



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



FLORIDA DEPARTMENT *of* ECONOMIC OPPORTUNITY



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](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>

The screenshot shows the 'Florida Department of Economic Opportunity: Employer Login' page. It includes a welcome message, a note about mobile device support, and an attention alert for employers outside Florida. The login section has fields for 'User ID' and 'Password', both marked as required. Below the fields are 'Login' and 'Forgot Password' buttons. A message states the account will be locked after 3 attempts. At the bottom, there is a 'Helpful Resources Home' link and a note that no menu options are available.

Lagon

Indicates Required Field

Florida Department of Economic Opportunity: Employer Login

Welcome to CONNECT, Florida's Online Reemployment Assistance System

NOTE: Tablets, phones, and other mobile devices are not currently supported by CONNECT and may result in errors. Please login on a personal computer using the following supported browsers - Internet Explorer versions 8 or 9, Mozilla Firefox versions 16 or 17, or Apple Safari versions 4 or 5. Thank you.

Attention: If you are an employer doing business outside the state of Florida or a new employer who has not yet received an employer account number from the Florida Department of Revenue please select the following link to proceed: <https://connect.myflorida.com/ExternalEmployer/Revenue/Maintenance/EmprNoticeRes/EmprNoticeRes.ASPX>. You will need a copy of a UCB-412 to respond electronically to the Department's request for separation information.

To access Employer account information, enter your User ID and Password. For purposes of authentication, using your Password is considered the same as using your signature.

User ID:

Password:

Login Forgot Password

Your account will be locked after 3 attempts. If you are having problems logging in, enter your User ID and select the "Forgot Password" button to reset your password.

Helpful Resources Home

No menu options are available...

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

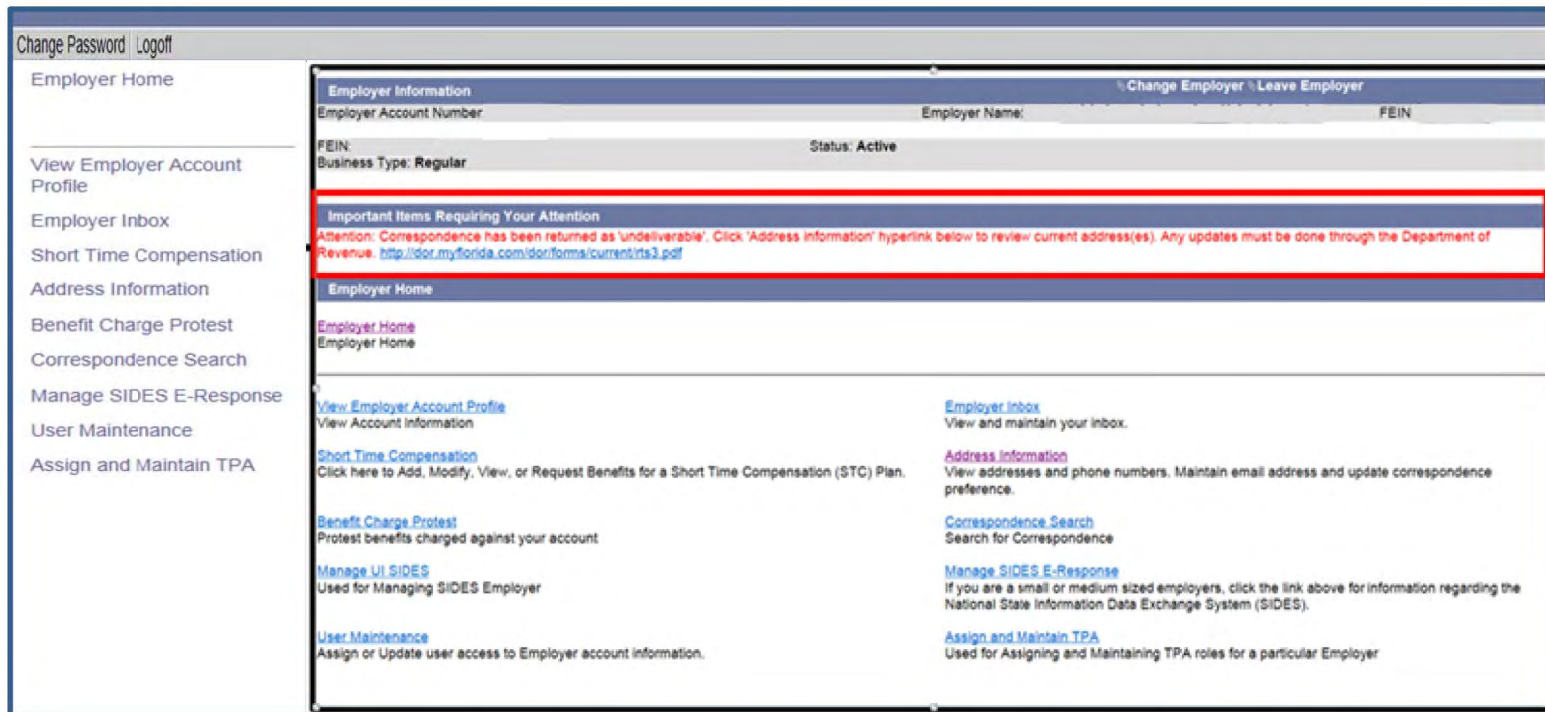


FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY



Home Page

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



Change Password | Logoff

Employer Home

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Charge Protest

Correspondence Search

Manage SIDES E-Response

User Maintenance

Assign and Maintain TPA

Employer Information

Employer Account Number

Employer Name:

FEIN:

Business Type: Regular

Status: Active

Change Employer | Leave Employer

Important Items Requiring Your Attention

Attention: Correspondence has been returned as 'undeliverable'. Click 'Address Information' hyperlink below to review current address(es). Any updates must be done through the Department of Revenue. <http://dor.myflorida.com/dor/forms/current/its3.pdf>

Employer Home

Employer Home

View Employer Account Profile

View Account Information

Short Time Compensation

Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.

Benefit Charge Protest

Protest benefits charged against your account

Manage UI SIDES

Used for Managing SIDES Employer

User Maintenance

Assign or Update user access to Employer account information.

Employer Inbox

View and maintain your inbox.

Address Information

View addresses and phone numbers. Maintain email address and update correspondence preference.

Correspondence Search

Search for Correspondence

Manage SIDES E-Response

If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).

Assign and Maintain TPA

Used for Assigning and Maintaining TPA roles for a particular Employer



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'.

Change Password | Logoff

Employer Home

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Charge Protest

Correspondence Search

Manage SIDES E-Response

User Maintenance

Assign and Maintain TPA

Employer Information

Employer Account Number: _____ Employer Name: _____ FEIN: _____

FEIN: _____ Status: Active

Business Type: Regular

Important Items Requiring Your Attention

Attention: Correspondence has been returned as 'undeliverable'. Click 'Address Information' hyperlink below to review current address(es). Any updates must be done through the Department of Revenue. <http://dor.myflorida.com/dor/forms/current/irs3.pdf>

Employer Home

Employer Home

Employer Home

View Employer Account Profile
View Account Information

Short Time Compensation
Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.

Benefit Charge Protest
Protest benefits charged against your account

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Used for Managing SIDES Employer

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Assign and Maintain TPA
Used for Assigning and Maintaining TPA roles for a particular Employer



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.

The screenshot shows the 'Employer Information' section of a web application. At the top, there are links for '%Change Employer' and '%Leave Employer'. Below this, the 'Employer Account Number' is displayed next to the 'Employer Name' and 'FEIN'. The 'FEIN' field is followed by a status indicator 'Status: Active'. The 'Business Type' is listed as 'Regular'. Below the 'Employer Information' section, there is an 'Employer Home' section with a link to 'Employer Home'. The 'Employer Inbox' link is highlighted with a red box and a red arrow pointing to it. Below the 'Employer Inbox' link, there are several other links: 'Short Time Compensation', 'Benefit Charge Protest', 'User Maintenance', 'Address Information', 'Correspondence Search', and 'Assign and Maintain TPA'. Each link has a brief description of its function.

Employer Information		%Change Employer	%Leave Employer
Employer Account Number	Employer Name	FEIN	
FEIN:	Status: Active		
Business Type: Regular			

Employer Home

[Employer Home](#)
Employer Home

Employer Inbox
View and maintain your inbox.

[Short Time Compensation](#)
Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.

[Benefit Charge Protest](#)
Protest benefits charged against your account

[User Maintenance](#)
Assign or Update user access to Employer account information.

[Address Information](#)
View addresses and phone numbers. Maintain email address and update correspondence preference.

[Correspondence Search](#)
Search for Correspondence

[Assign and Maintain TPA](#)
Used for Assigning and Maintaining TPA roles for a particular Employer



Employer Inbox

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

Employer Information
Change Employer Leave Employer

Employer Account Number:
Employer Name
FEIN:

Notice of Hearing

The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search through Correspondence Search.

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
	Notice of Hearing				03/11/2016	02/17/2016	
	Notice of Hearing				03/15/2016	03/03/2016	
	Notice of Hearing				03/16/2016	03/02/2016	

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Created on Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Claimant Social Security Number: --

Claimant Last Name:

Claimant First Name:

Subject:

Claimant ID:

Document ID:

Original Employer:

To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.



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

Employer Information
Employer Account Number:
Employer Name:
FEIN:

Notice of Hearing
The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search through Correspondence Search.

Rows 1-10 of 23

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
49769517	Notice of Hearing				03/08/2016	02/13/2016	
49967113	Notice of Hearing				03/08/2016	02/23/2016	
50055985	Notice of Hearing				03/09/2016	02/26/2016	
49993510	Notice of Hearing				03/10/2016	02/24/2016	
49827011	Notice of Hearing				03/10/2016	02/17/2016	
49863188	Notice of Hearing				03/10/2016	02/18/2016	
50144283	Notice of Hearing				03/10/2016	03/02/2016	
50011514	Notice of Hearing				03/10/2016	02/25/2016	
50101900	Notice of Hearing				03/14/2016	03/01/2016	
50122102	Notice of Hearing				03/15/2016	03/01/2016	

Rows 1-10 of 23

Page 1 of 3

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Created on Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Claimant Social Security Number:

Claimant Last Name:

Claimant First Name:

Subject:

Claimant ID:

Document ID:

Original Employer:



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

Notice of Hearing
The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search through Correspondence Search.

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
	Notice of Hearing				03/11/2016	02/17/2016	
	Notice of Hearing				03/15/2016	03/03/2016	
	Notice of Hearing				03/16/2016	03/02/2016	

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Created on Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Claimant Social Security Number:

Claimant Last Name:

Claimant First Name:

Subject: (Dropdown menu open showing: ALL, Appeal Information, Eligibility Determination, Employer Notification, Fact Finding, Protest of Benefit Charges, SIDES E-Response Confirmation, SIDES UC92, UCB 412 SIDES MON)

Claimant ID:

Document ID:

Original Employer:

To locate documents no longer available in your inbox, click the **Search** hyperlink.

To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

Search Results
Rows 1-25 of 100
Page 1 of 4

Move To Correspondence Search	Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor
☐			Notice of Claim Filed - UCB-412				05/01/2014	04/08/2014	
☐			Notice of Claim Filed - UCB-412				05/07/2014	04/14/2014	
☐			Notice of Claim Filed - UCB-412				05/08/2014	04/15/2014	
☐			Notice of Claim Filed - UCB-412				05/12/2014	04/18/2014	



Address Information Hyperlink

- Update correspondence preference
- View address history

Change Password | Logout

Employer Home

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Charges Protest

Correspondence Search

User Maintenance

Assign and Maintain TPA

Employer Information

Employer Account Number: [REDACTED] Employer Name: [REDACTED] FEIN: [REDACTED]

Address Information

Address Type	Address	Address2	City	State	Zip Code	Bad Addr Source DEO	Bad Addr Source DCR
Legal	[REDACTED]		OCALA	FL	34475	N	N
Mailing	[REDACTED]		TALLAHASSEE	FL	32301	N	N
Benefits	[REDACTED]		TALLAHASSEE	FL	32301	N	N

[Update Correspondence Preference](#)

[View Address History](#)

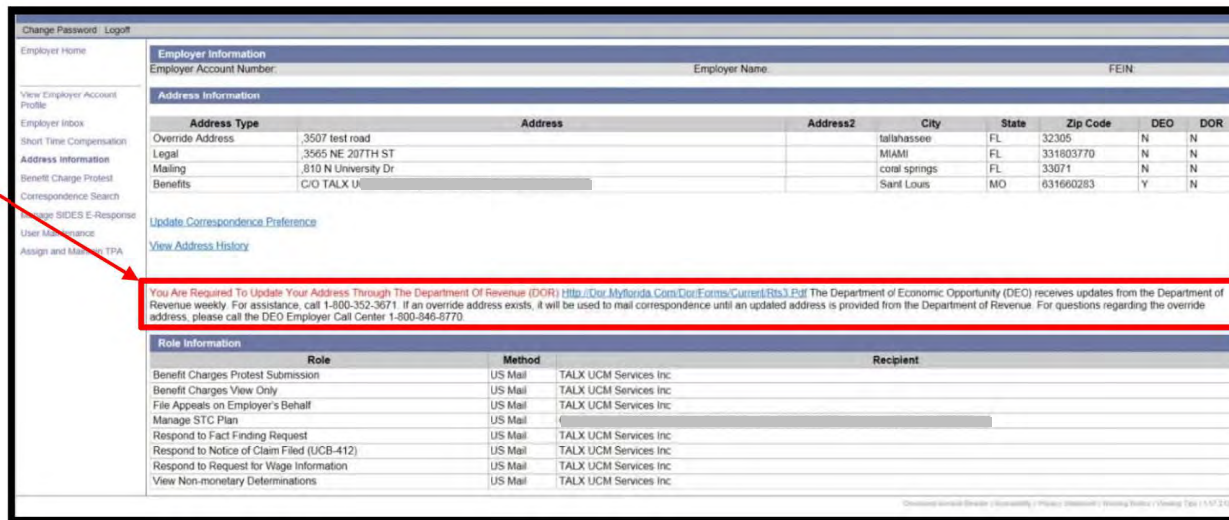
Role Information

Role	Method	Recipient
Benefit Charges Protest Submission	US Mail	[REDACTED]
Benefit Charges View Only	US Mail	[REDACTED]
File Appeals on Employer's Behalf	US Mail	[REDACTED]
Manage STC Plan	US Mail	[REDACTED]
Respond to Fact Finding Request	US Mail	[REDACTED]
Respond to Notice of Claim Filed (UCB-412)	US Mail	[REDACTED]
Respond to Request for Wage Information	US Mail	[REDACTED]
View Non-monetary Determinations	US Mail	[REDACTED]



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>



Change Password Logout

Employer Home

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Charge Protest

Correspondence Search

Change SIDES E-Response

User Management

Assign and Manage TPA

Employer Information

Employer Account Number: _____ Employer Name: _____ FEIN: _____

Address Information

Address Type	Address	Address2	City	State	Zip Code	DEO	DOR
Override Address	3507 test road		tallahassee	FL	32305	N	N
Legal	3565 NE 207TH ST		MIAMI	FL	331803770	N	N
Mailing	810 N University Dr		coral springs	FL	33071	N	N
Benefits	C/O TALX U		Saint Louis	MO	631660283	Y	N

[Update Correspondence Preference](#)

[View Address History](#)

You Are Required To Update Your Address Through The Department Of Revenue (DOR) <http://dor.myflorida.com/dor/forms/current/rts3.pdf> The Department of Economic Opportunity (DEO) receives updates from the Department of Revenue weekly. For assistance, call 1-800-352-3671. If an override address exists, it will be used to mail correspondence until an updated address is provided from the Department of Revenue. For questions regarding the override address, please call the DEO Employer Call Center 1-800-846-6770.

Role Information

Role	Method	Recipient
Benefit Charges Protest Submission	US Mail	TALX UCM Services Inc
Benefit Charges View Only	US Mail	TALX UCM Services Inc
File Appeals on Employer's Behalf	US Mail	TALX UCM Services Inc
Manage STC Plan	US Mail	
Respond to Fact Finding Request	US Mail	TALX UCM Services Inc
Respond to Notice of Claim Filed (UCB-412)	US Mail	TALX UCM Services Inc
Respond to Request for Wage Information	US Mail	TALX UCM Services Inc
View Non-monetary Determinations	US Mail	TALX UCM Services Inc

Download Account Profile / Download Profile / Privacy Statement / Working Notice / Working Tips / 1/17/2014



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.

View Employer Account Profile
Employer Inbox
STC Plan
Employer Account Maintenance
‣ Address Information
Benefit Charge Protest
Correspondence Search
User Maintenance
Assign and Maintain TPA

Correspondence Preference

Select the method by which you want to receive correspondence related to Reemployment Assistance claims. If you select electronic, you must enter your email address.

Correspondence Preference: ☒ US Mail ☐ Electronic*

Email:

If you select 'Electronic', you will receive an email when new correspondence is posted to your inbox. You must log in to the system to view the correspondence.

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

The screenshot displays the Employer Homepage interface. On the left is a vertical menu with the following items: Change Password | Logoff, Employer Home, View Employer Account Profile, Employer Inbox, Short Time Compensation, Address Information, Benefit Charge Protes, Correspondence Search, User Maintenance, and Assign and Maintain TPA. The 'Benefit Charge Protes' item is highlighted with a red box and a red circle containing the number '1'. The main content area on the right has a header 'Employer Information' with fields for 'Employer Account Number', 'Employer Name' (with a dropdown arrow), and 'FEIN'. Below this is a section titled 'Benefit Charge Acti' with a red circle containing the number '2'. Under this section, the link 'Protest Benefit Charges' is highlighted with a red box. Below the link, a description reads: 'Protest Benefit Charges by indicating specific charges to protest, claimant information and reasons for protest.'



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

Protest Benefit Charge

4

Statement Mail Date: / / (mm/dd/yyyy) *

Claimant SSN: - - *

Claimant Last Name: *

Claimant's Last Day of Work:

Reasons for Protest

Select all reasons that apply: *

☐ Claimant Never Worked for Me
 ☐ Discharge
 ☐ Part Time/On Call
 ☐ Suspension
 ☐ Voluntary Quit
 ☐ Union
 ☐ Predecessor/Succession Employment
 ☐ Wages earned while working as a student at an educational institute
 ☐ On a Leave of Absence

☐ Workers Compensation
 ☐ Claimant is Self Employed
 ☐ Currently Employed (Comments Required)
 ☐ Reasonable Assurance to Return to Work (School Employees Only)
 ☐ Reduced Hours
 ☐ Received Other Pay (severance pay, pay in lieu of notice)
 ☐ Refusal of Work
 ☐ Vacation Pay/Holiday Pay with Recall Date
 ☐ Other (Comments Required)

5

Please provide additional comments.

Comments are required if you select "Currently Employed" or "Other"

7

Submit



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.

Change Password | Logout

Employer Home

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Change Request

Correspondence Search

User Maintenance

Assign and Maintain TPA

Employer Information

Employer Account Number: _____ Employer Name: _____ FEIN: _____

Employer Correspondence

Created On Date: From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy)

Document ID: _____

Social Security Number: ____-____-____

Last Name: _____

First Name: _____

Subject: ALL

Reset Search

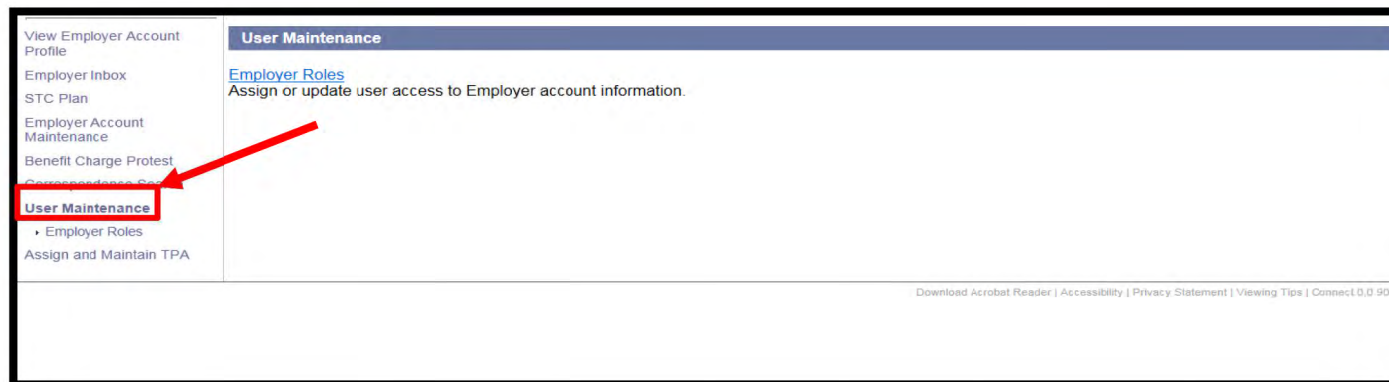
Search Results

Document ID	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Created Date	Predecessor
49067391	Employer Registration Confirmation Letter				01/19/2016	
49067392	Employer Registration Confirmation Letter				01/19/2016	
51766162	Notice of Claim Filed - UCB-412				05/04/2016	
51796806	Employer Action Item Notice				05/04/2016	



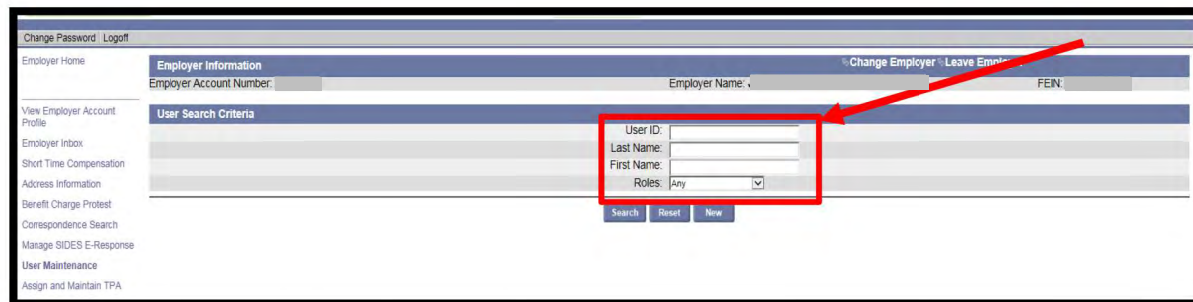
User Maintenance Hyperlink

- 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



The screenshot shows the 'User Search Criteria' form. A red box highlights the input fields for 'User ID', 'Last Name', 'First Name', and 'Roles'. A red arrow points to the 'User ID' field.

Change Password | Logout

Employer Home

Employer Information

Employer Account Number: [] Employer Name: [] FEIN: []

User Search Criteria

User ID: []

Last Name: []

First Name: []

Roles: Any [v]

Search Reset New

Select the 'User ID' hyperlink



The screenshot shows the 'User Search Results' table. A red box highlights the 'User ID' column, and a red arrow points to the 'User ID' column.

View Employer Account Profile

Employer Inbox

Short Time Compensation

Address Information

Benefit Charge Protest

Correspondence Search

User Maintenance

Assign and Maintain TPA

User Search Criteria

User ID: []

Last Name: []

First Name: []

Roles: Any [v]

Search Reset New

User Search Results

User ID	Last Name	First Name	Eff. Start	Eff. End
[]	[]	[]	04/18/2016	[]



Modify or Update Employer Account Users

Modify user information

User Details

User Type: **Employer**

User ID: [Redacted]

First Name: [Redacted]

Middle Initial: [Redacted]

Last Name: [Redacted]

Telephone: [Redacted]

eMail: [Redacted]

Employee ID: [Redacted]

Effective Start Date: **02/14/2011**

Effective End Date: **04/30/2012**

Date user last Logged On: [Redacted]

Incorrect Password Attempts: **0**

Status: **User inactive due to effective end date**

Attributes

Modify (highlighted with a red box and arrow)

Reset Password

Inactivate

Previous

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Update user details

User Details

First Name: [Redacted]

Middle Initial: [Redacted]

Last Name: [Redacted]

Telephone: [Redacted] ext. [Redacted]

eMail: [Redacted]

Employee ID: [Redacted]

Effective Start Date: **02/14/2011**

Effective End Date: **04/30/2012**

Save Cancel

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Reset passwords for Employer Account Users

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

The screenshot shows the 'User Details' page for an Employer account. The left sidebar contains navigation links: View Employer Account Profile, Employer Inbox, STC Plan, Employer Account Maintenance, Benefit Charge Protest, Correspondence Search, User Maintenance, and Employer Roles. The main content area displays user information: User Type: Employer, User ID: [redacted], First Name: [redacted], Middle Initial: [redacted], Last Name: [redacted], Telephone: [redacted], eMail: [redacted], Employee ID: [redacted], Effective Start Date: 02/14/2011, Effective End Date: 04/30/2012, Date user last Logged On: [redacted], Incorrect Password Attempts: 0, and Status: User inactive due to effective end date. Below this is the 'Modify User Attributes' section with links for Update, Reset Password, and Inactivate. The 'Reset Password' link is highlighted with a red box and a red arrow. A 'Previous' button is at the bottom right.

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

The screenshot shows the 'Reset Password' confirmation page. The left sidebar is the same as the previous screenshot. The main content area has the title 'Reset Password' and a warning: 'By selecting "Confirm" you will reset the password for the following user: [redacted]'. Below this, it states: 'This action will cause the system to send a secure link to the user's Email address for the user to click and create a new password.' At the bottom are 'Confirm' and 'Cancel' buttons. The 'Confirm' button is highlighted with a red box and a red arrow.



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) _____



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY



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
					12/18/2015	12/13/2015	01/11/2016
% Chargeable 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 orxlsx file, these types cannot be larger than 1 MB.

No Records Found...

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:

Zip Code:



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?
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?

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

Employer Account Number

Employer Name

FED#

Change Employer

Leave Employer

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

(850)204-2410

Claimant Name

WBA:

SSN:

Audited Quarter

BYE: 11/21/2016

Employer Account#:

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 employer's 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.

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 <u>actual</u> overpayment

Example 2 for employer XYZ Corporation: 100% response rate

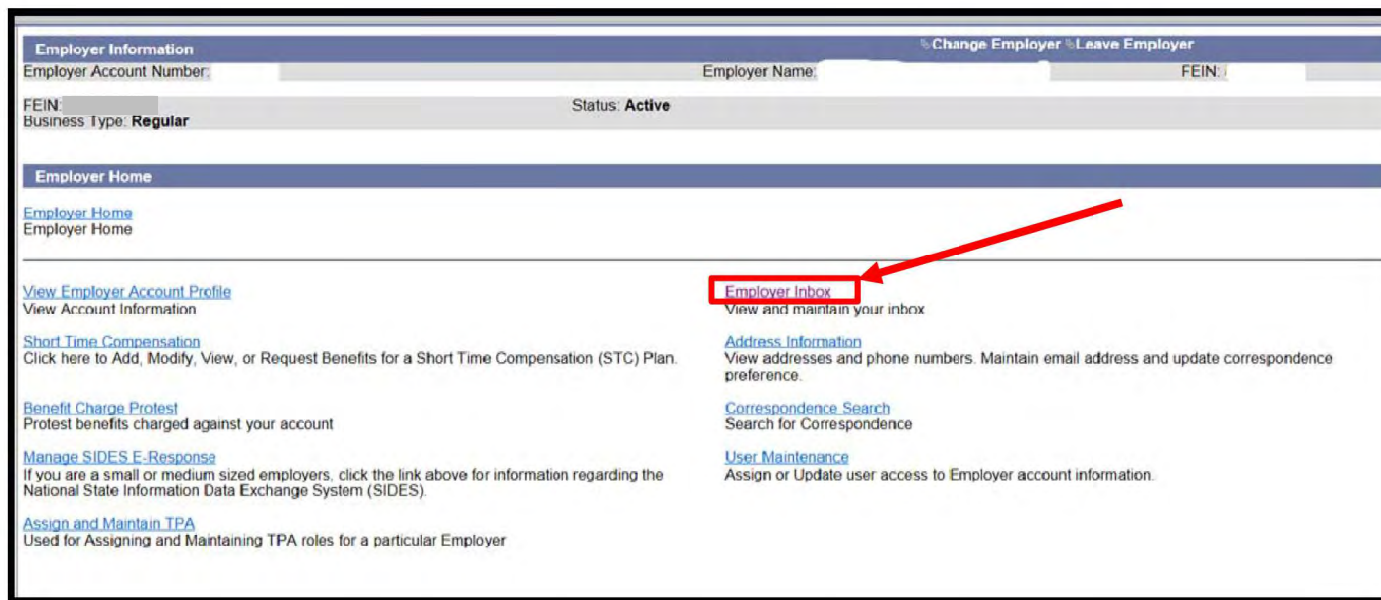
Employer Name:	XYZ Corp.	
Time Period:	2015	all 4 qtrs.
Count of UC0-2's Mailed:	2,000	
Dollar Value of Potential Overpayments:	\$ 250,000	assumes \$ 125 average potential overpayment
Count of UC0-2's Received:	2,000	assumes 100% response rate
Percentage Received:	100%	
Potential Non-charges:	\$ 250,000	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 <u>actual</u> overpayment

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



File Wage Credit Post Audit Electronically

From Employer Home select 'Employer Inbox'



The screenshot shows the 'Employer Home' page. At the top, there is a header with 'Employer Information' and links for 'Change Employer' and 'Leave Employer'. Below this, there are fields for 'Employer Account Number', 'Employer Name', and 'FEIN'. The 'Status' is listed as 'Active'. The 'Business Type' is 'Regular'. The main section is titled 'Employer Home' and contains several links and descriptions:

- [Employer Home](#)
Employer Home
- [View Employer Account Profile](#)
View Account Information
- [Short Time Compensation](#)
Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.
- [Benefit Charge Protest](#)
Protest benefits charged against your account
- [Manage SIDES E-Response](#)
If you are a small or medium sized employers, click the link above for information regarding the National State Information Data Exchange System (SIDES).
- [Assign and Maintain TPA](#)
Used for Assigning and Maintaining TPA roles for a particular Employer
- [Employer Inbox](#)
View and maintain your inbox
- [Address Information](#)
View addresses and phone numbers. Maintain email address and update correspondence preference.
- [Correspondence Search](#)
Search for Correspondence
- [User Maintenance](#)
Assign or Update user access to Employer account information.



File Wage Credit Post Audit Electronically

Filter Subject by 'Fact Finding' and select 'Search'

	Notice of Hearing			03/17/2016	03/05/2016
	Notice of Hearing			03/17/2016	03/04/2016
	Notice of Hearing			03/17/2016	03/04/2016

Rows 1-10 of 19 < 1 2 > Page 1 of 2

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Created on Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Claimant Social Security Number:

Claimant Last Name:

Claimant First Name:

Subject: 

Claimant ID:

Document ID:

Original Employer:

To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.

To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

Search Results

No Search Executed.

* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.



File Wage Credit Post Audit Electronically

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

Rows 1-10 of 10 Page 1 of 2

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)
 Created on Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)
 Claimant Social Security Number: Claimant ID:
 Claimant Last Name: Document ID:
 Claimant First Name: Original Employer:
 Subject: Fact Finding

[Reset](#) [Search](#)

To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.

To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

Search Results

[Select All](#)

Move To Correspondence Search	Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor
☐	1		Remuneration - Pension				03/10/2016	03/08/2016	
☐	2		Quit - Claimant quit to accept work elsewhere				03/10/2016	03/08/2016	
☐	3		Quit - Quit Freeform Determination				03/10/2016	03/08/2016	
☐	4		Discharged - Attendance (Absenteeism and Tardiness)				03/10/2016	03/08/2016	
☐	5		Quit - Working Conditions - Health or Safety				03/10/2016	03/08/2016	
☐	6		Earnings - Weekly wage verification				06/07/2016	03/11/2016	

* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.

[Previous](#) [Move To Correspondence Search](#)



Wage Credit Post Audit

Employer Information Change Employer Leave Employer

Employer Account Number: _____ Employer Name: _____ FID#: _____

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
 (850)204-2410

CLAIMANT WAGE CREDIT POST AUDIT

Claimant Name: _____ VBA: _____ SSN: _____
 Audited Quarter: _____ BYE: 11/21/2016
 Employer Account#: _____

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 employer's 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.

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



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.'

The screenshot displays the CONNECT Florida Department of Economic Opportunity (DEO) Employer Home page. The top header includes the CONNECT logo, the DEO logo, and the date Tuesday March 08 2016. The sidebar on the left contains links: Change Password | Logout, Employer Home, View Employer Account Profile, Employer Inbox, Short Time Compensation, Address Information, Benefit Charge Protest, and Correspondence Search. The main content area is divided into sections: Employer Information (with fields for Employer Account Number, Employer Name, and FEIN), Employer Home (with links to Employer Home and View Employer Account Profile), and a section with links to Short Time Compensation, Benefit Charge Protest, Address Information, and Correspondence Search. The 'Employer Inbox' link is highlighted with a red box.

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.

Employer Information
 Employer Account Number: [REDACTED] Employer Name: [REDACTED] FEIN: [REDACTED]

Notice of Hearing
 The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search through Correspondence Search.

Rows 1-10 of 23 Page 1 of 3

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/08/2016	02/13/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/08/2016	02/23/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/09/2016	02/26/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/10/2016	02/24/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/10/2016	02/17/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/10/2016	02/18/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/10/2016	03/02/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/10/2016	02/25/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/14/2016	03/01/2016	
[REDACTED]	Notice of Hearing	[REDACTED]	[REDACTED]	[REDACTED]	03/15/2016	03/01/2016	

Rows 1-10 of 23 Page 1 of 3

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: [MM/DD/YYYY] To: [MM/DD/YYYY]
 Created on Date: From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Claimant Social Security Number: [REDACTED]
 Claimant Last Name: [REDACTED]
 Claimant First Name: [REDACTED]
 Subject: Select One 

Claimant ID: [REDACTED]
 Document ID: [REDACTED]
 Original Employer: [REDACTED]



File an Appeal

Select the 'Item' hyperlink to pull up the determination detail screen.

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Created on Date: From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)

Claimant Social Security Number: --

Claimant Last Name:

Claimant First Name:

Subject: Eligibility Determination

☒ Show Adverse Only

Claimant ID:

Document ID:

Original Employer:

To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.

To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

Search Results

Move To Correspondence Search	Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor*
☐	Item		Eligibility Determination				03/25/2016	03/05/2016	

* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.



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.'

The screenshot displays a web interface for an 'Eligibility Determination'. It is divided into several sections:

- Employer Information:** Includes fields for Employer Account Number, Employer Name, and FEIN.
- Employer Eligibility Determination:** Contains a message 'To view detailed determination, select View Determination' and a list of details: Employer Name, Issue Identification Number, Issue Type (Discharged), Benefit Year Begin Date (02/14/2016), Benefit Year End Date (02/13/2017), Correspondence Issued Date (03/05/2016), and Determination (Eligible).
- Determination:** Includes a message 'To take any action, you must view your determination. After your determination has been viewed there will be additional options.' and a link 'View the Determination: [View Determination](#)'. It also shows 'Appeal by Date: 03/25/2016'.
- Available Appeals Actions:** Features a 'Select One' dropdown menu with a red arrow pointing to it, and 'Previous' and 'Next' buttons.



File an Appeal

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

Employer Information		
Employer Account Number: [REDACTED]	Employer Name: [REDACTED]	FEIN: [REDACTED]
File Appeal Message Information – Employer Appeals ONLY		
To file an appeal on this determination, please complete the following screens. If you wish to appeal another determination, you will need to file a separate appeal on that determination. A telephone hearing will be scheduled to resolve your appeal. You have the right to be represented by an attorney or representative and you may bring witnesses to help you present your case. If you plan to seek representation, you should do so now. If you obtain an attorney or representative after the filing of your appeal, please update your information through the Update Appeal Participants action on the Eligibility Determination Detail screen. The hearing is conducted by an Appeals Hearing Officer. The Hearing Officer is responsible for obtaining all information necessary to make a decision that is legally correct. All parties testify under oath. We urge you to read the appeals pamphlet describing the hearing process and providing information to help you prepare for the hearing. You must appear for your hearing. If you fail to appear for your hearing your appeal will be dismissed and this determination will remain in effect. After your hearing is complete, you will receive a written decision. If the referee's decision is not in your favor, the decision will contain additional appeal rights.		
Previous Next		



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	



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).

Add Representation - Claimant/Employer
You indicated that you will be represented by an attorney or other representative at the hearing. Please provide the contact information for your attorney or other representative below.

Attorney/Representative's First Name:		*
Attorney/Representative's Last Name:		*
Firm Name:		
Address Line 1:		*
Address Line 2:		
City:		*
State:	FL - Florida	▼
Zip Code:		*
Contact Telephone Number:	- -	* ext:
Telephone Number for Hearing:	- -	* ext:

Alternate Appeal Address

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



Who Should Participate?

- Firsthand witnesses
- Records custodians
- Involved supervisors or managers

Employer Information			
Employer Account Number:	Employer Name:	FEIN:	
Witness List - Claimant / Employer			
You indicated that you will present witnesses to help prove your case. Witnesses should have direct knowledge of the issue(s) to be heard. You are responsible for notifying the witnesses of the date and time of the hearing.			
Witness First Name	Witness Last Name	Telephone Number	
		() - - ext:	
☐ Select All			
Add New Save Delete Previous Next			



Uploading Document to the Appeals Case Folder

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

Claimant Home
Inbox
Request Benefit Payment
View and Maintain Account Information
Determination, Pending Issue and Decision Summary
Explore Available Supports and Services
My 1099-Gs and 49Ts
FAQs
Workforce Registration
Initial Skills Review
Read the Benefit Rights Information Handbook

Upload File Appeal
No Records Found...

Upload File
If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB.

Browse... **Add**
Save **Previous** **Upload**



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.

View and Maintain Account Information Manage Debt Determination, Pending Issue and Decision Summary Explore Available Supports and Services My 1099-Gs and 49Ts FAQs	Upload File Appeal No Records Found...
	Upload File If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB. C:\ \Capture.png Browse... Add Save Previous Upload



Uploading Document to the Appeals Case Folder

3. Once all desired documents have been added select 'Upload.'

[View and Maintain Account Information](#)
[Determination, Pending Issue and Decision Summary](#)
[Explore Available Supports and Services](#)
[My 1099-Gs and 49Ts](#)
[FAQs](#)
[Workforce Registration](#)

Upload File Appeal

	Description	Date Received
 Capture.png		12/12/2014

Upload File

If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB.



Uploading Document to the Appeals Case Folder

4. To add more files repeat the previous steps

View and Maintain Account Information

- Change Password
- Child Support Summary
- Contact Information
- Assign and Maintain TPR
- Payment History
- Weekly Benefit Details
- Payment Method and Tax Withholding Options

Manage Debt

Determination, Pending Issue and Decision Summary

Upload File Appeal

	Description	Date Received
☐	capture.png proof of earnings *	12/12/2014
☐	termination letter.doc letter to employer *	12/12/2014
☐	letter.png letter to employer *	12/12/2014

Upload File

If you have an attachment to upload then choose the file by selecting the 'Browse' button. File cannot be larger than 10 MB.

Browse...

Add

Save

Previous

Upload

Remove



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.

The screenshot shows the CONNECT Florida Department of Economic Opportunity Employer Home page. The page has a header with the CONNECT logo, the DEO logo, and the date Tuesday March 08 2016. Below the header is a navigation bar with links for Change Password and Logoff. The main content area is divided into two columns. The left column contains a sidebar with links for Employer Home, View Employer Account Profile, Employer Inbox, Short Time Compensation, Address Information, Benefit Charge Protest, and Correspondence Search. The right column contains sections for Employer Information, Employer Home, View Employer Account Profile, View Account Information, Short Time Compensation, Benefit Charge Protest, Employer Inbox, Address Information, and Correspondence Search. A red arrow points to the 'Correspondence Search' link in the sidebar.

CONNECT
FLORIDA DEPARTMENT of
ECONOMIC OPPORTUNITY

DEO
FLORIDA DEPARTMENT of
ECONOMIC OPPORTUNITY

Tuesday March 08 2016
[Print Preview](#)

[Change Password](#) | [Logoff](#)

[Employer Home](#)

[View Employer Account Profile](#)

[Employer Inbox](#)

[Short Time Compensation](#)

[Address Information](#)

[Benefit Charge Protest](#)

[Correspondence Search](#)

Employer Information
Employer Account Number: Employer Name: FEIN:

Employer Home

[Employer Home](#)
Employer Home

[View Employer Account Profile](#)
View Account Information

[Short Time Compensation](#)
Click here to Add, Modify, View, or Request Benefits for a Short Time Compensation (STC) Plan.

[Benefit Charge Protest](#)
Protest benefits charged against your account

[Employer Inbox](#)
View and maintain your inbox.

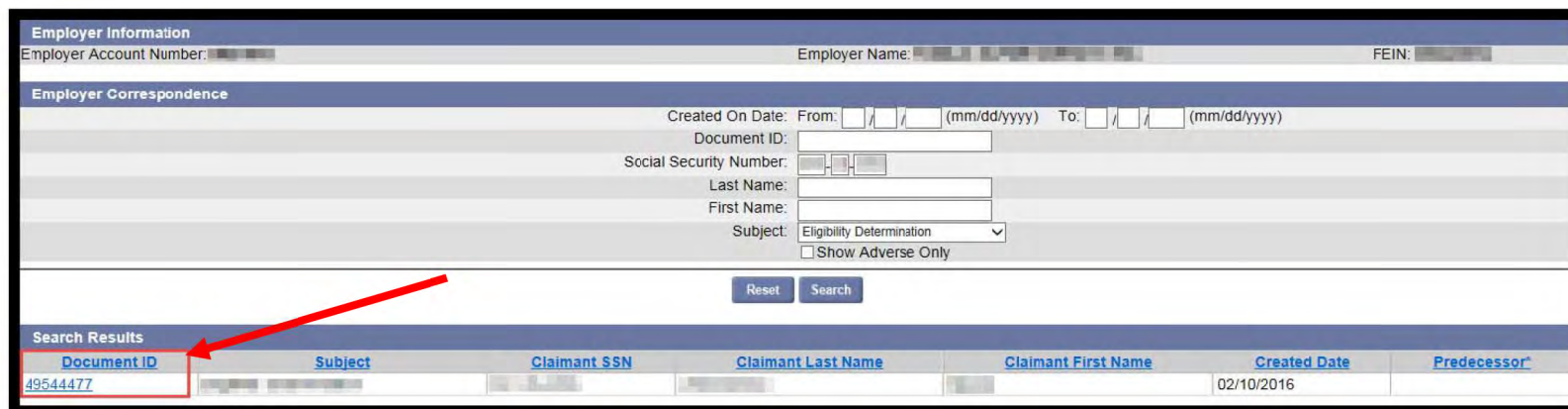
[Address Information](#)
View addresses and phone numbers. Maintain email address and update correspondence preference.

[Correspondence Search](#)
Search for Correspondence



Updating Appeal Information

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



The screenshot displays the 'CONNECT' system interface for updating appeal information. The form is divided into sections: 'Employer Information' (Employer Account Number, Employer Name, FEIN), 'Employer Correspondence' (Created On Date range, Document ID, Social Security Number, Last Name, First Name, Subject dropdown set to 'Eligibility Determination', and a 'Show Adverse Only' checkbox), and 'Search Results' (with 'Reset' and 'Search' buttons). The 'Search Results' section shows a table with columns: Document ID, Subject, Claimant SSN, Claimant Last Name, Claimant First Name, Created Date, and Predecessor*. The first row of results shows '49544477' in the Document ID column, which is highlighted by a red box and a red arrow pointing to it.

Document ID	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Created Date	Predecessor*
49544477					02/10/2016	



Updating Appeal Information

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

Employer Information		
Employer Account Number:	Employer Name:	FEIN:
Employer Eligibility Determination		
To view detailed determination, select View Determination		
Employer Name:		
Issue Identification Number:		
Issue Type: Quit		
Benefit Year Begin Date: 01/10/2016		
Benefit Year End Date: 01/09/2017		
Correspondence Issued Date:		
Determination:		
To take any action, you must view your determination. After your determination has been viewed there will be additional options.		
Determination		
In order to file an appeal you must view your determination.		
View the Determination: View Determination		
Hearing Scheduled: 03/10/2016		
Available Appeals Actions		
Select One	Select One	▼
Previous Next		



Withdrawing an Appeal

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



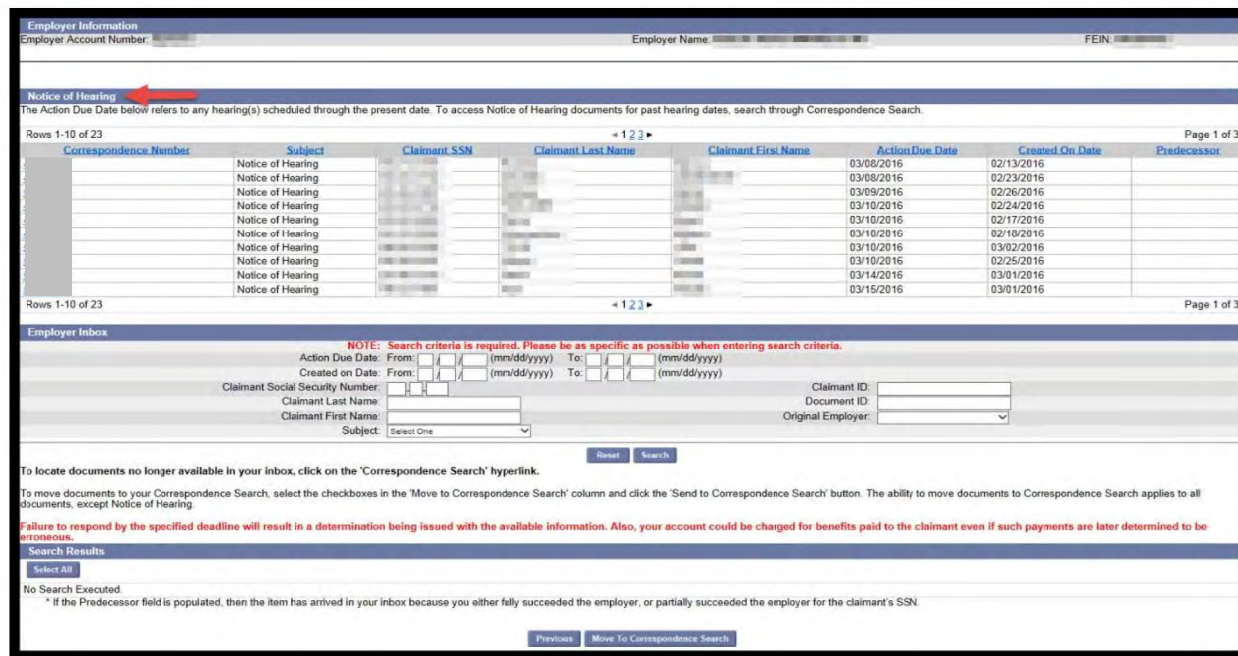
The screenshot shows a web form titled "Withdraw Appeal". Below the title is a blue bar with the text "You may request to withdraw your appeal anytime before the Referee's decision is distributed." The form contains several input fields: "Request Submitted By: First Name:" with a red asterisk, "Last Name:" with a red asterisk, and "Role:" with a dropdown arrow. Below these is a checkbox labeled "I understand that if my request to withdraw my appeal is granted, the determination I appealed will remain in effect." with a red asterisk. At the bottom is a "Reason for Withdrawal" section with a large text area and a red asterisk. At the very bottom are two buttons: "Previous" and "Submit".

- 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.



Employer Information
 Employer Account Number: [redacted] Employer Name: [redacted] FEIN: [redacted]

Notice of Hearing 
 The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search through Correspondence Search.

Rows 1-10 of 23 Page 1 of 3

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/08/2016	02/13/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/08/2016	02/23/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/09/2016	02/26/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/10/2016	02/24/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/10/2016	02/17/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/10/2016	02/19/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/10/2016	03/02/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/10/2016	02/25/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/14/2016	03/01/2016	
	Notice of Hearing	[redacted]	[redacted]	[redacted]	03/15/2016	03/01/2016	

Rows 1-10 of 23 Page 1 of 3

Employer Inbox

NOTE: Search criteria is required. Please be as specific as possible when entering search criteria.

Action Due Date: From: [mm/dd/yyyy] To: [mm/dd/yyyy]
 Created on Date: From: [mm/dd/yyyy] To: [mm/dd/yyyy]

Claimant Social Security Number: [redacted]
 Claimant Last Name: [redacted]
 Claimant First Name: [redacted]
 Subject: [Select One]

Claimant ID: [redacted]
 Document ID: [redacted]
 Original Employer: [redacted]

To locate documents no longer available in your inbox, click on the 'Correspondence Search' hyperlink.

To move documents to your Correspondence Search, select the checkboxes in the 'Move to Correspondence Search' column and click the 'Send to Correspondence Search' button. The ability to move documents to Correspondence Search applies to all documents, except Notice of Hearing.

Failure to respond by the specified deadline will result in a determination being issued with the available information. Also, your account could be charged for benefits paid to the claimant even if such payments are later determined to be erroneous.

Search Results

No Search Executed

* If the Predecessor field is populated, then the item has arrived in your inbox because you either fully succeeded the employer, or partially succeeded the employer for the claimant's SSN.



Notice of Hearing



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



DOCKET NUMBER:
[REDACTED]

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

NOTICE OF REEMPLOYMENT ASSISTANCE TELEPHONE HEARING

CLAIMANT/Appellant [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	EMPLOYER/Appellee [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
---	--

YOU ARE HEREBY NOTIFIED that B. BENNITT, an appeals referee duly appointed pursuant to Sections 120.80(10)(a)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: [REDACTED]

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.

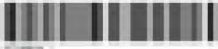


Appeal Hearing

- 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					
					
Report Number: [REDACTED] Appeal Number: [REDACTED]					
SSN: ***-**-****	Account Number: [REDACTED]				
Docket No. [REDACTED]	Jurisdiction: §443.15(4)(a)&(b) Florida Statutes				
CLAIMANT/Appellant	EMPLOYER/Appellee				
Personal Description: [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]				
[REDACTED] [REDACTED]					
APPEARANCES <table> <tr> <td>Claimant</td> <td></td> </tr> <tr> <td>Employer</td> <td></td> </tr> </table>		Claimant		Employer	
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 kék 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 443.10(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 [REDACTED]	R.A.A.C. Order No. [REDACTED]
vs. Employer/Appellant [REDACTED] Employer No. [REDACTED]	Referee Decision No. [REDACTED]
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

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QUESTIONS?



FLORIDA DEPARTMENT *of* ECONOMIC OPPORTUNITY

