STATE OF FLORIDA
REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

In the matter of:

Claimant/Appellee

R.A.A.C. Order No. 14-00590

vs.

Referee Decision No. 0020392630-02U

Employer/Appellant

ORDER OF REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

This case comes before the Commission for disposition of the claimant's appeal pursuant to Section 443.151(4)(c), Florida Statutes, of a referee's decision holding the claimant not disqualified from receipt of benefits.

Pursuant to the appeal filed in this case, the Reemployment Assistance Appeals Commission has conducted a complete review of the evidentiary hearing record and decision of the appeals referee. *See* §443.151(4)(c), Fla. Stat. By law, the Commission's review is limited to those matters that were presented to the referee and are contained in the official record.

The referee's findings of fact state as follows:

> The claimant began working for the employer, a medical group, on January 27, 2003, as a unit secretary. The employer had a policy prohibiting falsification of work-related documents. The claimant was aware of the policy. The claimant applied for family medical leave (FMLA) in or around August 2013, in order to take her son to therapy sessions. The administrator discussed the FMLA paperwork with the claimant and explained what information/documentation was required. The claimant brought the FMLA application to her son's physician and had the physician fill out the appropriate areas. The administrator advised the claimant she needed medical documentation showing what days and hours the claimant would need to leave in order to take her son to therapy sessions. The claimant did not ask the physician for the documentation directly. The claimant asked the therapist and the therapist advised the claimant she was not knowledgeable of the claimant's son's medical history and the general physician

would need to complete the documentation. The claimant mentioned to a medical assistant that worked at her son's physician's office that she needed the paperwork. The claimant knew the medical assistant personally. The medical assistant advised the claimant she could provide the necessary paperwork. The claimant picked up paperwork from the medical assistant that had the physician's office's letterhead and the physician's signature. The paperwork outlined the times and dates of her son's therapy sessions. The claimant gave the paperwork to the administrator on or around August 19, 2013. The administrator advised the claimant that her paperwork was subject to being checked/certified by the administrator, per the rules of FMLA. The administrator approved the request for FMLA through November 1, 2013. In or around October 2013, the administrator asked the claimant whether she would need to extend her leave. The claimant responded that she would need to extend the leave. The administrator advised the claimant that she would need to turn in another medical document showing the leave would need to be extended, again outlining the dates and times of the therapy sessions. The claimant turned in another form containing the letterhead of her son's physician. The administrator reviewed the document and grew suspicious of the document due to grammatical errors and because she believed it looked too similar to the last document she received. The administrator contacted the physician's office listed on the document and spoke to the office manager. The office manager reported to the administrator that she was the only person authorized to write medical documentation for FMLA, she did not issue the documents, and the documentation was falsified. The administrator called the claimant and told her there was an issue with the paperwork. The administrator told the claimant what the office manager reported to her and stated she would conference in the physician's office and discuss the documentation. The claimant advised the administrator she was driving and did not want to speak to the physician's office. The claimant advised the administrator she would get it worked out and get back to her. The administrator advised the claimant to call her back by the end of day, or she would be discharged for falsification of FMLA paperwork. The claimant attempted to call the medical assistant that issued the documentation to her, but was unable to reach her. The claimant

> did not call the administrator back. The administrator attempted to call the claimant back, but her calls were unanswered. The administrator left a voicemail advising the claimant she was discharged on or around November 11, 2013. The claimant performed no further services for the employer.

Based on these findings, the referee held the claimant was discharged for reasons other than misconduct connected with work. Specifically, the referee concluded that the employer's documentary evidence, including an email from the provider's office confirming that the medical notes were falsified, was trustworthy and probative but did not show that "the claimant falsified the documentation herself or that she was aware the documentation was falsified." Based on this conclusion, the referee found the employer failed to establish that the claimant's actions showed a conscious disregard of the employer's interests or a rule violation.

Upon review of the record and the arguments on appeal, the Commission concludes the record was not developed sufficiently and that the referee's analysis failed to properly evaluate the employer's documents and testimony for *circumstantial* evidence and reasonable inferences that could be drawn from the employer's evidence, that the claimant either falsified the medical documentation or knew that it had been falsified; consequently, the case must be remanded.

Effective May 17, 2013, Section 443.036(30), Florida Statutes, states that misconduct connected with work, "irrespective of whether the misconduct occurs at the workplace or during working hours, includes, but is not limited to, the following, which may not be construed in pari materia with each other":

> (a) Conduct demonstrating a conscious disregard of an employer's interests and found to be a deliberate violation or disregard of the reasonable standards of behavior which the employer expects of his or her employee. Such conduct may include, but is not limited to, willful damage to an employer's property that results in damage of more than $50; or theft of employer property or property of a customer or invitee of the employer.
>
> (b) Carelessness or negligence to a degree or recurrence that manifests culpability or wrongful intent, or shows an intentional and substantial disregard of the employer's interests or of the employee's duties and obligations to his or her employer.

(c) Chronic absenteeism or tardiness in deliberate violation of a known policy of the employer or one or more unapproved absences following a written reprimand or warning relating to more than one unapproved absence.

(d) A willful and deliberate violation of a standard or regulation of this state by an employee of an employer licensed or certified by this state, which violation would cause the employer to be sanctioned or have its license or certification suspended by this state.

(e)1. A violation of an employer's rule, unless the claimant can demonstrate that:

a. He or she did not know, and could not reasonably know, of the rule's requirements;

b. The rule is not lawful or not reasonably related to the job environment and performance; or

c. The rule is not fairly or consistently enforced.

2. Such conduct may include, but is not limited to, committing criminal assault or battery on another employee, or on a customer or invitee of the employer; or committing abuse or neglect of a patient, resident, disabled person, elderly person, or child in her or his professional care.

The evidence in this case shows that in August 2013, the claimant sought FMLA leave to attend her son's ongoing therapy. The employer provided the claimant with its documentation to apply for FMLA leave, one portion of which was required to be completed by the medical provider.[1] The employer had no question as to the validity of the medical provider certification, but the certification did not provide an estimate of the time, dates, and duration of the expected treatment. Accordingly, the employer, as it was entitled to do under the FMLA regulations regarding intermittent leave,[2] sought specific information as to the estimated dates and times the claimant would need off to take her son to therapy. The claimant then produced a purported statement by the provider dated August 19, 2013, advising that the child needed one-hour treatments on Thursdays and Fridays each week until November 1, 2013.

[1] Although the employer did not submit the FMLA leave application, a sample of the medical provider certification form can be located at http://www.dol.gov/whd/forms/WH-380-F.pdf.
[2] See 29 C.F.R. §825.306(a)(6).

As November approached, the claimant requested additional leave for treatments, and the employer advised her that she would need to provide recertification. The claimant again produced a purported statement dated November 1, 2013. The document contained numerous grammatical errors, causing the employer to question its validity. Accordingly, and as permitted by the FMLA regulations[3], the employer sought verification of the August and November statements by contacting the identified provider, the claimant's son's pediatrician. The pediatrician's office informed the employer that the text in both documents was forged and that the only individual authorized to issue medical certifications did not prepare either document. The employer obtained and provided for the hearing an email from the pediatrician's office administrator confirming these facts. When the employer contacted the claimant to discuss the notes on November 11, 2013, the claimant stated she could not participate in a phone call because she was driving at the time, but promised to get back to the employer shortly after she contacted the pediatrician's office. The employer advised her that the matter needed to be cleared up by the end of the day or she would be subject to termination. The employer never heard from the claimant again.

The claimant testified that she received the form from a medical assistant who worked at the pediatrician's office, and who went to the same salon as the claimant. The claimant denied that she falsified the forms, or had any knowledge of the medical assistant falsifying them. She also stated that the treatment was being provided by a therapist at a different location, and not the physician's office, but that the therapist could not prepare the form for her. She testified that, after the employer called her on November 11 to discuss the notes, she attempted to reach the medical assistant for a couple days, but was unable to do so.[4] The claimant testified she did not call her employer back because without the medical assistant's help she could not clear up the issue, and she knew she was going to be fired as a result.

The referee found that the documents submitted by the employer were probative and admitted them into evidence, but she found that the employer's evidence was not sufficient to disprove the claimant's explanation. Because the referee's analysis appears to have resulted from a legal error regarding the value of the employer's evidence, we vacate the referee's decision and remand for a hearing *de novo* before a different referee.

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[3] See 29 C.F.R. §825.307(a).

[4] The claimant also implied that she did reach the medical assistant later but that she refused to help, saying that she "wasn't losing her job over [the claimant]." 38:45ff.

Any element of proof in a reemployment assistance case may be made, or rebutted, by either direct or circumstantial evidence. "Direct evidence" is provided by witnesses who testify to their direct observation of a fact. *Mosley v. State*, 46 So. 3d 510, 526 n.14 (Fla. 2009). For example, a witness who testifies that he saw another employee take money out of a cash register has provided direct evidence to that fact. Circumstantial evidence, by contrast, is evidence of facts from which another material fact may be inferred. *Id.* S*ee also Lake County Sheriff's Department v. Unemployment Appeals Commission*, 478 So. 2d 880, 881 (Fla. 5th DCA 1985). For example, a store manager testifies that a store's safe contained $1000 when he counted it after closing one night, but contained only $500 when he counted it before opening the next morning. He further testifies that he reviewed the store's security access log and found that an assistant manager was the only individual in the store during the interim. These facts are sufficient to prove by circumstantial inference that the assistant manager stole the money, and are sufficient to prove that fact over the assistant manager's denial, if the weight of the evidence favors that inference. There is no basis for automatically preferring direct evidence over circumstantial evidence. Doing so may deprive a party of a fair hearing.

In a discharge case, the employer bears the initial burden of proof to establish that the claimant engaged in misconduct. *Sheriff of Monroe County Florida v. Unemployment Appeals Commission*, 490 So. 2d 961 (Fla. 3d DCA 1986). Once the employer has established a *prima facie* case of misconduct, the burden shifts to the claimant "to come forward with proof of the propriety of his conduct." *Alterman Transport Lines, Inc. v. Unemployment Appeals Commission*, 410 So. 2d 568, 569 (Fla. 1st DCA 1982). It is unclear whether the burden established in *Alterman* was a burden of proof, or a mere burden of production of evidence. However, the court's conclusion that reviewing the record does not permit the Commission or a court to second-guess the referee's decision strongly implies that it is a burden of proof. The Commission has so held previously. U.A.C. Order No. 10-09474 (August 23, 2010).

In this case, the employer established by direct evidence that the claimant presented forged medical notes. The claimant came forward with evidence of the propriety of her actions. However, the employer's evidence was also sufficient, circumstantially, to prove that the claimant falsified the medical notes or knew that they were falsified or unauthorized and presented them to the employer anyway. Thus, the claimant's explanation of how the notes were created, and her denial of falsification or knowledge of falsification, did not automatically defeat the employer's case. Instead, the outcome of the case depends upon whether the claimant's explanation is sufficiently credible to rebut the employer's *prima facie* case of misconduct.

Although the referee made a credibility determination in the claimant's favor, that credibility determination was unnecessary and resulted in the referee using the credibility factors in place of the proper test, the burden of proof. In this case, there was not a single material conflict in the direct testimony of the parties. The claimant admitted every direct fact testified to by the employer, but also testified to facts that were not known to the employer. Thus, no credibility determination in favor of one party's direct testimony over another party's direct testimony was necessary.

This does not mean that credibility is not important. Rather, in deciding the case, the referee must weigh the inference of intentional falsification, or knowledge that the notes were falsified or unauthorized, created by the employer's circumstantial evidence against the claimant's denial and explanation, and determine whether the claimant's proof is sufficiently credible to overcome the employer's circumstantial evidence. In doing so, the referee should consider the "preponderance of the evidence standard" applicable to the burden of proof. Under the preponderance of the evidence standard, a party has borne its burden of proof if it shows that it was more likely than not that its contentions are the true ones. *So. Fla. Water Mgmt. Dist. v. RLI Live Oak LLC*, 139 So. 3d 869, 872 (Fla. 2014). In other words, the referee must determine whether the claimant's explanation is more likely to be true than the alternative, that the claimant either falsified the notes or knew they were falsified or unauthorized. The grounds for this determination must include not only the referee's direct judgment of the claimant's credibility, but also application of the referee's knowledge of normal operations in such businesses as well as human behavior.

The referee in this case provided no analysis in her decision regarding the possibility that the claimant reached an agreement with the medical assistant for the medical assistant to falsify medical notes for the claimant's benefit, or to prepare notes without authorization from the pediatrician's office. Likewise, the referee did not analyze whether the claimant would have been subject to disqualification had she reached an agreement for the medical assistant to provide notes knowing that the medical assistant was not permitted to do so. On remand, the referee must analyze these possibilities and reach specific findings and conclusions if the record evidence makes them appropriate.

The decision of the appeals referee is vacated and the case is remanded to a new referee for a hearing *de novo*.

It is so ordered.

REEMPLOYMENT ASSISTANCE APPEALS COMMISSION

Frank E. Brown, Chairman
Thomas D. Epsky, Member
Joseph D. Finnegan, Member

This is to certify that on 8/27/2014, the above Order was filed in the office of the Clerk of the Reemployment Assistance Appeals Commission, and a copy mailed to the last known address of each interested party.

By: Ebony Porter
Deputy Clerk

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

*22450480 *

Docket No.0020 3926 30-02 Jurisdiction: §443.151(4)(a)&(b) Florida Statutes

CLAIMANT/Appellant ***EMPLOYER/Appellee***

APPEARANCES Claimant

Employer

DECISION OF APPEALS REFEREE

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

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

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

Issues Involved: SEPARATION: Whether the claimant was discharged for misconduct connected with work or voluntarily left work without good cause as defined in the statute, pursuant to Sections 443.101(1), (9), (10), (11); 443.036(30), Florida Statutes; Rule 73B-11.020, Florida Administrative Code.

Findings of Fact: The claimant began working for the employer, a medical group, on January 27, 2003, as a unit secretary. The employer had a policy prohibiting falsification of work related documents. The claimant was aware of the policy. The claimant applied for family medical leave (FMLA) in or around August 2013, in order to take her son to therapy sessions. The administrator discussed

the FMLA paperwork with the claimant and explained what information/documentation was required. The claimant brought the FMLA application to her son's physician and had the physician fill out the appropriate areas. The administrator advised the claimant she needed medical documentation showing what days and hours the claimant would need to leave in order to take her son to therapy sessions. The claimant did not ask the physician for the documentation directly. The claimant asked the therapist and the therapist advised the claimant she was not knowledgeable of the claimant's son's medical history and the general physician would need to complete the documentation. The claimant mentioned to a medical assistant that worked at her son's physician's office that she needed the paperwork. The claimant knew the medical assistant personally. The medical assistant advised the claimant she could provide the necessary paperwork. The claimant picked up paperwork from the medical assistant that had the physician's office's letterhead and the physician's signature. The paperwork outlined the times and dates of her son's therapy sessions. The claimant gave the paperwork to the administrator on or around August 19, 2013. The administrator advised the claimant that her paperwork was subject to being checked/certified by the administrator, per the rules of FMLA. The administrator approved the request for FMLA through November 1, 2013.

In or around October 2013, the administrator asked the claimant whether she would need to extend her leave. The claimant responded that she would need to extend the leave. The administrator advised the claimant that she would need to turn in another medical document showing the leave would need to be extended, again outlining the dates and times of the therapy sessions. The claimant turned in another form containing the letterhead of her son's physician. The administrator reviewed the document and grew suspicious of the document due to grammatical errors and because she believed it looked too similar to the last document she received. The administrator contacted the physician's office listed on the document and spoke to the office manager. The office manager reported to the administrator that she was the only person authorized to write medical documentation for FMLA, she did not issue the documents, and the documentation was falsified. The administrator called the claimant and told her there was an issue with the paperwork. The administrator told the claimant what the office manager reported to her and stated she would conference in the physician's office and discuss the documentation. The claimant advised the administrator she was driving and did not want to speak to the physician's office. The claimant advised the administrator she would get it worked out and get back to her. The administrator advised the claimant to call her back by the end of day, or she would be discharged for falsification of FMLA paperwork. The claimant attempted to call the medical assistant that issued the documentation to her, but was unable to reach her. The claimant did not call the administrator back. The administrator attempted to call the claimant back, but her calls were unanswered. The administrator left a voicemail advising the claimant she was discharged on or around November 11, 2013. The claimant performed no further services for the employer.

Conclusions of Law: As of May 17, 2013, the Reemployment Assistance Law of Florida defines misconduct connected with work as, but is not limited to, the following, which may not be construed in pari materia with each other:

(a) Conduct demonstrating conscious disregard of an employer's interests and found to be a deliberate violation or disregard of the reasonable standards of behavior which the employer expects of his or her employee. Such conduct may include, but is not limited to, willful damage to an employer’s property that results in damage of more than $50; theft of employer property or property of a customer or invitee of the employer.
(b) Carelessness or negligence to a degree or recurrence that manifests culpability, or wrongful intent, or shows an intentional and substantial disregard of the employer’s interest or of the employee’s duties and obligations to his or her employer.
(c) Chronic absenteeism or tardiness in deliberate violation of a known policy of the employer or one or more unapproved absences following a written reprimand or warning relating to more than one unapproved absence.
(d) A willful and deliberate violation of a standard or regulation of this state by an employee of an employer licensed or certified by this state, which violation would cause the employer to be sanctioned or have its license or certification suspended by this state.

(e) 1. A violation of an employer's rule, unless the claimant can demonstrate that:
a. He or she did not know, and could not reasonably know, of the rule's requirements;

b The rule is not lawful or not reasonably related to the job environment and performance; or

c. The rule is not fairly or consistently enforced.

2. Such conduct may include, but is not limited to, committing criminal assault or battery on another employee, or on a customer or invitee of the employer; or committing abuse or neglect of a patient, resident, disabled person, elderly person, or child in her or his professional care.

The record shows the claimant was discharged based on the belief she falsified FMLA paperwork. The burden of proving misconduct is on the employer. Lewis v. Unemployment Appeals Commission, 498 So.2d 608 (Fla. 5th DCA 1986). The proof must be by a preponderance of competent substantial evidence. De Groot v. Sheffield, 95 So.2d 912 (Fla. 1957); TallahasseeHousing Authority v. Unemployment Appeals Commission, 483 So.2d 413 (Fla. 1986). The record reflects the claimant was aware of the employer's policy prohibiting falsification of work related documents. The claimant testified she did not falsify the FMLA documents; rather, a medical assistant that work at her son's physician's office offered to provide the documentation. The administrator contended the documents were falsified based on a report she received from the office manager that she (the office manager) was the only person authorized to issue FMLA medical documentation on the physician's behalf. The employer provided copies of the FMLA documents believed to be falsified, and the office manager's email to the administrator which held that the office manager was the only person authorized to issue that type of documentation. These documents are considered hearsay. 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 s. 120.57(1)(c), hearsay evidence may support a finding of fact if:

1. The party against whom it is offered has a reasonable opportunity to review such evidence prior to the hearing; and

2. 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 appeals referee found the documents trustworthy and admitted them as evidence; however, the appeals referee did not find that the documents showed the claimant falsified the documentation herself or that she was aware the documentation was falsified. The claimant's actions did not show a conscious disregard of the employer's interests or a rule violation. The claimant is therefore not subject to disqualification from benefits.

The hearing officer was presented with conflicting testimony regarding material issues of fact and is charged with resolving these conflicts. The Reemployment Assistance Appeals Commission set forth factors to be considered in resolving credibility questions. These include the witness' opportunity and capacity to observe the event or act in question; any prior inconsistent statement by the witness; witness bias or lack of bias; the contradiction of the witness' version of events by other evidence or its consistency with other evidence; the inherent improbability of the witness' version of events; and the witness' demeanor. Upon considering these factors, the hearing officer finds the testimony of the claimant to be more credible. Therefore, material conflicts in the evidence are resolved in favor of the claimant.

Decision: The determination dated December 30, 2013, is REVERSED. The claimant is qualified for the receipt of benefits.

If this decision disqualifies and/or holds the claimant ineligible for benefits already received, the claimant will be required to repay those benefits. The specific amount of any overpayment will be calculated by the department and set forth in a separate overpayment determination, unless specified in this decision. However, the time to request review of this decision is as shown above and is not stopped, delayed or extended by any other determination, decision or order.

This is to certify that a copy of the above decision was distributed to the last known address of each interested party on January 28, 2014

AMY HORLICK
Appeals Referee

Lisa Rell

By:

LISA RELL, Deputy Clerk

IMPORTANT - APPEAL RIGHTS: This decision will become final unless a written request for review or reopening is filed within 20 calendar days after the mailing date shown. If the 20th day is a Saturday, Sunday or holiday defined in F.A.C. 73B-21.004, filing may be made on the next day that is not a Saturday, Sunday or holiday. If this decision disqualifies and/or holds the claimant ineligible for benefits already received, the claimant will be required to repay those benefits. The specific amount of any overpayment will be calculated by the Department and set forth in a separate overpayment determination. However, the time to request review of this decision is as shown above and is not stopped, delayed or extended by any other determination, decision or order.

A party who did not attend the hearing for good cause may request reopening, including the reason for not attending, at connect.myflorida.com or by writing to the address at the top of this decision. The date of the confirmation page will be the filing date of a request for reopening on the Department's Web Site.

A party who attended the hearing and received an adverse decision may file a request for review to the Reemployment Assistance Appeals Commission, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Fax: 850-488-2123); **https://raaciap.floridajobs.org.** If mailed, the postmark date will be the filing date. If faxed, hand-delivered, delivered by courier service other than the United States Postal Service, or submitted via the Internet, the date of receipt will be the filing date. To avoid delay, include the docket number and claimant's social security number. A party requesting review should specify any and all allegations of error with respect to the referee's decision, and provide factual and/or legal support for these challenges. Allegations of error not specifically set forth in the request for review may be considered waived.

IMPORTANTE - DERECHOS DE APELACIÓN: Esta decisión pasará a ser final a menos que una solicitud por escrito para revisión o reapertura se registre dentro de 20 días de calendario después de la fecha marcada en que la decisión fue remitida por correo. Si el vigésimo (20) día es un sábado, un domingo o un feriado definidos en F.A.C. 73B-21.004, el registro de la solicitud se puede realizar en el día siguiente que no sea un sábado, un domingo o un feriado. Si esta decisión descalifica y/o declara al reclamante como inelegible para recibir beneficios que ya fueron recibidos por el reclamante, se le requerirá al reclamante rembolsar esos beneficios. La cantidad específica de cualquier sobrepago [*pago excesivo de beneficios*] será calculada por la Agencia y establecida en una determinación de pago excesivo de beneficios que será emitida por separado. Sin embargo, el límite de tiempo para solicitar la revisión de esta decisión es como se establece anteriormente y dicho límite no es detenido, demorado o extendido por ninguna otra determinación, decisión u orden.

Una parte que no asistió a la audiencia por una buena causa puede solicitar una reapertura, incluyendo la razón por no haber comparecido en la audiencia, en connect.myflorida.com o escribiendo a la dirección en la parte superior de esta decisión. La fecha de la página de confirmación será la fecha de presentación de una solicitud de reapertura en la página de Internet del Departamento.

Una parte que asistió a la audiencia y recibió una decisión adversa puede registrar una solicitud de revisión con la Comisión de Apelaciones de Servicios de Reempleo; Reemployment Assistance Appeals Commission, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Fax: 850-488-2123); **https://raaciap.floridajobs.org.** Si la solicitud es enviada por correo, la fecha del sello de la oficina de correos será la fecha de registro de la solicitud. Si es enviada por telefax, entregada a mano, entregada por servicio de mensajería, con la excepción del Servicio Postal de Estados Unidos, o realizada vía el Internet, la fecha en la que se recibe la solicitud será la fecha de registro. Para evitar demora, incluya el número de expediente [*docket number*] y el número de seguro social del reclamante. Una parte que solicita una revisión debe especificar cualquiera y todos los alegatos de error con respecto a la decisión del árbitro, y proporcionar fundamentos reales y/o legales para substanciar éstos desafíos. Los alegatos de error que no se establezcan con especificidad en la solicitud de revisión pueden considerarse como renunciados.

ENPÒTAN - DWA DAPÈL: Desizyon sa a ap definitif sòf si ou depoze yon apèl nan yon delè 20 jou apre dat nou poste sa a ba ou. Si 20yèm jou a se yon samdi, yon dimanch oswa yon jou konje, jan sa defini lan F.A.C. 73B-21.004, depo an kapab fèt jou aprè a, si se pa yon samdi, yon dimanch oswa yon jou konje. Si desizyon an diskalifye epi/oswa deklare moun k ap fè demann lan pa kalifye pou alokasyon li resevwa deja, moun k ap fè demann lan ap gen pou li remèt lajan li te resevwa a. Se Ajans lan k ap kalkile montan nenpòt ki peman anplis epi y ap detèmine sa lan yon desizyon separe. Sepandan, delè pou mande revizyon desizyon sa a se delè yo bay anwo a; Okenn lòt detèminasyon, desizyon oswa lòd pa ka rete, retade oubyen pwolonje dat sa a.

Yon pati ki te gen yon rezon valab pou li pat asiste seyans lan gen dwa mande pou yo ouvri ka a ankò; fòk yo bay rezon yo pat ka vini an epi fè demann nan sou sitwèb sa a, connect.myflorida.com oswa alekri nan adrès ki mansyone okomansman desizyon sa a. Dat cofimasyon page sa pral jou ou ranpli deman pou reouvewti dan web sit depatman.

Yon pati ki te asiste odyans la epi li resevwa yon desizyon negatif kapab soumèt yon demann pou revizyon retounen travay Asistans Komisyon Apèl la, Suite 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151; (Faks: 850-488-2123); https://raaciap.floridajobs.org. Si poste a, dat tenm ap dat li ranpli aplikasyon. Si fakse, men yo-a delivre, lage pa sèvis mesaje lòt pase Etazini Sèvis nan Etazini Nimewo, oswa soumèt sou Entènèt la, dat yo te resevwa ap dat li ranpli aplikasyon. Pou evite reta, mete nimewo rejis la ak nimewo sosyal demandè a sekirite. Yon pati pou mande revizyon ta dwe presize nenpòt ak tout akizasyon nan erè ki gen rapò ak desizyon abit la, yo epi bay sipò reyèl ak / oswa legal pou defi sa yo. Alegasyon sou erè pa espesyalman tabli nan demann nan pou revizyon yo kapab konsidere yo egzante.
