



**FLORIDA DEPARTMENT *of*
ECONOMIC OPPORTUNITY**

**State of Florida
Department of Economic Opportunity
Reemployment Assistance Program**

Reemployment Assistance Handbook



This information will help you understand your rights and responsibilities while requesting Florida Reemployment Assistance benefits.

Aids and services are available upon request to individuals with disabilities.

TTY services for the hearing impaired are available via the Florida Relay Service (FRS): 711

ENGLISH :

This document contains important information, dates, or eligibility status regarding your Reemployment Assistance claim. It is important for you to understand this document. This document is available in Spanish and Creole at http://floridajobs.org/Unemployment/bri/BRI_Spanish.pdf for Español or http://floridajobs.org/Unemployment/bri/BRI_Creole.pdf. If you do not read or understand Spanish, English, or Creole, call 1-800-681-8102 for free translation assistance regarding your Reemployment Assistance claim.

FRENCH / FRANCAIS :

Le présent document contient des informations importantes, dont des dates ou le statut d'éligibilité relatif à votre demande d'aide au réemploi. Vous devez absolument en comprendre les tenants et les aboutissants. Si vous ne lisez ni ne comprenez l'anglais, veuillez composer le numéro de téléphone 1-800-681-8102 pour obtenir une traduction gratuite par rapport votre demande d'aide au réemploi.

SPANISH / ESPAÑOL :

Este documento contiene importante información, fechas, o estado de elegibilidad con respecto a su solicitud de Asistencia de Reempleo. Es importante que usted comprenda este documento. Este documento está disponible en Español http://floridajobs.org/Unemployment/bri/BRI_Spanish.pdf. Si no lee o entiende Inglés, llame al 1-800-204-2418 para asistencia de traducción gratuita en relación con su solicitud de Asistencia de Reempleo.

ITALIAN / ITALIANO :

Questo documento contiene informazioni importanti, date o stato di idoneità relativi alla richiesta di reimpiego. È importante comprendere questo documento. Se non legge o comprende l'inglese, chiamare il numero 1-800-681-8102 per assistenza gratuita alla traduzione a proposito della richiesta di reimpiego.

GERMAN / DEUTSCHE :

Dieses Dokument enthält wichtige Informationen, Daten oder Berechtigungsstatus hinsichtlich Ihrer Wiedereinstellungshilfsanspruchs. Es ist wichtig für Sie, dieses Dokument zu verstehen. Falls Sie Deutsch nicht verstehen oder nicht lesen können, wenden Sie sich für eine kostenlose Übersetzungshilfe hinsichtlich Ihres Wiedereinstellungshilfsanspruchs an 1-800-681-8102.

SERBIAN / SRPSKI :

Ovaj dokument sadrži važne informacije, datume ili dostupnost vezano za Vaš zahtjev za pomoć kod ponovnog zapošljavanja. Važno je da razumijete ovaj dokument. Ako ne možete pročitati ili razumjeti engleski jezik, pozovite 1-800-681-8102 za besplatnu pomoć s prijevodom vezano za vaš zahtjev za pomoć pri ponovnom zapošljavanju.

BOSNIAN-CROATIAN / BOSANSKI-HRVATSKI :

Ovaj dokument sadrži važne informacije, datume ili status kvalificiranosti po pitanju vašeg traženja podrške pri ponovnom zapošljavanju. Za vas je važno da razumijete ovaj dokument. Ako ne možete čitati ili razumjeti engleski, pozovite 1-800-681-8102 da dobijete besplatnu pomoć pri prijevodu u vezi vašeg traženja podrške pri ponovnom zapošljavanju.

HAITIAN CREOLE / KREYÒL AYISYEN :

Dokiman sa a gen enfòmasyon enpòtan, dat, oubyen estati kalifikasyon konsènan reklamasyon Asistans Reyanchaj ou. Li enpòtan pou ou konprann dokiman sa a. Dokiman sa disponib an kreyòl nan http://floridajobs.org/Unemployment/bri/BRI_Creole.pdf. Si ou pa li oswa konprann anglè rele 1-800-204-2418 pou sèvis tradiksyon gratis konsènan reklamasyon Asistans Reyanchaj ou.

CHINESE TRADITIONAL / 中國 :

本檔包含與您的再就業援助申請相關的重要資訊、日期或資格有效狀態。請您務必理解本檔之內容。如果您閱讀或理解英語的能力有限，請撥電話 1-800-681-8102，取得與您的再就業援助申請相關的免費翻譯協助。

CHINESE SIMPLIFIED / 中文 :

本文件包含与您的再就业援助申请相关的重要信息、日期或资格有效状态。请您务必理解本文件的内容。如果您阅读或理解英语的能力有限，请拨电话 1-800-681-8102，获得与您的再就业援助申请相关的免费翻译协助。

JAPANESE / 日本語 :

この文書には、あなたの再雇用支援の申し立てに関する重要な情報、日付、または資格が示されています。必ずこの文書をよく読んで内容を理解してください。英語を読むことも理解することもできない場合は、お電話 (1-800-681-8102) にてお問い合わせになり、再雇用支援の申し立てに関する無料の翻訳支援を受けてください。

VIETNAMESE / TIẾNG VIỆT :

Hồ sơ này có các thông tin quan trọng, ngày tháng, hoặc tình trạng điều kiện hội đủ về đơn đề nghị Hỗ Trợ Tìm Việc Làm của quý vị. Điều quan trọng là quý vị phải hiểu rõ hồ sơ này. Nếu quý vị không đọc hoặc hiểu được tiếng Anh, hãy gọi đến số 1-800-681-8102 để được hỗ trợ biên dịch miễn phí về đơn đề nghị Hỗ Trợ Tìm Việc Làm của quý vị.

ARABIC / العربية اللغة :

يحتوي هذا المستند على معلومات مهمة أو تواريخ أو وضع الأهلية فيما يتعلق بدعوى المساعدة في إعادة التوظيف. ومن الأهمية لك أن تفهم هذا المستند. وإذا لم تفهم النص الإنجليزي أو تفهمه، يرجى الاتصال على للحصول هاتف رقم: 1-800-681-8102 على الترجمة المتعلقة بدعوى المساعدة في إعادة التوظيف.

FARSI / فارسی :

این سند حاوی اطلاعات، تاریخها یا تقاضای واجد شرایط بودن شما در مورد درخواست کمک هزینه استخدام مجدد شما می باشد. درک این سند برای شما مهم است. اگر نمی توانید به انگلیسی بخوانید یا انگلیسی نمی فهمید با شماره 1-800-681-8102 برای ترجمه رایگان در مورد تقاضای کمک هزینه استخدام مجدد خود تماس بگیرید.

RUSSIAN / РУССКИЙ :

В этом документе содержится важная информация, даты или сведения о статусе соответствия требованиям в отношении Вашего заявления о помощи в получении новой работы при увольнении. Важно, чтобы Вы поняли этот документ. Если Вы не можете прочесть текст на английском языке или не понимаете английский язык, позвоните по номеру 1-800-681-8102, чтобы получить бесплатные услуги перевода в отношении Вашего заявления о помощи в получении новой работы при увольнении.

Table of Contents

Reemployment Services and Job Training.....	1
Reemployment Assistance Program – Overview.....	2
Personal Identification Number (PIN).....	3
Apply for Reemployment Assistance Benefits.....	4
After Applying for Benefits	5
Review Your Wage Transcript and Determination	6
Request Benefit Payment.....	7
Work Registration	8
Work Search Requirements	9
Reporting Work and Earnings	9
Non Payable Waiting Week Requirement	10
Payment Method	10
Income Taxes	11
Payment Status	11
Adjudication – Eligibility Issues That May Affect Your Claim.....	12
Appeal Rights.....	13
Privacy Rights.....	14
Equal Opportunity Rights.....	14
Discrimination Complaints.....	14

Forms

Work Search Record

Weekly Earnings Worksheet

Notice of Appeal

Returning to Work

Reemployment Assistance provides temporary financial assistance to help qualified workers through the transition period to a new job. We know that getting back to work is your goal and encourage you to contact the CareerSource Florida center in your area for assistance in locating job opportunities and training.

Can I get help finding a job?

Yes! Florida provides free reemployment services and assistance to unemployed workers, recent graduates, and those entering the job market for the first time.

Our website is linked to many local, state and national employment databases. To search for work, please visit: <http://www.EmployFlorida.com/>.

Reemployment Services and Job Training:

You may be referred by your local CareerSource Florida to job openings and/or contacted for an evaluation of the services you receive. You may also be selected to participate in reemployment assistance services. A statewide network of local CareerSource Florida provides job training and employment services to link Florida's job seekers and employers. These career office centers offer:

- Job search counseling
- Testing and assessment
- Occupational and labor market information
- Job search workshops
- Referral to potential employers
- Job training assistance

Visit the CareerSource Florida center nearest you. Information about your local center is available at <http://CareerSourceFlorida.com>

Reemployment Assistance Program – Overview

Unemployment Insurance in Florida is called **Reemployment Assistance** to reflect the comprehensive goal of assisting Floridians during periods of unemployment through monetary assistance and helping them find work and training through Florida’s CareerSource centers.

The Reemployment Assistance Program – What it is:

- Provides temporary, partial wage replacement benefits to qualified workers who are unemployed through no fault of their own.
- Supports economic stability for employers who depend on consumer spending.
- Funded solely by employers who pay federal and state payroll taxes.
- Provided at no cost to the workers who receive the benefits.

The Reemployment Assistance Program – What it is not:

- Social Security.
- An automatic entitlement.
- A loan.
- Based on need.
- Intended to fully replace your previous income.
- Funded by any deductions from wages you have earned.



The best way to increase your chances of being hired is by standing out from the competition, and that is what our workforce professionals can help you do! Find your nearest workforce center at <http://CareerSourceFlorida.com/>

Personal Identification Number (PIN)

You are required to use your Social Security number and a 4-digit PIN as login information to manage your claim. You establish a PIN and security questions during your first application for benefits. PINs expire after 90 days. If you need to change your PIN for any reason, you can select the option “Forgot PIN” prior to logging in and follow the prompts to reset your PIN.

To reset your PIN in CONNECT complete the following steps:

After entering your Social Security number on the CONNECT login page, select the “Forgot PIN” option to reset your PIN after verifying your information. If you cannot reset the PIN, contact us at 1-800-297-0586.

OR

You can submit documents verifying your identity to the department. Please provide a **signed** copy of your Social Security card and a copy of your **valid** driver’s license or state ID. Please allow three business days for the documents to be reviewed and then contact the department at 1-800-297-0586 to verify your information.

Fax: 321-332-6608

Email: identityrequest@deo.myflorida.com

Your PIN is confidential. Do not tell anyone your PIN. Sharing your PIN compromises your account security as you are responsible for the actions taken on your claim.

Make sure your PIN meets the following criteria:

- Your PIN must be four digits.
- Your PIN can only be numbers. Letters and symbols are not allowed.
- Your PIN cannot be only one number (1111, 2222, 9999, etc.)
- Your PIN cannot be four sequential digits (1234, 2345, 6789, etc.)


Apply for Reemployment Assistance Benefits

Before filing, make sure you have the following documents available:


- Social Security number
- Driver's License or State ID number
- Your employment for the last 18 months including for each employer:
 - Name, address, and phone number
 - First and last day of work
 - Gross earnings (before taxes are taken out) during the listed dates
 - The reason for separation
 - FEIN number (this is found on any W2 or 1099 tax forms you have received)
 - If you don't have the FEIN, you can use employer details off of a recent paystub

Additionally, if you are one of the following, make sure you have this additional information available:

- Not a US Citizen: Alien Registration Number or other work authorization form
- Military Employee: DD-214 Member 2, 3, 4, 5, 6, 7, or 8 may be used
- Federal Employee: SF 8 or SF 50
- Union Member: Union Name, Hall Number, and Phone Number



Register online at
<https://connect.myflorida.com/> to access your
Reemployment Assistance benefit information



Learn about high-demand occupations and
salaries for different levels of education.
Contact your workforce center professional at
<http://careersourceflorida.com/>



After Applying for Benefits

You are required to complete a few additional items:

- **Request Benefit Payment**

You are scheduled to return to the CONNECT system every two weeks to request your benefits. Completing this process submits your request for payment during your weeks of unemployment, even when your claim is pending for review. **It is important that you request your benefits within 7 days of your scheduled date regardless of your claim status.**

- **Workforce Registration**

You are required to register with the [Employ Florida](#). When creating (or updating) your EFM profile, you must provide a **valid email address, complete the background history**, and upload or **create a current resume**, on your profile. Please see [these step-by-step](#) instructions for more information. **IF YOU DO NOT COMPLETE THE FULL WORK REGISTRATION, YOU WILL NOT RECEIVE PAYMENT.**

- **Work Search Contacts**

You are required to provide five work search contacts for every week of benefits you request from the department. Report these contacts during your biweekly request for benefits.

- **Any incomplete fact-findings**

During the initial processing of your claim, many reviews occur regarding your eligibility for benefits. Please log into your account several times a week or check your mail if you have chosen U.S. Mail to check for any additional requests for information. If you receive a request for additional information, please complete it and submit it as soon as possible. Any correspondence received via mail can be completed online. You can fax completed forms to 1-877-934-1504.

- **Watch for your notice of monetary determination**

This notice will provide details on the amount of benefits you can receive per week (weekly benefit amount), the total balance your claim has (maximum benefit amount), as well as the history of wages that has established your claim.

- **Appointment with your local CareerSource Florida center**

After receiving several weeks of benefits, you will be scheduled for a mandatory appointment with your local CareerSource Florida center. It will provide one-on-one services to help create a reemployment plan. Your appointment notice will be mailed to you, so please ensure your address in both [CONNECT](#) and your [Employ Florida](#) profile are up-to-date. Failure to attend your scheduled appointment will result in a review of your eligibility and potentially delay or deny your benefits.

Review Your Wage Transcript and Determination

Upon completing your Reemployment Assistance application, CONNECT will compute your monetary entitlement and a **Wage Transcript and Determination** will be made available to you in CONNECT and/or mailed to you.

The Wage Transcript and Determination advises you on the following:

- How your total Benefit Amount is determined.
- Your Weekly Benefit Amount, which is the amount you may receive each week.
- Your Available Credits, which is the maximum amount you may receive per Benefit Year.
- Your Benefit Year End date, which is one year from the date you originally filed your application.

The base period for your claim is the first four of the last five completed calendar quarters before your benefit claim begins. You must have earned a minimum of **\$3,400** in the base period of your claim. Your high quarter wages cannot be more than 1.5x of the entire base period wages.

Base period calculation:

If your claim begins between these dates:	Your base period will be:
January 1 through March 31	October 1 through September 30
April 1 through June 30	January 1 through December 31
July 1 through September 30	April 1 through March 31
October 1 through December 31	July 1 through June 30

A calendar year divided into 4 quarters:

QTR 1	QTR 2	QTR 3	QTR 4
January	April	July	October
February	May	August	November
March	June	September	December

IMPORTANT

The *Wage Transcript and Determination* shows your potential eligibility for benefits. The requirements explained on the following pages must also be met.

Report errors on the **Wage Transcript and Determination** by requesting a monetary reconsideration. Please refer to the back of the wage transcript for instructions on requesting reconsideration.

The Wage Determination will become final unless you request a monetary reconsideration or an appeal hearing within **20 days** from the distribution date of the determination.

Request Benefit Payment

You should review the **Messages** on your CONNECT Claimant Home page, which will advise you when to request benefit payment.

You will need to request benefits of Reemployment Assistance using CONNECT every two weeks. No payments can be made on your claim unless you request your benefits within 7 days from your scheduled report date.

If your Social Security number ends in an even number, you are scheduled to request your first two weeks in the benefit year on Mondays. If your Social Security number ends in an odd number, you are scheduled to request your first two weeks in the benefit year on Tuesdays.

Day of the week to request benefit payment prior to first payment being processed

Last digit of SSN	Day of the week
Even Number (0, 2, 4, 6, 8)	Monday
Odd Number (1, 3, 5, 7, 9)	Tuesday

Once you receive your first payment, your scheduled report date may change depending on the last 4 digits of your social security number. The information below shows the range of the last 4 digits that coincides with the day of the week you may be assigned to make your report. This is the earliest day of the week on which you can report to request benefits:

Day of the week to request benefit payment after first payment has processed

Last 4 digits of SSN	Day of the week
0000-1999	Monday
2000-3999	Tuesday
4000-6999	Wednesday
7000-9999	Thursday



After completing your request for benefits the CONNECT Home page will provide you with your next scheduled report date. You must request benefits within 7 days from scheduled report date.

Work Registration

You are required to register for work online with the Employ Florida Marketplace before claiming weeks of unemployment in order to receive reemployment assistance benefits. The Employ Florida Marketplace is located online at employflorida.com. You can also access the registration after logging into CONNECT and going to the “Workforce Registration” option in the main menu.

When creating (or updating) your EFM profile:

- You must provide a **valid email address**.
- **Complete the background history**.
- Upload or **create a current resume**.

You can read detailed instructions on completing the profile by visiting employflorida.com and using the “Instructions for RA Full Work Registration” button located at the top-right corner of the page.

Note: You are exempt from the work registration if you are:

- Unable to complete the online work registration due to illiteracy or a language impediment (for the purposes of this exemption, illiteracy includes the inability to effectively read, comprehend, and write English, Spanish or Creole to effectively use a computer).
- Have a physical or mental impairment.
- Not currently residing in Florida.
- On a temporary layoff, which will not exceed eight consecutive weeks from the date you last worked for the employer.
- A union member who customarily obtains work through a union hiring hall.
- A participant in an approved Short Time Compensation plan.
- Legally prohibited from using a computer.



Employ Florida Marketplace may assist in matching you with jobs, training, or other services provided by your CareerSource Center. Register today!

Work Search Requirements

You are required on a weekly basis to make contact with five prospective employers and keep a record of your efforts. You are then required to provide the following details for each contact during your request for benefits:

- Date of contact
- Method of contact (in person, online, fax, phone, etc.)
- Business name including telephone number and complete address, website URL or an email
- Results of your search
- Type of work sought

An efficient way to contact employers is by using the Employ Florida Marketplace at employflorida.com, the state's online job matching system where you can search thousands of job postings and apply for jobs.

For those claimants living in counties with a population of 75,000 or less the minimum number of job contacts each week is at least three for each week of reemployment assistance requested.

OR

If you are not able to make the required number of employer contacts in a week, meeting with a representative at your local CareerSource Florida center to access reemployment services may satisfy the work search requirement for that week.

Reporting Work and Earnings

Earnings must be reported in the week earned, even if you have not been paid. You must report your total gross earnings before deductions. A claim week for Reemployment Assistance starts on Sunday and ends on Saturday. Part-time earnings more than \$58 will be deducted from your weekly benefit amount. If your gross earnings in a week are more than your weekly benefit amount, no benefits will be paid to you for that week.

- You need to report the **gross wages** earned each week.
- Even if you worked one hour or one day, the work and gross earnings must be reported.
- If you attend training or job orientation, your earnings must be reported for the week attended.
- Tips and gratuities are considered earned income. You must report this income.
- Gross income from self-employment must be reported for the week in which it is earned.

Any work and earnings not reported may result in a fraudulent overpayment determination. Reemployment Assistance fraud is a third-degree felony and is subject to prosecution by the State Attorney's Office.

If you have questions about reporting your work and earnings, contact us at **1-833-FL-APPLY (1-833-352-7759)** for assistance.



We regularly audit Reemployment Assistance claims to ensure that benefits were properly paid in accordance with state and federal law.

Non Payable Waiting Week Requirement

By state law, the **Waiting Week** is the first week of a claim that you would have been eligible for payment, which is instead served as an unpaid week. You are not paid for this required waiting week at any point and no money is deducted from your established balance of funds. You must request the waiting week and provide your work contacts to be able to serve the waiting week.

Payment Method

During the application process, you will have the opportunity to select your preferred method of payment. You have two options:

Option 1: Debit Card – the Florida Way2Go MasterCard™

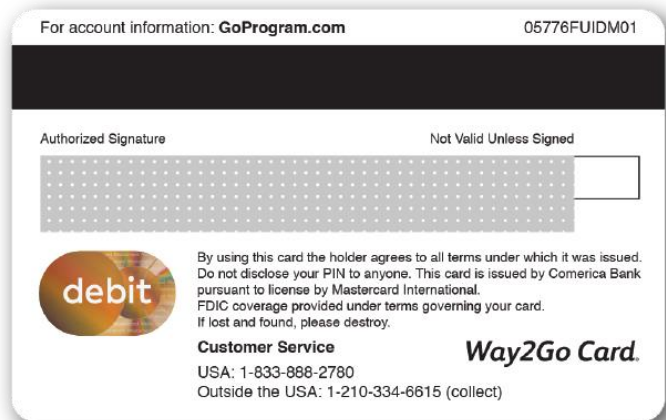
Option 2: Direct Deposit – Your personal bank account (Checking or Savings)

In order to further protect your reemployment assistance account, DEO is requiring any claimant that needs to change banking information to **contact 1-866-232-3755**. Upon identity verification a staff member will assist in making this change to your account.

You can reach the Way2Go automated service line to check balance information **toll-free at 1-833-888-2780**. For callers outside the United States, call **collect at 1-210-334-6615**. You can also check your card balance for free and review program details at GoProgram.com.

Note: Fees may apply when speaking with a customer service representative. You can review your fee schedule that was mailed to you for more information.

Way2Go Card



Income Taxes

Reemployment Assistance benefits are considered taxable income. You have two options concerning income taxes. If you choose to withhold income tax, we will withhold 10 percent of the benefits paid for each week. No other withholding percentage is authorized.

To select or change your option, please choose one of the following:

Option 1: Use CONNECT to make your selection.

1. Login to your CONNECT account.
2. Select **View and Maintain Account Information**, located in the CONNECT menu, and then click on **Payment Method and Tax Withholding Options**.
3. Select **Edit** to select **yes** or **no** to tax withholdings.
4. You may change your option up to two times per calendar year.

Option 2: If you qualify for agency assist, please contact us for help at 1-800-681-8102.

At the end of each January, an IRS Form 1099-G will be mailed to you, reporting the amount of benefits paid and the amount of tax withheld during the previous calendar year. **It is important that you maintain a current address on your claim so that the Form 1099-G will be mailed to the correct address.**

Payment Status

To obtain automated information regarding your claim, such as your last payment date and amount, use one of the options listed below.

Option 1: Use CONNECT to make your selection

1. Login to your CONNECT account
2. Select **View and Maintain Account Information**, located in the CONNECT menu, and then click on **Payment History**
3. Select **View and Maintain Account Information**, located in the CONNECT menu, and then click on **Weekly Benefit Details** for a history of all weeks paid.

Option 2: Call **1-833-FL-APPLY (1-833-352-7759)** and follow the prompts for specific information about your claim.

Adjudication – Eligibility Issues That May Affect Your Claim

When the department receives information regarding your claim that requires review:

- Your claim will be referred to an adjudicator for a determination on your eligibility.
- You may be contacted for additional information by telephone, email or mail.
- A separate determination will be made for each issue and job separation that can affect your claim.

When the investigation is completed, a written determination will be available electronically and/or by mail to explain your eligibility status. In order to qualify for benefits, you must have lost your job through no fault of your own.

- If determined eligible on all issues, you will receive payment for any weeks that you requested.
- If denied, the determination will explain reason for denial and your appeal rights.
- If you disagree with a determination that denies benefits, you may request an appeal hearing.

Below are examples of various eligibility issues that could result in disqualifying determinations:

Quit Issues – Failure to show good cause for leaving employment

- Harassment/Conflicts on the Job – No reasonable effort taken on your part to resolve issues
- Job Satisfaction – Dissatisfaction with current employment, leaving to find a new job
- Abandonment – Failure to show to work without notice and/or accordance to policy

Discharge Issues – Misconduct harmful to the Employer that leads to a discharge

- Job Performance – No reasonable effort was taken to improve job performance/meet expectations
- Drug/Alcohol Testing – Employer drug/alcohol testing had positive results
- Theft/Property Damage – You were caught stealing/damaging company property

Severance and Other Payment Issues – Forms of payment that impact the eligibility of RA benefits

- Severance Pay - Disqualifies RA payment until the covered severance time ends
- Pension – Receiving a pension may reduce or disqualify potential benefit payments

Ability and Availability Issues – Life situations that prevent the ability to seek and accept work

- Travel – You have left your local area for personal reasons with no intention to relocate
- Childcare – You do not have access to childcare which prevents you from seeking work
- Health – Illness or injury for the majority of the week, including hospital stays



You must request benefits as scheduled even if your claim is under review. Failure to request benefits timely will result in a loss of benefits for those weeks.

Appeal Rights

If a determination is made to deny benefits, you may request an administrative hearing conducted by an appeals referee from the Office of Appeals. **If the determination approves payment of benefits, a former employer may then be able to request an appeal of that determination.**

You have two options for requesting an appeal hearing:

Option 1: Request an appeal hearing using CONNECT

1. Login to your CONNECT account.
2. Select **Determination, Pending Issue and Decision Summary** (located in the CONNECT left-hand navigation menu, and then click on **Appeals View**).
3. Select the determination you wish to appeal.

Option 2: Request an appeal hearing in writing by completing the **Notice of Appeal** located in the Forms section of this booklet.

If mailed, the postmark date of the U.S. Postal Service will be considered the date of filing. If faxed, the date the fax was date-stamped as received will be the filing date, even if different from the date on your transmittal sheet.

When your request is processed, an [Appeals Information pamphlet](#) and Notice of Hearing will be mailed to you. The pamphlet provides specific information about the procedures for a hearing.

Once the appeal hearing is complete, a written decision will be distributed to inform you of the result. If you disagree with the appeal decision, you may request a review by the Reemployment Assistance Appeals Commission by fax at **(850) 488-2123** or by logging onto raaciap.floridajobs.org. The commission will not conduct another hearing. It will review the claim documents and hearing record. If you missed a hearing for good cause, you may request a new hearing by writing to the hearing officer or following the prompts in CONNECT.



Any request for an appeal hearing must be filed within 20 calendar days after the distributed date of the determination

Privacy Rights

By law, information about your Reemployment Assistance claim is confidential and cannot be released except to you, any employer involved with your claim, government agencies in the pursuit of their public duties, or in connection with a workers' compensation claim to which you are a party. After an appeals hearing is held, records of the hearing and the decision of the appeals referee become public record.

Equal Opportunity Rights

As a recipient of federal financial assistance, it is against the law for this department to discriminate on the following bases:

- Against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or belief.
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I-financially assisted program or activity.

This department must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity.
- Providing opportunities in, or treating any person with regard to, such a program or activity.
- Making employment decisions in the administration of, or in connection with, such a program or activity.

Discrimination Complaints

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Office for Civil Rights (OCR)
Department of Economic
Opportunity
Caldwell Building - MSC 150
107 East Madison Street
Tallahassee, Florida 32399-4129
Fax: 850-921-3122
Email: civil.rights@deo.myflorida.com

The Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW - Room N-4123
Washington, DC 20210

Work Search Record

WEEK 1					
Date mm/dd/yy	Employer Name, Address, Phone Number, Email or Website	Method of Contact	Person Contacted	Type of Work Sought	Result of Employer Contact
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
WEEK 2					
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date
		<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax / Phone <input type="checkbox"/> In Person <input type="checkbox"/> Internet			<input type="checkbox"/> Awaiting callback <input type="checkbox"/> Hired <input type="checkbox"/> No response <input type="checkbox"/> Not hiring <input type="checkbox"/> Promised hire date

Weekly Earnings Worksheet

If you work while requesting benefits, you must report your GROSS pay when EARNED. Do not wait until you receive a paycheck. The worksheet format below will help you calculate your weekly earnings when needed. For benefit purposes, a benefit week always begins with Sunday and ends the following Saturday.

Earnings Log

Week 1 Date:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals	Pay Rate	Gross Pay
Regular Hours									X\$	=\$
Overtime Hours									X\$	=\$
Tips/Other.										=\$
								Total Hours	Total Earnings	

Week 2 Date:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals	Pay Rate	Gross Pay
Regular Hours									X\$	=\$
Overtime Hours									X\$	=\$
Tips/Other.										=\$
								Total Hours	Total Earnings	

Earnings Notes:

- 1.) Take the total amount of Regular hours worked for the week and multiply by the regular rate of pay.
- 2.) If applicable, take the total amount of Overtime hours worked for the week and multiply by the overtime rate of pay.
- 3.) If applicable, take the total amount of Tips/Other earned for the week and add that total to the pay total.

Office of Appeals
Notice of Appeal Form

This form may be used to appeal an examiner's determination for a hearing Appeals **cannot** be filed at a local "one-stop" office. **This form is not intended for use in filing an appeal with a District Court of Appeal.**

NOTICE TO CLAIMANTS: You must continue claiming, even if you have been denied benefits; otherwise, additional benefits may not be paid. Direct all questions about your claim to 1-833-FL-APPLY (1-833-352-7759).

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Claimant Social Security Number: _____

Claimant Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name (if applicable): _____

Account Number (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

REPRESENTATIVE – If you are filing on behalf of a party, provide the following:

Name of Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

REQUEST FOR REFEREE HEARING

I AM APPEALING THE DETERMINATION MAILED _____. (Attach copy if available.) Appeals must be filed within 20 calendar days of that date. If not, state the reason for late filing. The date of filing will be based on the postmark or, if faxed, the date the appeal is date-stamped received by D.E.O.

I appeal because:

() I need an interpreter. Specify language: _____.

Signature: _____ Print Name: _____ Date: _____

I am: () the claimant; () the claimant's representative; () the employer; () the employer's representative

MAIL OR FAX THIS FORM TO:

D.E.O. Office of Appeals
PO Box 5250
Tallahassee, FL 32399-4143
Fax: (850) 617-6504

***PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Form: Office of Appeals Notice of Appeal Rule 73B-20.003 F.A.C. Form # DEO – A100(E) (04/14)