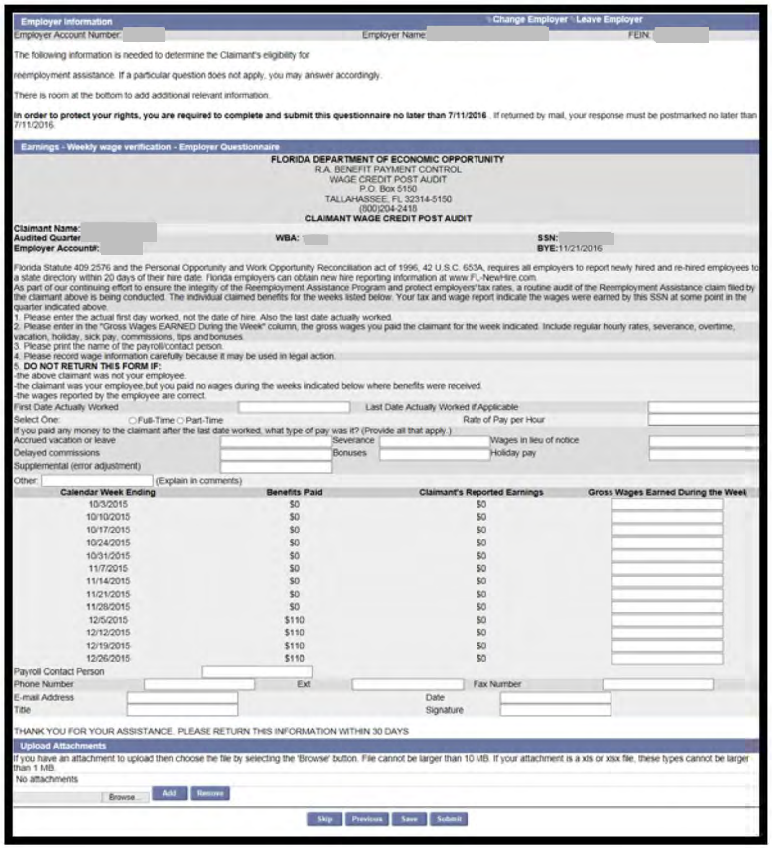
If No, explain :

Chargeability

Employers pay a quarterly tax based on their individual employees and the two following categories:

- Contributory employers are charged a reemployment assistance tax rate based on their experience rating
  - The experience rating can go up or down depending on the amount of benefits paid to an employee
  - To be eligible for non-charging a Contributory employer must respond to a notice of claim filed within 20 days and meet other requirements
- Reimbursable employers (Non-Profit, City and State Government) are charged on a dollar-for-dollar basis.

Wage Credit Post Audit



Employer Information — Change Employer · Leave Employer

Employer Account Number: Employer Name: FEIN:

The following information is needed to determine the Claimant's eligibility for reemployment assistance. If a particular question does not apply, you may answer accordingly.

There is room at the bottom to add additional relevant information.

In order to protect your rights, you are required to complete and submit this questionnaire no later than 7/11/2016. If returned by mail, your response must be postmarked no later than 7/11/2016.

Earnings - Weekly wage verification - Employer Questionnaire

FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
R.A. BENEFIT PAYMENT CONTROL
WAGE CREDIT POST AUDIT
P.O. Box 5150
TALLAHASSEE, FL 32314-5150
(800)204-2418
CLAIMANT WAGE CREDIT POST AUDIT

Claimant Name:
Audited Quarter: **WBA:** **SSN:**
Employer Account#: **BYE:**11/21/2016

Florida Statute 409.2576 and the Personal Opportunity and Work Opportunity Reconciliation act of 1996, 42 U.S.C. 653A, requires all employers to report newly hired and re-hired employees to a state directory within 20 days of their hire date. Florida employers can obtain new hire reporting information at www.FL-NewHire.com.
As part of our continuing effort to ensure the integrity of the Reemployment Assistance Program and protect employers' tax rates, a routine audit of the Reemployment Assistance claim filed by the claimant above is being conducted. The individual claimed benefits for the weeks listed below. Your tax and wage report indicate the wages were earned by this SSN at some point in the quarter indicated above.

1. Please enter the actual first day worked, not the date of hire. Also the last date actually worked.
2. Please enter in the "Gross Wages EARNED During the Week" column, the gross wages you paid the claimant for the week indicated. Include regular hourly rates, severance, overtime, vacation, holiday, sick pay, commissions, tips and bonuses.
3. Please print the name of the payroll/contact person.
4. Please record wage information carefully, because it may be used in legal action.
5. **DO NOT RETURN THIS FORM IF:**

-the above claimant was not your employee.
-the claimant was your employee,but you paid no wages during the weeks indicated below where benefits were received.
-the wages reported by the employee are correct.

First Date Actually Worked: Last Date Actually Worked if Applicable:
Select One: ○ Full-Time ○ Part-Time Rate of Pay per Hour:
If you paid any money to the claimant after the last date worked, what type of pay was it? (Provide all that apply.)
Accrued vacation or leave: Severance: Wages in lieu of notice:
Delayed commissions: Bonuses: Holiday pay:
Supplemental (error adjustment):
Other: (Explain in comments)

Calendar Week Ending	Benefits Paid	Claimant's Reported Earnings	Gross Wages Earned During the Week
10/3/2015	$0	$0	
10/10/2015	$0	$0	
10/17/2015	$0	$0	
10/24/2015	$0	$0	
10/31/2015	$0	$0	
11/7/2015	$0	$0	
11/14/2015	$0	$0	
11/21/2015	$0	$0	
11/28/2015	$0	$0	
12/5/2015	$110	$0	
12/12/2015	$110	$0	
12/19/2015	$110	$0	
12/26/2015	$110	$0	

Payroll Contact Person
Phone Number Ext Fax Number
E-mail Address Date
Title Signature

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN THIS INFORMATION WITHIN 30 DAYS

Upload Attachments

If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these types cannot be larger than 1 MB.

No attachments

Browse... Add Remove

Skip Previous Save Submit

Wage Credit Post Audit

- **Wage Credit Post Audits (UCO-2, Weekly Wage Verification, Quarterly Wage Audit)** are one of the most common sources for detecting overpayments, preventing Reemployment Assistance fraud and protecting employers' tax rates.
- UCO-2's are generated and sent to employers (or their TPA's) in cases where discrepancies are identified. This process results in a significant amount of non-charging and reduced Reemployment Assistance program costs to employers.
- Prevents claimants from collecting benefits and earning wages at the same time. To make this happen requires teamwork between employers and the Reemployment Assistance program.

Wage Credit Post Audit

TPA Participation

- It is imperative that DEO be notified of any employer-TPA relationships related to Reemployment Assistance. Otherwise, processing of UCO-2's (for a respective employer) can be delayed and affect your chargeability.
- Presently, we are working on an enhancement to allow TPA's to process UCO-2's only.

Response Period

- Employers have 30 days to complete and submit the UCO-2. The sooner the employer responses are received by Reemployment Assistance, the greater the likelihood that valid overpayments are identified and employers are **non-charged**.

When NOT to Send in a Wage Credit Post Audit

- The claimant listed on the Wage Credit Post Audit (UCO-2) **was not your employee** (however you have the right to file a protest of benefit charges). OR
- The claimant listed was your employee, but you paid him or her **no wages** during the weeks indicated on the form where benefits were received. OR
- The wages reported by the employee are **correct**.

Why is it beneficial for you to respond?

Example 1 for employer XYZ Corporation: 10% response rate

Employer Name:	XYZ Corp.			
Time Period:	2015	all 4 qtrs.		
Count of UC0-2's Mailed:	2,000			
Dollar Value of Potential Overpayments:	$ 250,000	assumes	$ 125	average potential overpayment
Count of UC0-2's Received:	200	assumes	10%	response rate
Percentage Received:	10%			
Potential Non-charges:	$ 25,000	200 rec'd UC0-2's times the $125 avg. potential overpayments		
ACTUAL Non-charges:	$ 12,500	assumes	50%	of rec'd UC0-2's indicate an actual overpayment

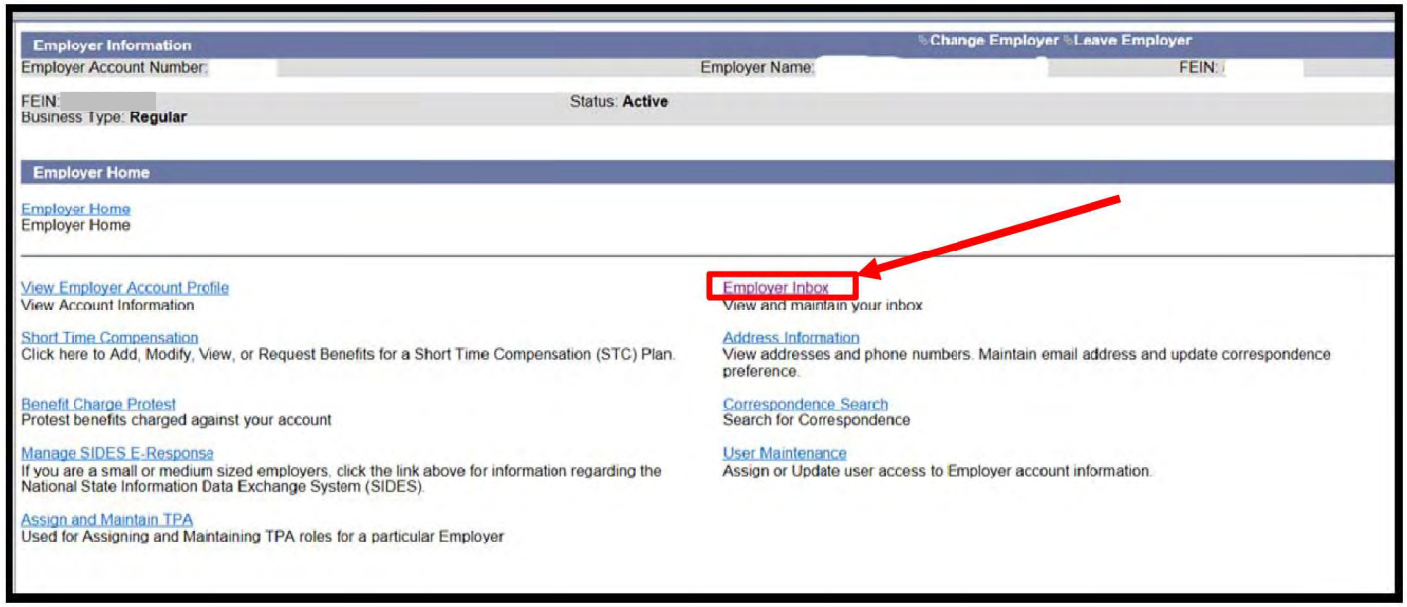
Example 2 for employer XYZ Corporation: 100% response rate

Employer Name:	XYZ Corp.			
Time Period:	2015	all 4 qtrs.		
Count of UC0-2's Mailed:	2,000			
Dollar Value of Potential Overpayments:	$ 250,000	assumes	$ 125	average potential overpayment
Count of UC0-2's Received:	2,000	assumes	100%	response rate
Percentage Received:	100%			
Potential Non-charges:	$ 250,000	2,000 rec'd UC0-2's times the $125 avg. potential overpayments		
ACTUAL Non-charges:	$ 125,000	assumes	50%	of rec'd UC0-2's indicate an actual overpayment

LOST Non-charges Due to Low (10%) Response Rate: $ 112,500

File Wage Credit Post Audit Electronically

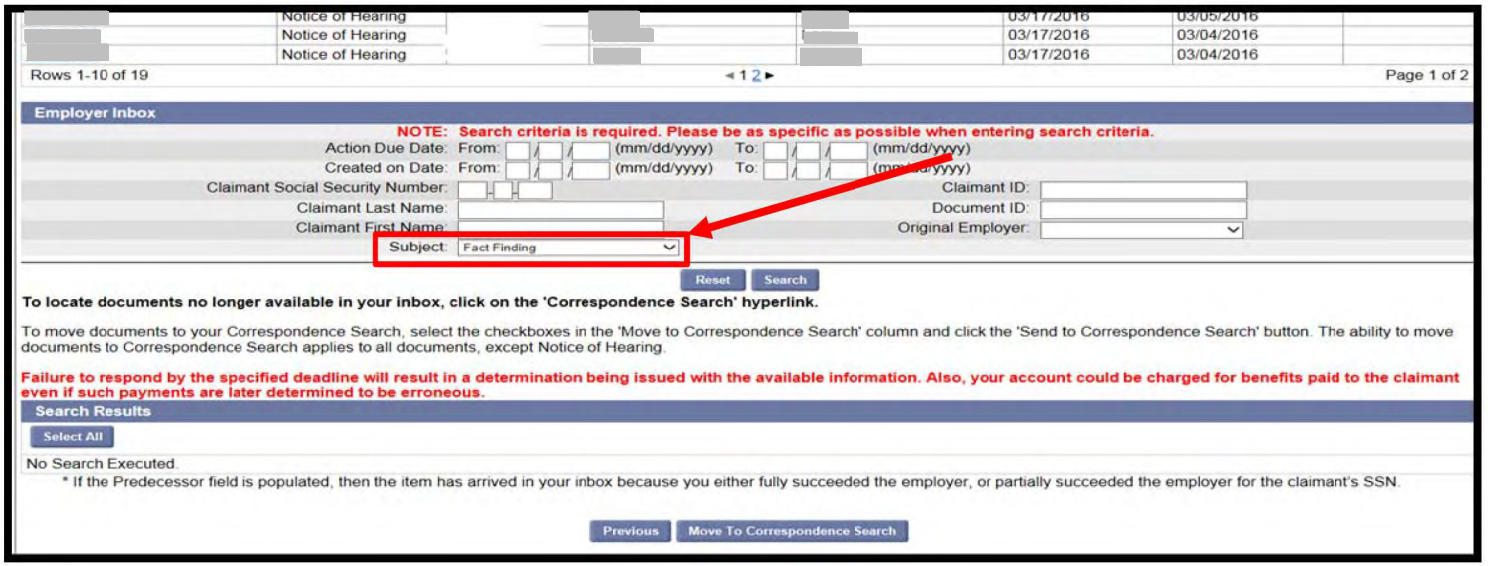
From Employer Home select ‘Employer Inbox’



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

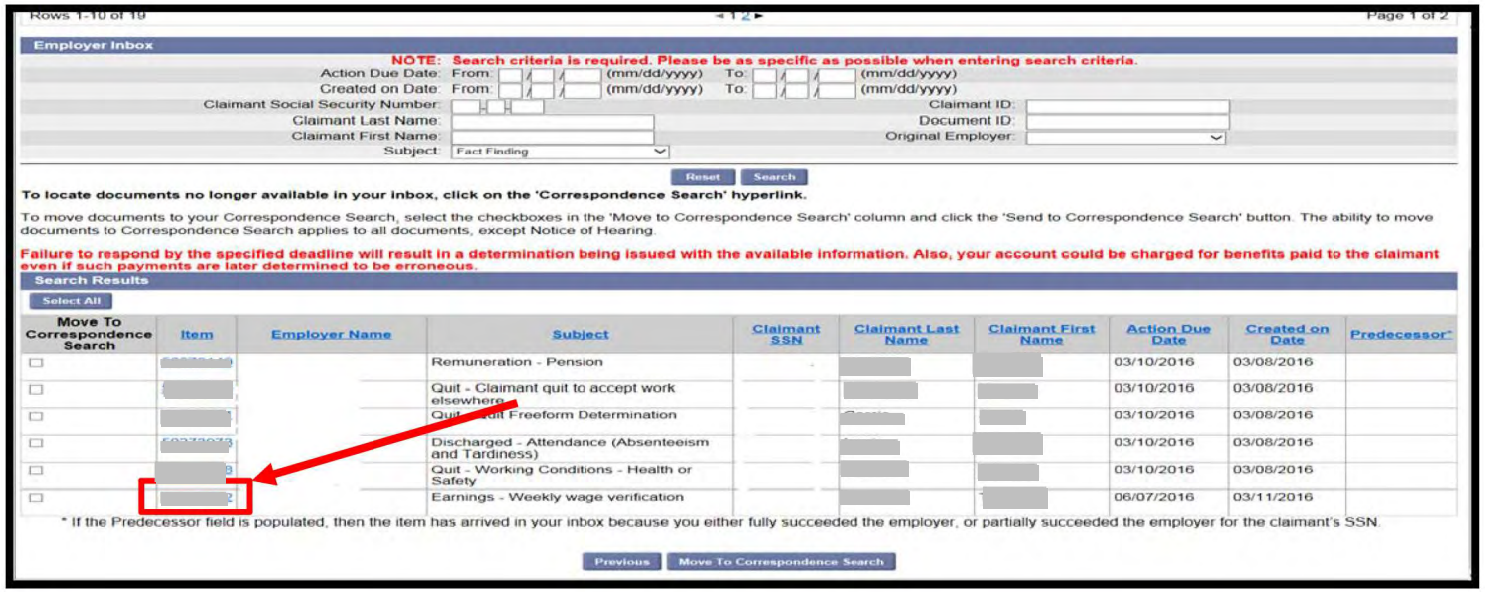
File Wage Credit Post Audit Electronically

Filter Subject by ‘Fact Finding’ and select ‘Search’



File Wage Credit Post Audit Electronically

Click the Item Hyperlink next to the Subject 'Earnings-Weekly wage verification'



Wage Credit Post Audit

Employer Information — Change Employer · Leave Employer

Employer Account Number: Employer Name: FEIN:

The following information is needed to determine the Claimant's eligibility for reemployment assistance. If a particular question does not apply, you may answer accordingly.

There is room at the bottom to add additional relevant information.

In order to protect your rights, you are required to complete and submit this questionnaire no later than 7/11/2016. If returned by mail, your response must be postmarked no later than 7/11/2016.

Earnings - Weekly wage verification - Employer Questionnaire

FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
R.A. BENEFIT PAYMENT CONTROL
WAGE CREDIT POST AUDIT
P.O. Box 5150
TALLAHASSEE, FL 32314-5150
(800)204-2418

CLAIMANT WAGE CREDIT POST AUDIT

Claimant Name:
Audited Quarter: **WBA:** **SSN:**
Employer Account#: **BYE:**11/21/2016

Florida Statute 409.2576 and the Personal Opportunity and Work Opportunity Reconciliation act of 1996, 42 U.S.C. 653A, requires all employers to report newly hired and re-hired employees to a state directory within 20 days of their hire date. Florida employers can obtain new hire reporting information at www.FL-NewHire.com.
As part of our continuing effort to ensure the integrity of the Reemployment Assistance Program and protect employers' tax rates, a routine audit of the Reemployment Assistance claim filed by the claimant above is being conducted. The individual claimed benefits for the weeks listed below. Your tax and wage report indicate the wages were earned by this SSN at some point in the quarter indicated above.

1. Please enter the actual first day worked, not the date of hire. Also the last date actually worked.
2. Please enter in the "Gross Wages EARNED During the Week" column, the gross wages you paid the claimant for the week indicated. Include regular hourly rates, severance, overtime, vacation, holiday, sick pay, commissions, tips and bonuses.
3. Please print the name of the payroll/contact person.
4. Please record wage information carefully because it may be used in legal action.
5. **DO NOT RETURN THIS FORM IF:**

-the above claimant was not your employee.
-the claimant was your employee,but you paid no wages during the weeks indicated below where benefits were received.
-the wages reported by the employee are correct.

First Date Actually Worked: Last Date Actually Worked if Applicable:
Select One: ○ Full-Time ○ Part-Time Rate of Pay per Hour:
If you paid any money to the claimant after the last date worked, what type of pay was it? (Provide all that apply.)
Accrued vacation or leave Severance Wages in lieu of notice
Delayed commissions Bonuses Holiday pay
Supplemental (error adjustment)
Other: (Explain in comments)

Calendar Week Ending	Benefits Paid	Claimant's Reported Earnings	Gross Wages Earned During the Week
10/3/2015	$0	$0	
10/10/2015	$0	$0	
10/17/2015	$0	$0	
10/24/2015	$0	$0	
10/31/2015	$0	$0	
11/7/2015	$0	$0	
11/14/2015	$0	$0	
11/21/2015	$0	$0	
11/28/2015	$0	$0	
12/5/2015	$110	$0	
12/12/2015	$110	$0	
12/19/2015	$110	$0	
12/26/2015	$110	$0	

Payroll Contact Person
Phone Number Ext Fax Number
E-mail Address Date
Title Signature

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN THIS INFORMATION WITHIN 30 DAYS

Upload Attachments

If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these types cannot be larger than 1 MB.

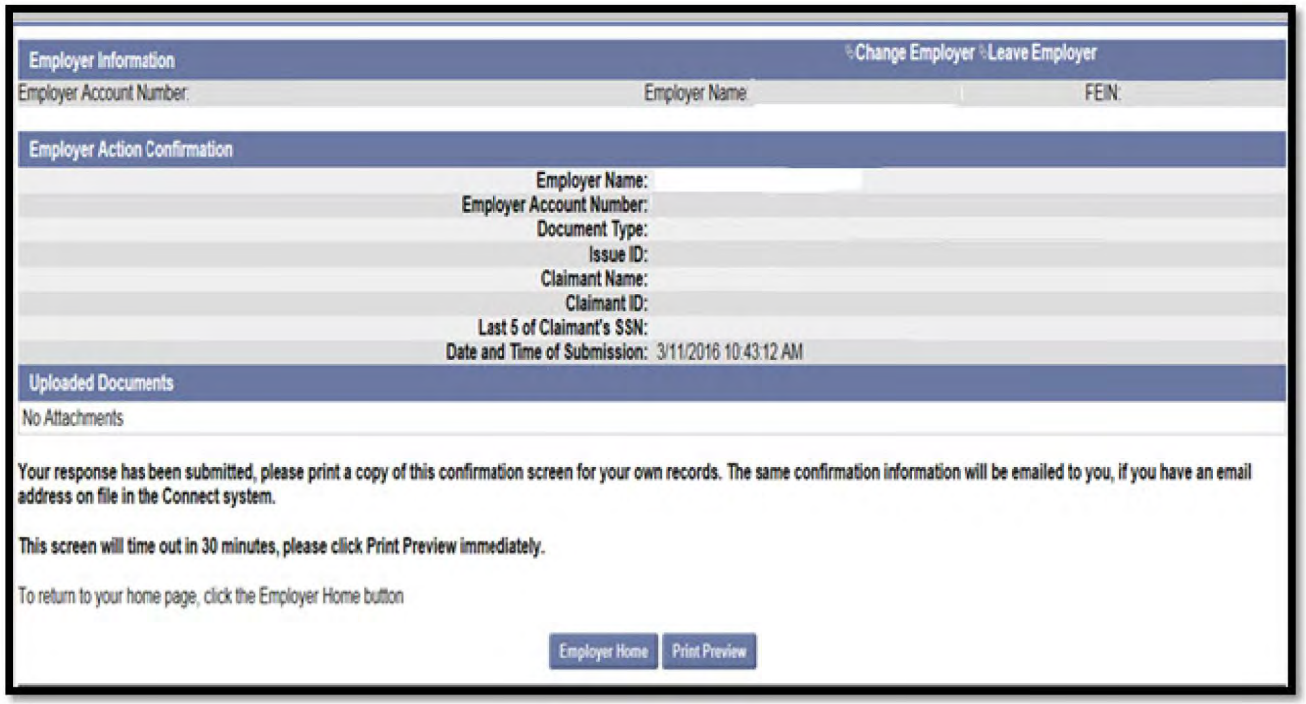
No attachments

Browse... Add Remove

Skip Previous Save Submit

File Wage Credit Post Audit Electronically

Confirmation page



Employer Information — Change Employer | Leave Employer

Employer Account Number: | Employer Name: | FEIN:

Employer Action Confirmation

Employer Name:	
Employer Account Number:	
Document Type:	
Issue ID:	
Claimant Name:	
Claimant ID:	
Last 5 of Claimant's SSN:	
Date and Time of Submission:	3/11/2016 10:43:12 AM

Uploaded Documents

No Attachments

Your response has been submitted, please print a copy of this confirmation screen for your own records. The same confirmation information will be emailed to you, if you have an email address on file in the Connect system.

This screen will time out in 30 minutes, please click Print Preview immediately.

To return to your home page, click the Employer Home button

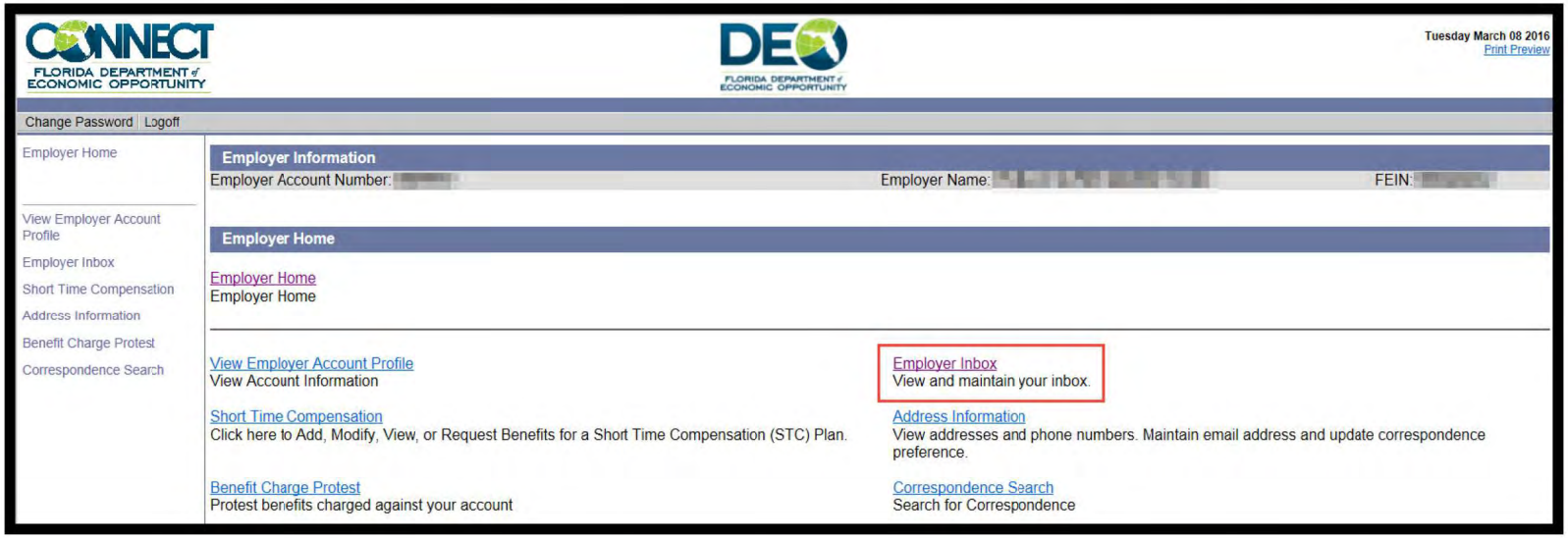
Employer Home | Print Preview

What is an Appeal?

- Any person entitled to notice who is adversely affected by a determination or redetermination may file an appeal, pursuant to Section 443.151(4)(b)1., and in accordance with Rule 73B-20.002, F.A.C.
- An appeal can be submitted electronically, via fax, or by mail.
- An appeal may be filed within 20 calendar days of an adverse determination.

File an Appeal

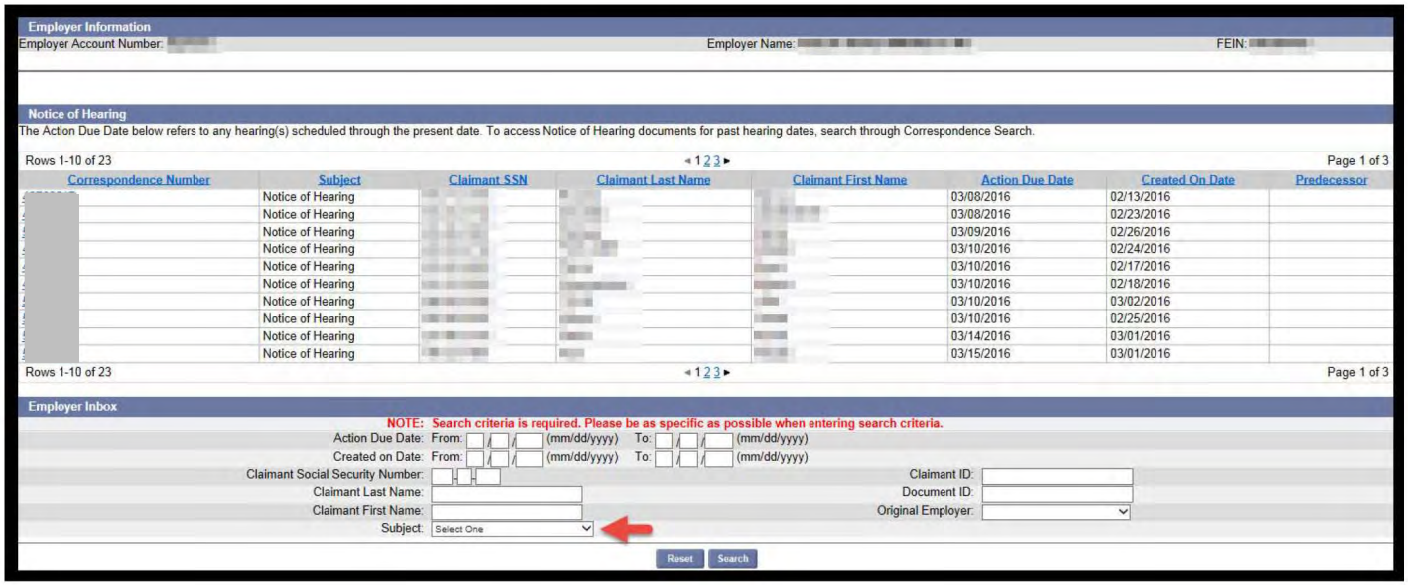
From the Employer Home Page select 'Employer Inbox.'



All Notices of Hearing will populate at the top of the Employer Inbox.

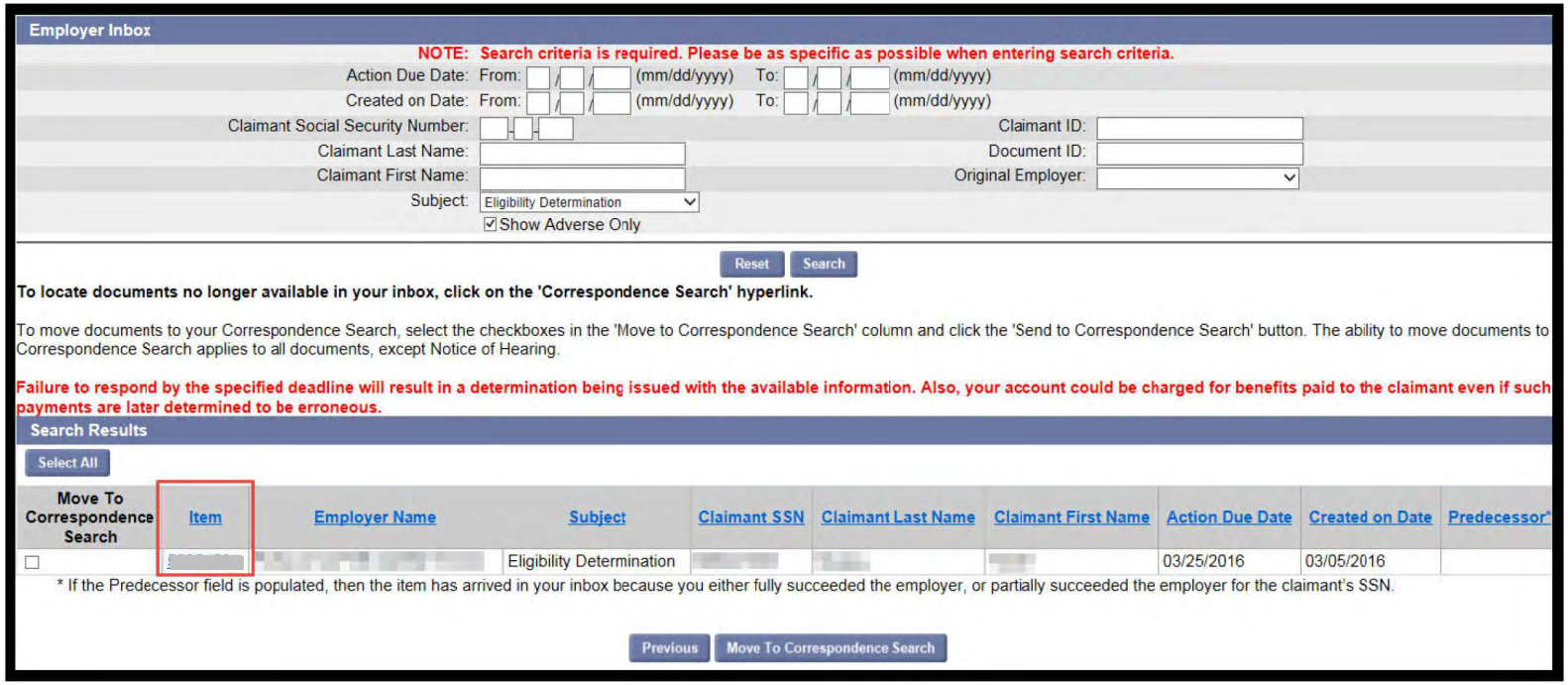
File an Appeal

- To view adverse determinations select ‘Eligibility Determination’ from the drop down menu and then select the checkbox entitled ‘Show Adverse Only’.
- Select ‘Search’ and all available adverse determinations will populate in the ‘Search Results’ section below the Notices of Hearing.



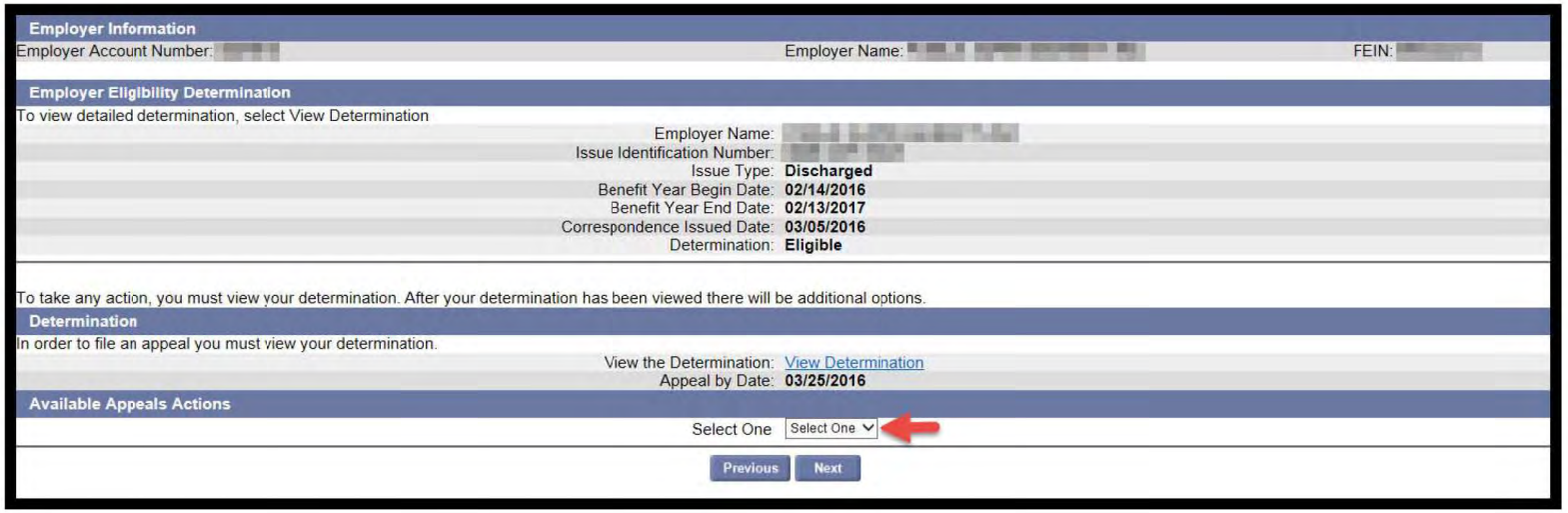
File an Appeal

Select the ‘Item’ hyperlink to pull up the determination detail screen.



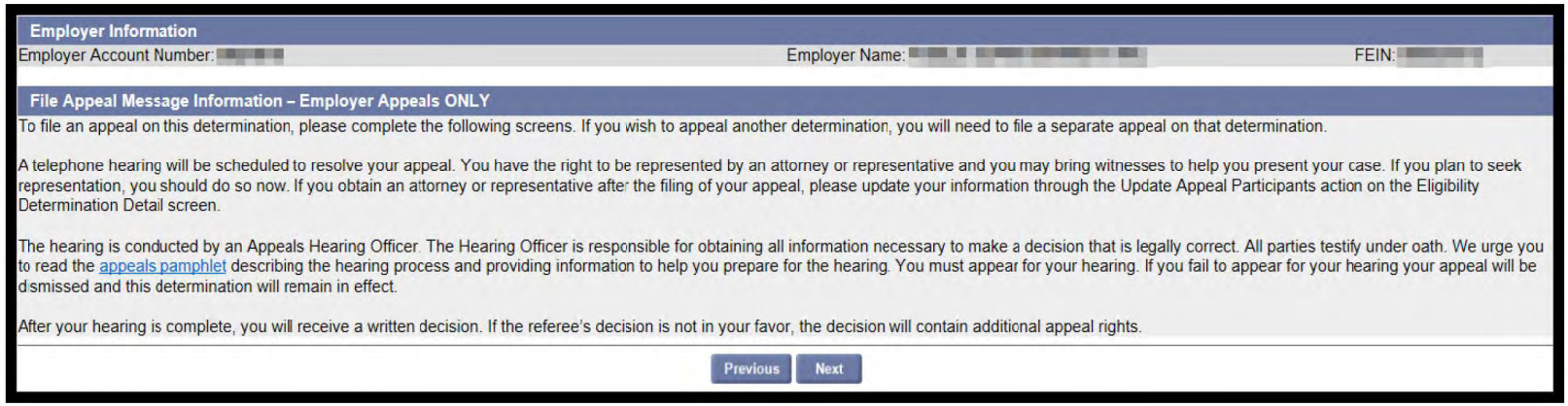
File an Appeal

- On 'Eligibility Determination' screen, select 'View Determination.'
- After viewing the determination, view available appeals options by clicking the arrow on the 'Select One' menu in the Available Appeals Actions section.
- Select 'File Appeal' from the available actions drop-down menu.
- Select 'Next.'



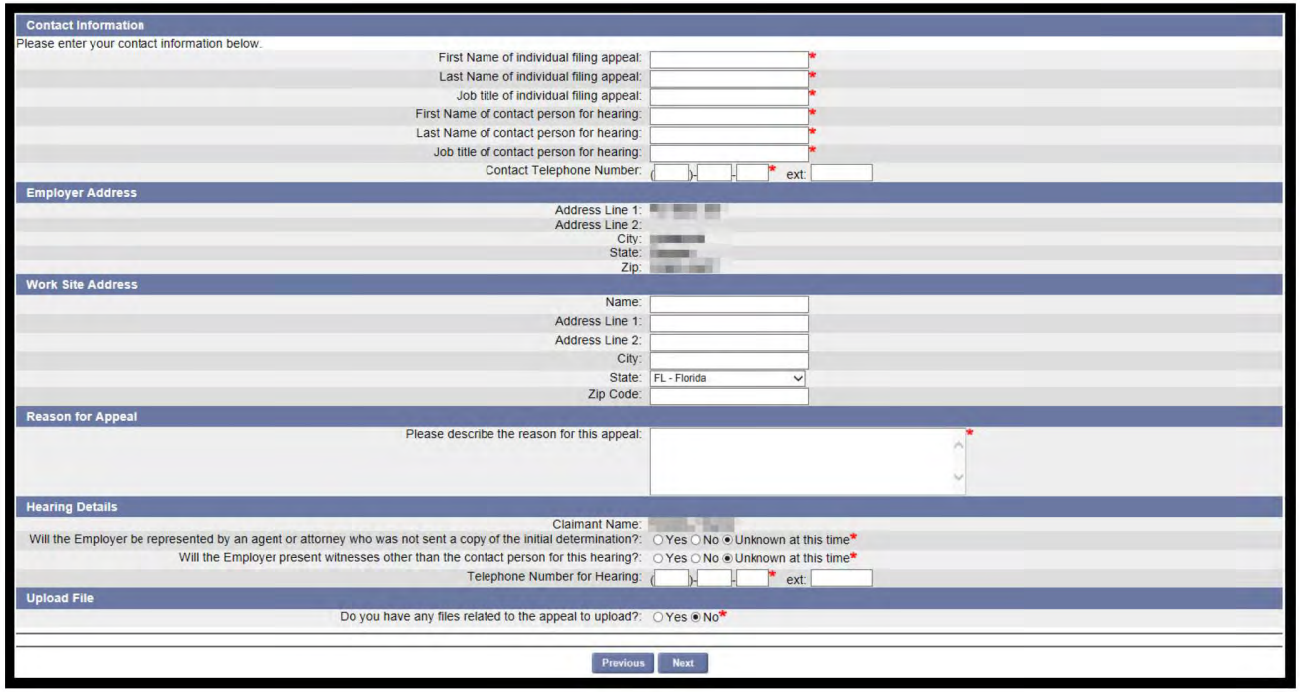
File an Appeal

On the ‘File Appeal Screen’ select ‘Next’ to proceed with filing an Appeal.



File an Appeal

Enter contact information, the reason for the appeal and hearing details.



Contact Information

Please enter your contact information below.

First Name of individual filing appeal: *
Last Name of individual filing appeal: *
Job title of individual filing appeal: *
First Name of contact person for hearing: *
Last Name of contact person for hearing: *
Job title of contact person for hearing: *
Contact Telephone Number: ( ) - * ext:

Employer Address

Address Line 1:
Address Line 2:
City:
State:
Zip:

Work Site Address

Name:
Address Line 1:
Address Line 2:
City:
State: FL - Florida
Zip Code:

Reason for Appeal

Please describe the reason for this appeal: *

Hearing Details

Claimant Name:
Will the Employer be represented by an agent or attorney who was not sent a copy of the initial determination?: ○ Yes ○ No ◉ Unknown at this time*
Will the Employer present witnesses other than the contact person for this hearing?: ○ Yes ○ No ◉ Unknown at this time*
Telephone Number for Hearing: ( ) - * ext:

Upload File

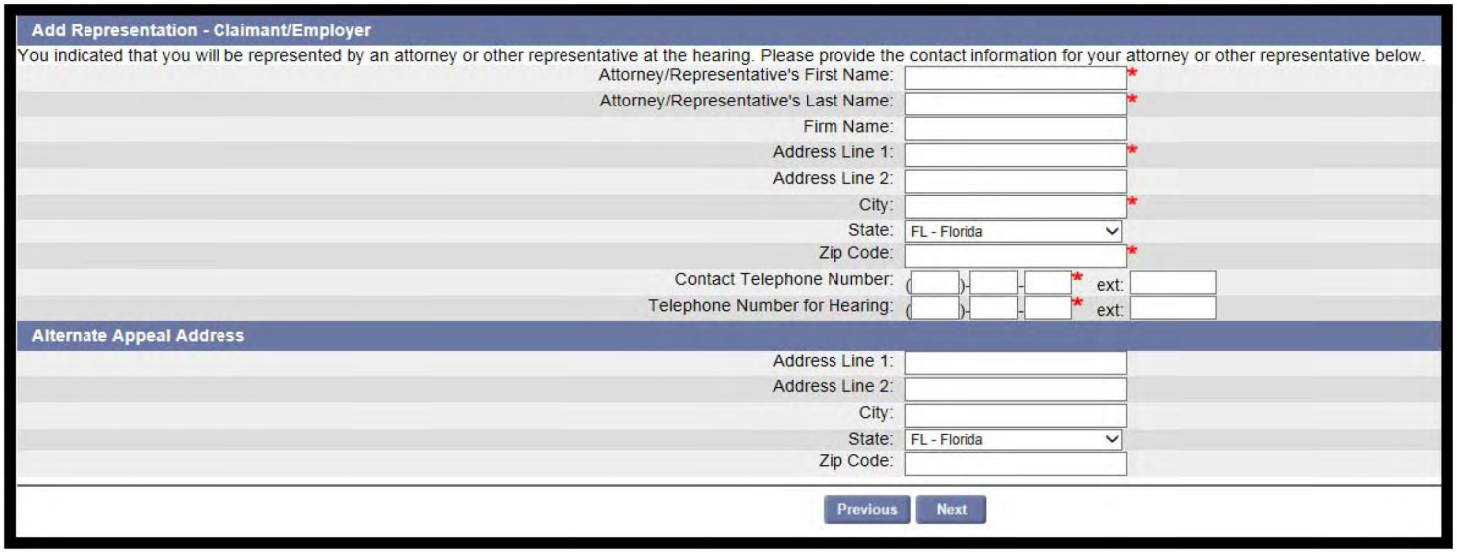
Do you have any files related to the appeal to upload?: ○ Yes ◉ No*

Previous Next

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

File an Appeal

- Enter information for any representatives and then add any desired witnesses.
- Indicate if documents are going to be uploaded at this time (this can be updated later).



Who Should Participate?

- Firsthand witnesses
- Records custodians
- Involved supervisors or managers

Uploading Document to the Appeals Case Folder

1. Select the 'Browse' button and then locate the file from the computer hard drive.

Uploading Document to the Appeals Case Folder

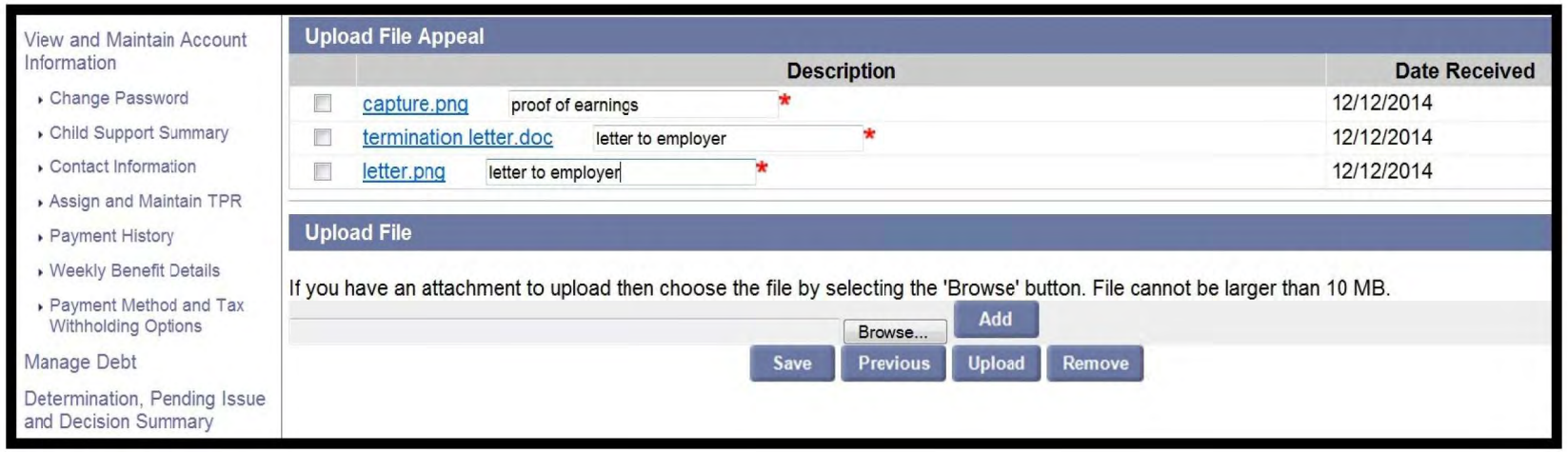
2. Click open from the hard drive and then click 'Add.'
    a) You must then enter a brief description in the Description text box.

Uploading Document to the Appeals Case Folder

3. Once all desired documents have been added select ‘Upload.’

Uploading Document to the Appeals Case Folder

4. To add more files repeat the previous steps



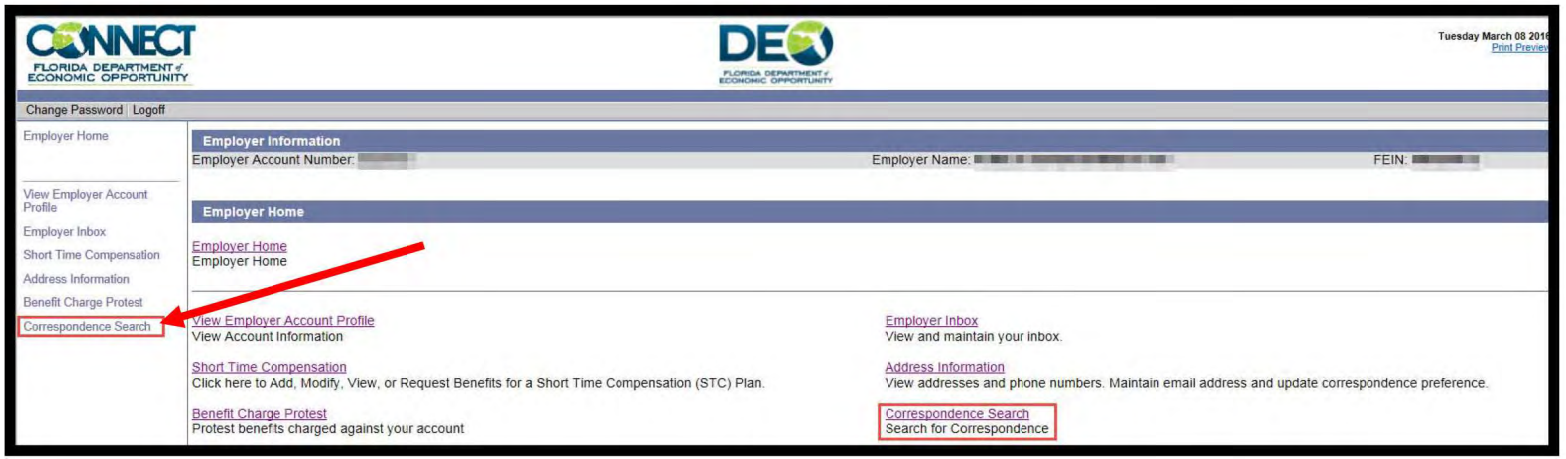
Useful Documents to Upload

- Copies of pertinent company policy
- Copies of the claimant's acknowledgment of those policies
- Copies of warnings issued to the claimant

Note: Make sure all copies of documents are clear and legible

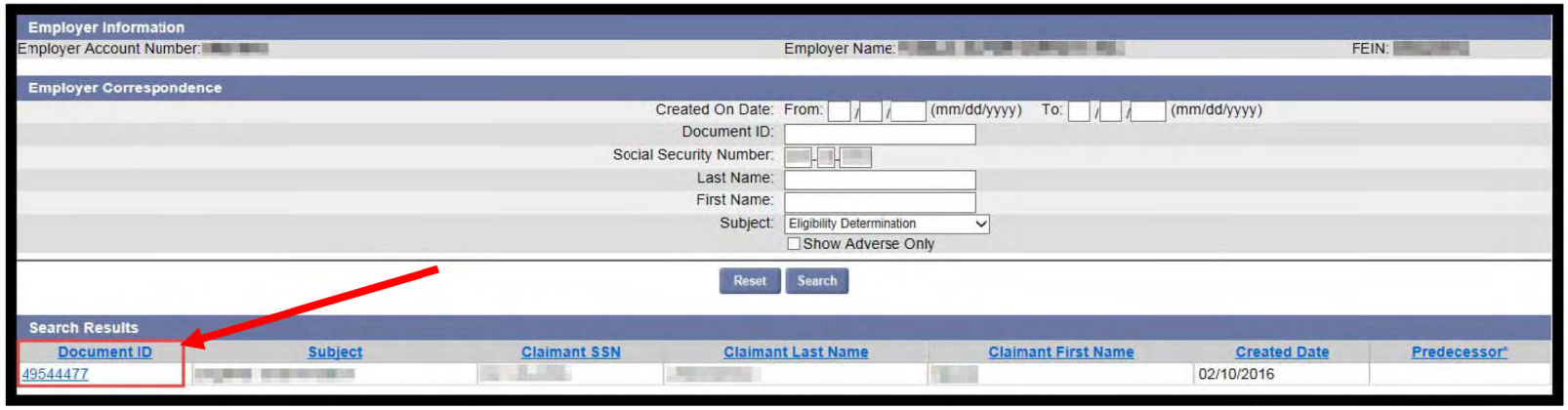
Updating Appeal Information

In order to update your appeal information later, navigate to Correspondence Search from the Employer Home Page.



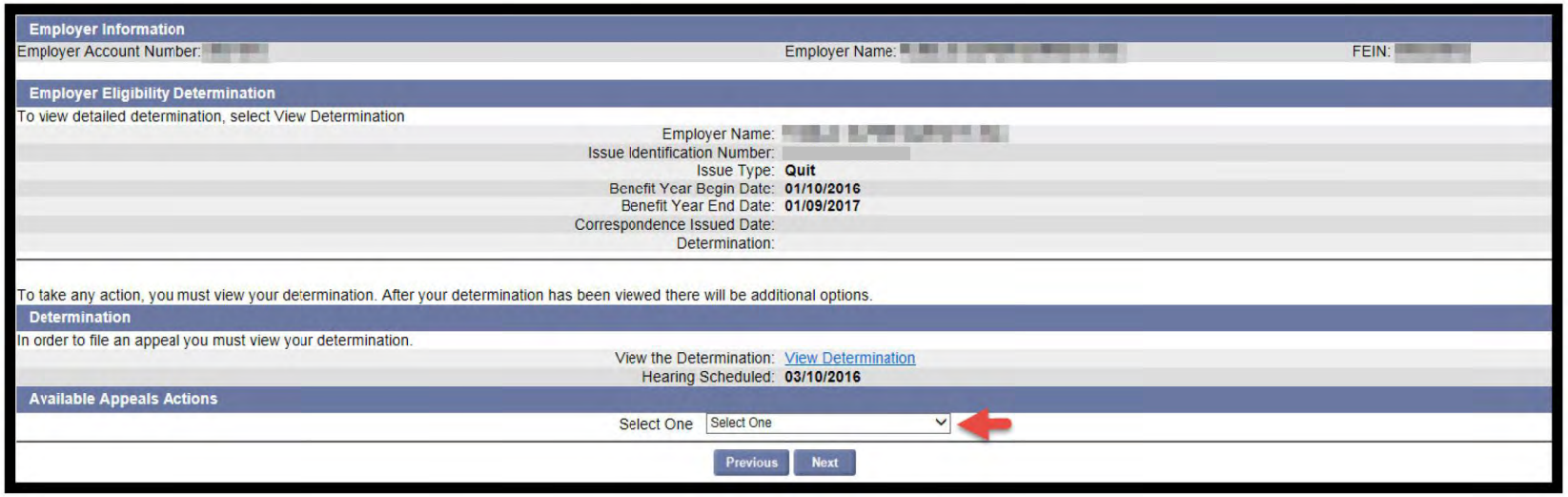
Updating Appeal Information

Enter the information for the desired case, set the Subject as ‘Eligibility Determination’ and select ‘Search.’ Then select the ‘Document ID.’



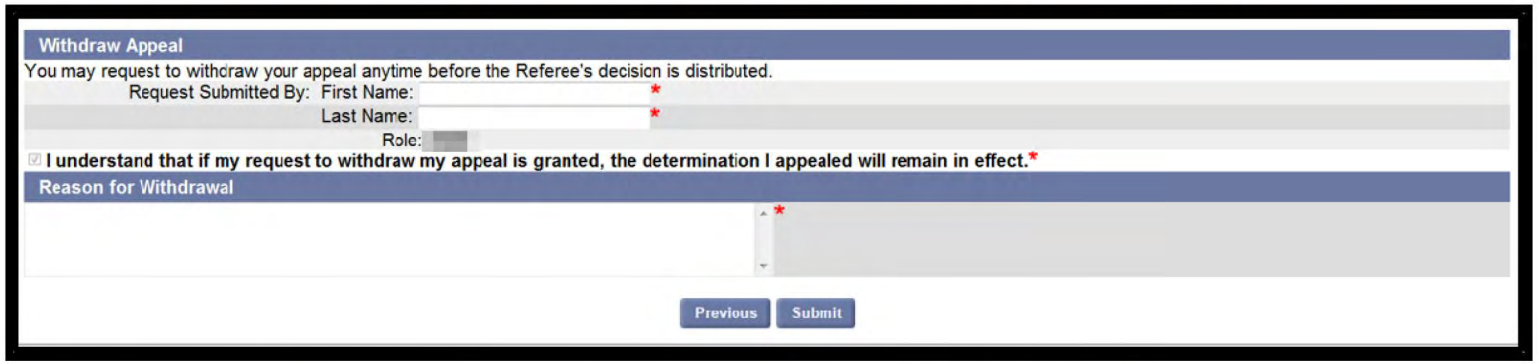
Updating Appeal Information

Use the dropdown menu to select View Case Folder or Update Appeal Participants.



Withdrawing an Appeal

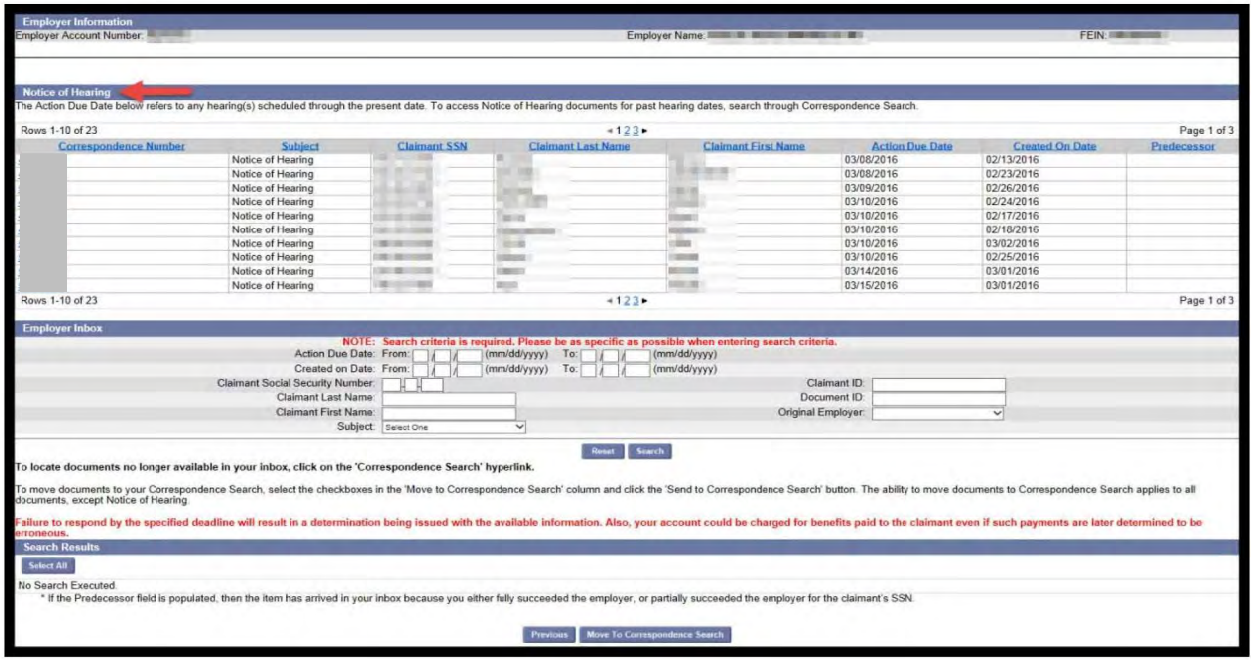
- An appeal can also be withdrawn from this screen.
- From ‘Eligibility Determination’ screen select ‘Withdraw Appeal’ from the drop-down menu.



- Enter information required fields and click ‘Submit.’
- A continuance can also be requested this way.

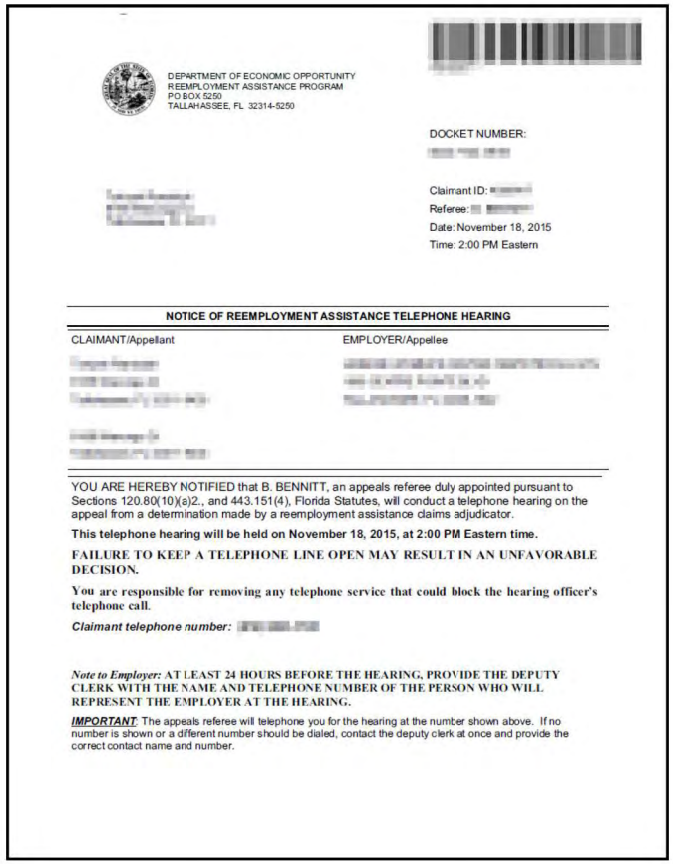
Appeal Hearing

The Employer Inbox automatically displays all upcoming Notices of Hearing at the top.



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

Notice of Hearing



DEPARTMENT OF ECONOMIC OPPORTUNITY
REEMPLOYMENT ASSISTANCE PROGRAM
P.O.BOX 5250
TALLAHASSEE, FL 32314-5250

DOCKET NUMBER:

Claimant ID:
Referee:
Date:November 18, 2015
Time: 2:00 PM Eastern

NOTICE OF REEMPLOYMENT ASSISTANCE TELEPHONE HEARING

CLAIMANT/Appellant	EMPLOYER/Appellee

YOU ARE HEREBY NOTIFIED that B. BENNITT, an appeals referee duly appointed pursuant to Sections 120.80(10)(e)2., and 443.151(4), Florida Statutes, will conduct a telephone hearing on the appeal from a determination made by a reemployment assistance claims adjudicator.

This telephone hearing will be held on November 18, 2015, at 2:00 PM Eastern time.

FAILURE TO KEEP A TELEPHONE LINE OPEN MAY RESULT IN AN UNFAVORABLE DECISION.

You are responsible for removing any telephone service that could block the hearing officer's telephone call.

Claimant telephone number:

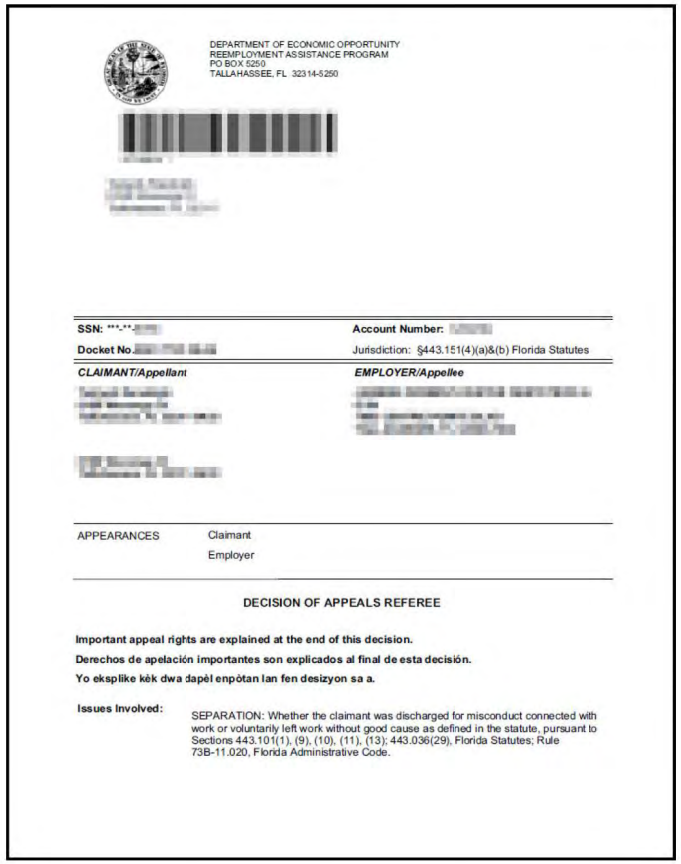
Note to Employer: **AT LEAST 24 HOURS BEFORE THE HEARING, PROVIDE THE DEPUTY CLERK WITH THE NAME AND TELEPHONE NUMBER OF THE PERSON WHO WILL REPRESENT THE EMPLOYER AT THE HEARING.**

IMPORTANT: The appeals referee will telephone you for the hearing at the number shown above. If no number is shown or a different number should be dialed, contact the deputy clerk at once and provide the correct contact name and number.

Appeal Hearing

- Appeal hearings are held telephonically
- Hearings are conducted by an appeals referee
- After the hearing, the decision will be distributed to the parties

Appeal Decision



DEPARTMENT OF ECONOMIC OPPORTUNITY
REEMPLOYMENT ASSISTANCE PROGRAM
PO BOX 5250
TALLAHASSEE, FL 32314-5250

[redacted]

[redacted]

SSN: ***-**-[redacted] Account Number: [redacted]

Docket No. [redacted] Jurisdiction: §443.151(4)(a)&(b) Florida Statutes

CLAIMANT/Appellant

[redacted]

EMPLOYER/Appellee

[redacted]

APPEARANCES Claimant
Employer

DECISION OF APPEALS REFEREE

Important appeal rights are explained at the end of this decision.

Derechos de apelación importantes son explicados al final de esta decisión.

Yo eksplike kèk dwa dapèl enpòtan lan fen desizyon sa a.

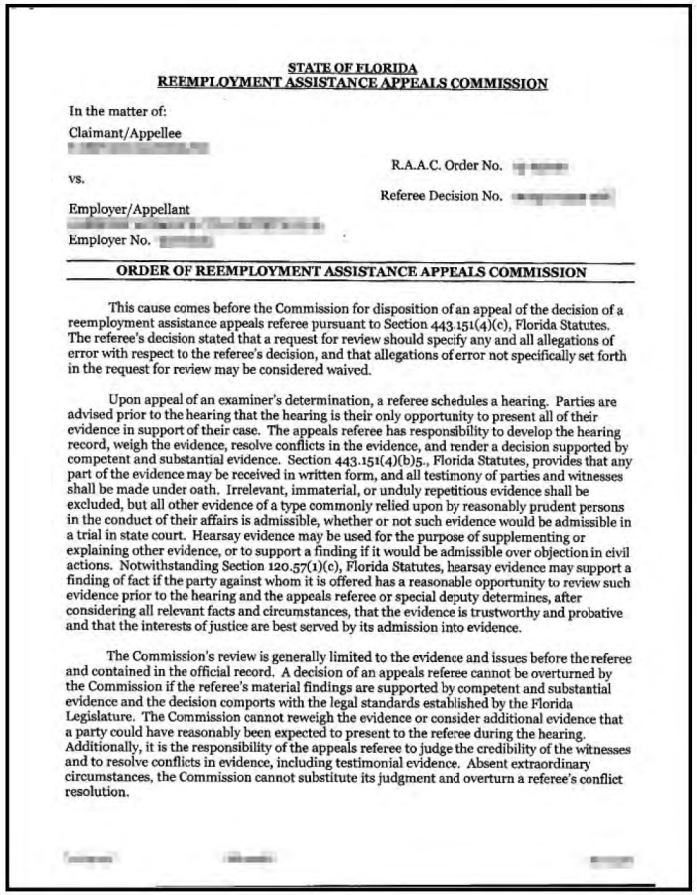
Issues Involved:

SEPARATION: Whether the claimant was discharged for misconduct connected with work or voluntarily left work without good cause as defined in the statute, pursuant to Sections 443.101(1), (9), (10), (11), (13); 443.036(29), Florida Statutes; Rule 73B-11.020, Florida Administrative Code.

Further Appeal Rights

- Referee decisions can be appealed to the Reemployment Assistance Appeals Commission (RAAC)
- An appeal may be filed within 20 calendar days of the rendition of the decision
- The RAAC will review the record and either affirm, reverse, or remand the case for further proceeding

RAAC Order



STATE OF FLORIDA
REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

In the matter of:

Claimant/Appellee

R.A.A.C. Order No.

vs.

Referee Decision No.

Employer/Appellant

Employer No.

ORDER OF REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

This cause comes before the Commission for disposition of an appeal of the decision of a reemployment assistance appeals referee pursuant to Section 443.151(4)(c), Florida Statutes. The referee's decision stated that a request for review should specify any and all allegations of error with respect to the referee's decision, and that allegations of error not specifically set forth in the request for review may be considered waived.

Upon appeal of an examiner's determination, a referee schedules a hearing. Parties are advised prior to the hearing that the hearing is their only opportunity to present all of their evidence in support of their case. The appeals referee has responsibility to develop the hearing record, weigh the evidence, resolve conflicts in the evidence, and render a decision supported by competent and substantial evidence. Section 443.151(4)(b)5., Florida Statutes, provides that any part of the evidence may be received in written form, and all testimony of parties and witnesses shall be made under oath. Irrelevant, immaterial, or unduly repetitious evidence shall be excluded, but all other evidence of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs is admissible, whether or not such evidence would be admissible in a trial in state court. Hearsay evidence may be used for the purpose of supplementing or explaining other evidence, or to support a finding if it would be admissible over objection in civil actions. Notwithstanding Section 120.57(1)(c), Florida Statutes, hearsay evidence may support a finding of fact if the party against whom it is offered has a reasonable opportunity to review such evidence prior to the hearing and the appeals referee or special deputy determines, after considering all relevant facts and circumstances, that the evidence is trustworthy and probative and that the interests of justice are best served by its admission into evidence.

The Commission's review is generally limited to the evidence and issues before the referee and contained in the official record. A decision of an appeals referee cannot be overturned by the Commission if the referee's material findings are supported by competent and substantial evidence and the decision comports with the legal standards established by the Florida Legislature. The Commission cannot reweigh the evidence or consider additional evidence that a party could have reasonably been expected to present to the referee during the hearing. Additionally, it is the responsibility of the appeals referee to judge the credibility of the witnesses and to resolve conflicts in evidence, including testimonial evidence. Absent extraordinary circumstances, the Commission cannot substitute its judgment and overturn a referee's conflict resolution.

Contacts

Natasha Ward
Natasha.Ward@deo.myflorida.com

Andrew Stanley
Andrew.Stanley@deo.myflorida.com

Patrice Saucier
Patrice.Saucier@deo.myflorida.com

El'Lise Bethel
Ellise.Bethel@deo.myflorida.com

Steele Simpson
Steele.Simpson@deo.myflorida.com

QUESTIONS?