Employer

Guide: Managing CONNECT Action Items
Manage Employer Action Items

This guide provides instructions on how to perform the following action items that an employer may be required to complete in CONNECT.

I. Review the Employer Action Item Notice
II. Respond to UCB-412/Notice of Claim Filed
III. Respond to Fact Finding
I. View the Employer Action Item Notice

The Employer Action Item Notice was created to inform employers that there is an item in their inbox that requires their attention. If the employer chooses U.S. Mail as their preferred method of ‘Correspondence’, they will receive their Employer Action Item Notice in the mail. The notice will contain the Name of the Document, Document ID, Claimant’s Name, Last 5 of SSN, Employer Name and Employer Account Number (EAN). However, the Employer Action Item Notice will always be available in the Employer Inbox, regardless of the Employer’s preferred method of correspondence. Using the information in the Notice, the employer can search for specific claimants and documents in their inbox.

Follow the steps below to view the Employer Action Item Notice:

1. After logging-in to CONNECT, from the Employer Homepage select ‘Employer Inbox.’
2. Click on the ‘Subject’ drop down menu, and select ‘Employer Notification’.

3. Select ‘Search’ and a list of notifications options will display.

Version Date: January 4, 2021
4. Select the 'Item' hyperlink to open and view the Employer Notice. Read the notice and take any necessary actions.
II. Respond to “The Determination Notice of Unemployment Claim Filed” or the UCB-412,

1. From the Employer Homepage in CONNECT, go to your Employer Inbox. Then, select the ‘UCB-412 Notice’ in your inbox. If you do not have a Employer Account Number you can [click here].

   ![Employer Inbox Image]

   - In the Employer Inbox section, enter the Unique Claimant ID and Document ID that are listed on the notice, and select ‘Search.’

     On the following page, you will find an example of a notice you will need to complete and return to the Department.

2. In the Employer Inbox section, enter the Unique Claimant ID and Document ID that are listed on the notice, and select ‘Search.’

   On the following page, you will find an example of a notice you will need to complete and return to the Department.
Example Notice:

**NOTICE OF REEMPLOYMENT ASSISTANCE CLAIM FILED**

***Respond to this form by 06/01/2020***

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

<table>
<thead>
<tr>
<th>Claimant Name:</th>
<th>Employer Number:</th>
<th>Social Security #:</th>
<th>% Chargeable:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>****.</td>
<td>100%</td>
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<table>
<thead>
<tr>
<th>Effective Date of Claim:</th>
<th>Max Benefit Amount:</th>
<th>Weekly Benefit Amount:</th>
<th>Claimant ID:</th>
</tr>
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<tbody>
<tr>
<td>04/19/2020</td>
<td></td>
<td></td>
<td>0000000</td>
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</tbody>
</table>

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: to If incorrect, enter correct dates: to
C. Earnings: $0.00 If incorrect, enter correct earnings: $ 

D. Reason for Separation:
   [ ] Discharge / Fired  [ ] Voluntary Quit  [ ] Permanent Layoff  [ ] Temporary Layoff
   [ ] Layoff/Reduction of Hours/Disaster related  [ ] Leave of Absence*  [ ] Suspension*
   [ ] Reduction of Hours  Still employed, this individual has indicated that they did not file this claim
   [ ] Discharge/Probationary Period (90 days or less)  [ ] Other (Add Remarks Below)

   *Enter Recall Date (If Known) _______________

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

E. Did the claimant receive any of the following payments after employment ended? Yes [ ] No [ ]
   [ ] Severance / Goodwill Pay Amount: $ Dates: ____________________________
   [ ] Wages In Lieu Of Notice Amount: $ Dates: ____________________________
   [ ] Retirement / Disability Pay Amount: $ Dates: ____________________________
   [ ] Holiday / Vacation Pay Amount: $ Dates: ____________________________

F. Employment in Educational Services
   1) Was the claimant employed by an educational institution? Yes [ ] No [ ]
   2) Are you a private employer and the claimant provided services to an educational institution? Yes [ ] No [ ]

   If Yes to either question 1 or 2, answer the following questions:

   Does the claimant have an offer to return to the same or similar position? Yes [ ] No [ ]
   If yes, provide the return date:
   Did the claimant earn wages while working as a student? Yes [ ] No [ ]
   If yes, the claimant earned wages from: To

G. Did the claimant refuse an offer of work? Yes [ ] No [ ]

   If yes, indicate the type of work offered, rate of pay, hours of work, and how the offer was conveyed under "remarks" below.

Remarks—include any explanations 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.

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 (Print):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Title:</th>
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<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Ext:</th>
<th>Email:</th>
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Job Site Address (if different than mailing address):
3. To complete the notice, select the hyperlink on the item number generated from the search completed of your inbox in step one, or visit the website listed in the letter sent to you through the mail.

4. After selecting the link in your inbox generated from the search results, review the pre-populated information on the next screen. (The information is generated by the claimant’s response to questions about the separation.)

5. Respond to the questions in the ‘Response’ section.
   a. Select ‘Yes’ or ‘No’ to indicate if claimant worked for you.
   b. Enter period of employment if incorrect.
   c. Enter earnings if incorrect. (Please enter gross earnings that the employee earned while employed. If the claimant was employed more than once, please enter gross earnings for the last dates of employment.)
   d. Enter reason for separation if different than the one the claimant provided.
   e. Enter any post-employment payments.

NOTE: You must enter notes if the claimant did not work for you. Also, if the employee does not have a return to work date, you do not need to enter an amount for vacation pay.
Complete the following steps to submit your Response to the claim field.


7. Enter work refusal information.

8. Enter remarks about the notice of claim filed.

9. Upload any relevant attachments to support your reason for the separation.
   *(Files cannot be larger than 10 MB. If your attachment is a xls or xlsx file, these types cannot be larger than 1 MB.)*

10. Enter your contact information. Include a telephone number or an e-mail address so that an Adjudicator knows who to contact if any additional information is needed.

11. Select ‘Submit.’
III. **Respond to Fact Finding**

1. From your Employer Inbox, view fact-finding correspondence by selecting *Fact Finding* from the drop-down menu and select *Search.*

2. Read through information from the search results and select the item you need to complete.

**NOTE:** All items provided from the search results will need to be completed.

**NOTE:** After you select the Item Number, you will see a questionnaire. This questionnaire is designed to ask questions specific to the claimant’s statement for the reason of the separation.
3. Complete questions in **Section 1** and **Section 2** of the questionnaire.
4. Provide your contact information. It is important to add a phone number or email address in the ‘Name and title’ box. This will assure that an Adjudicator can reach you if a refutation to the claimant’s statement is needed.

5. Upload attachments that you would like to provide to the Department that support your responses.

6. Select ‘Submit.’

For additional information or assistance, please call **1-833-FL-APPLY** and select the “Employer” option to speak to a representative (1-833-352-7759, option 9). You may also visit [FloridaJobs.org](http://FloridaJobs.org) and select the employer homepage to review frequently asked questions and other resources available to employers.