



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.

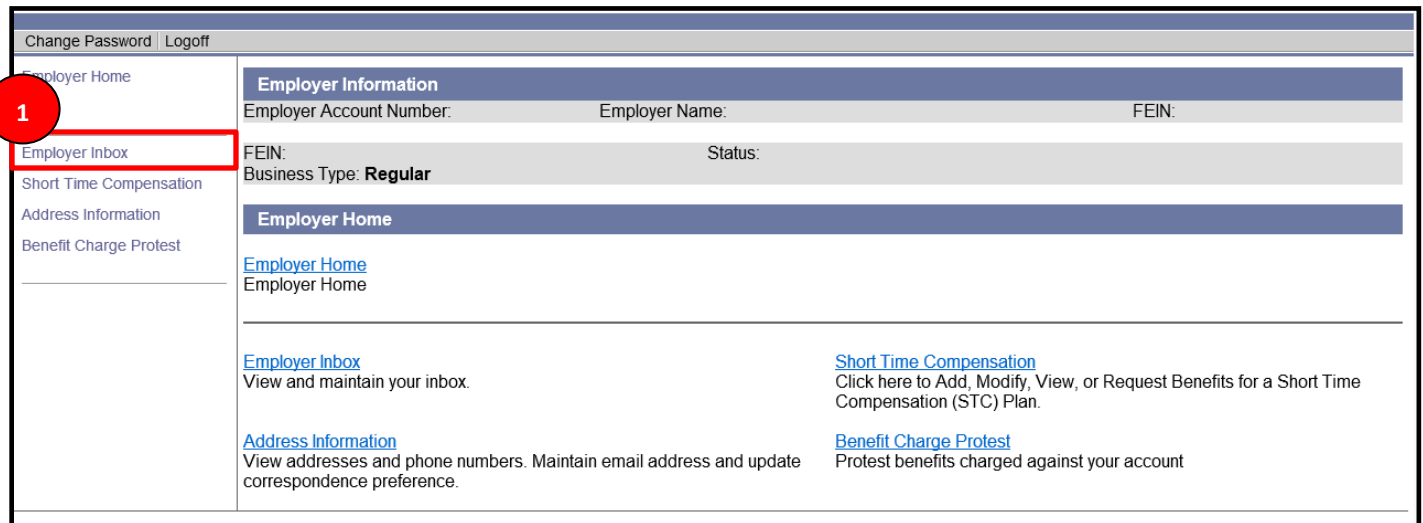
- I. Review the Employer Action Item Notice
- II. Respond to UCB-412/Notice of Claim Filed
- III. Respond to Fact Finding

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**,'



The screenshot displays the CONNECT Employer Homepage. At the top, there are links for 'Change Password' and 'Logoff'. The left sidebar contains a list of navigation options: 'Employer Home', 'Employer Inbox', 'Short Time Compensation', 'Address Information', and 'Benefit Charge Protest'. The 'Employer Inbox' option is highlighted with a red box and a red circle containing the number '1'. The main content area is divided into two sections. The top section, titled 'Employer Information', contains fields for 'Employer Account Number', 'Employer Name', 'FEIN', 'FEIN:', and 'Status:'. Below this, the 'Business Type' is listed as 'Regular'. The bottom section, titled 'Employer Home', contains links and descriptions for 'Employer Home', 'Employer Inbox', 'Short Time Compensation', 'Address Information', and 'Benefit Charge Protest'.

Employer Information		
Employer Account Number:	Employer Name:	FEIN:
FEIN:	Status:	
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.
Address Information View addresses and phone numbers. Maintain email address and update correspondence preference.	Benefit Charge Protest Protest benefits charged against your account

- Click on the **'Subject'** drop down menu, and select **'Employer Notification'**.

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: **Select One**

- ALL
- Appeal Decision
- Appeal Information
- Earnings Wage Verification
- Eligibility Determination
- Employer Notification**
- Fact Finding
- Initial Re-determined Statement of Charges (Monetary Redeterminations)
- Notice of Claim Filed - UCB-412
- Other
- Protest of Benefit Charges
- SIDES E-Response Confirmation
- SIDES UC02
- TPA Role Assignment Notification Correspondence
- UCB 412 SIDES MON

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 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.

Previous

- Select **'Search'** and a list of notifications options will display.

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: **Employer Notification**

Reset **Search**

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 Results

Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor*
55135972		Employer Notice					08/31/2020	

* 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

4. Select the 'Item' hyperlink to open and view the Employer Notice. Read the notice and take any necessary actions.

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: Employer Notification

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

	Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor
<input type="checkbox"/>	156867955		Employer Notice					11/03/2016	

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

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: ALL

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 Results

Rows 1-11 of 106 Page 1 of 10

Item	Employer Name	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date	Predecessor*
133887609	PRETEND COMPANY	Notice of Continuance UCA-26C	123456789	JOHN	TEST		07/30/2020	
133887592	PRETEND COMPANY	Notice of Continuance UCA-26C	123456789	JOHN	TEST		07/30/2020	
134114494	PRETEND COMPANY	Pandemic Unemployment Assistance - Program Eligibility	123456789	JOHN	TEST	08/03/2020	07/30/2020	
133939286	PRETEND COMPANY	Pandemic Unemployment Assistance - Program Eligibility	123456789	JOHN	TEST	08/03/2020	07/30/2020	
133914861	PRETEND COMPANY	Leave of Absence - Leave of Absence	123456789	JOHN	TEST	08/03/2020	07/30/2020	
133951054	PRETEND COMPANY	Notice of Claim Filed - UCB-412	123456789	JOHN	TEST	08/03/2020	07/30/2020	
134260648	PRETEND COMPANY	Notice of Claim Filed - UCB-412	123456789	JOHN	TEST	08/03/2020	07/30/2020	

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.

CONNECT **DEO** Wednesday August 12 2020
Print Preview
English Español Keyes

Change Password | Logout

Employer Home

Employer Inbox

Short Time Compensation

Address Information

Benefit Charge Protest

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.

Correspondence Search

Correspondence Number	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created On Date	Predecessor
No Records Found							

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: Select One

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>

Claimant Name:	Employer Number:
Social Security #: ***-*,	% Chargeable: 100%
Effective Date of Claim: 04/19/2020	Date Mailed/Posted: 05/12/2020
Max Benefit Amount:	Response Due Date: 06/01/2020
Weekly Benefit Amount:	Base Period: 01/01/2019 - 12/31/2019
Claimant ID: 0000000	BarCode: 95754646

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:

If Incorrect: ☐ 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 ☐

<input type="checkbox"/> Severance / Goodwill Pay	Amount: \$ _____	Dates: _____ - _____
<input type="checkbox"/> Wages In Lieu Of Notice	Amount: \$ _____	Dates: _____ - _____
<input type="checkbox"/> Retirement / Disability Pay	Amount: \$ _____	Dates: _____ - _____
<input type="checkbox"/> *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):

Name: _____ Date: _____ Title: _____

Phone Number: _____ Ext: _____ Email: _____

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.

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 ***	
Claimant Name:	Employer Number:
Social Security #: ***-**-****	% Chargeable: 100%
Effective Date of Claim: 04/19/2020	Date Mailed/Posted: 05/12/2020
Max Benefit Amount:	Response Due Date: 06/01/2020
Weekly Benefit Amount:	Base Period: 01/01/2019 - 12/31/2019
Claimant ID: 0000000	BarCode : 95754646

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.
- Select 'Yes' or 'No' to indicate if claimant worked for you.
 - Enter period of employment if incorrect.
 - 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.)
 - Enter reason for separation if different than the one the claimant provided.
 - 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.

Employer Information		%Change Employer %Leave Employer	
Employer Account Number:	Employer Name:	FEIN:	
Determination Notice of Unemployment Compensation Filed			
Provide all information that is applicable to:			
6565008	01/19/2016	05/12/2020	Claimant ID
10/31/2016	260	3120	Effective Date of Claim
0000000	CHEMICAL CONTAINERS INC	100	Response Due Date
		10/30/2016	11/21/2016
		Base Period Begin Date	Base Period End Date
		07/01/2015	06/30/2016
Response			
A. Did this claimant work for you? <input type="radio"/> Yes <input type="radio"/> 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 B, C, and D. Make any necessary corrections below.			
Proceed to section E if all information is correct.			
B. Period of Employment 1/26/2014 to 10/28/2016 If incorrect, enter correct dates: (mm/dd/yyyy) to (mm/dd/yyyy)			
C. Earnings More than 4675 If incorrect, enter correct earnings: \$			
D. Reason for Separation : Fired / Discharged			
If incorrect:			
<input type="radio"/> Discharge/Fired or less) <input type="radio"/> Not separated, still working full time <input type="radio"/> Leave of Absence <input type="radio"/> Other (Add Remarks Below) <input type="radio"/> Permanent <input type="radio"/> Reduction of Hours <input type="radio"/> Suspension* <input type="radio"/> Temporary Layoff <input type="radio"/> Voluntary Quit Layoff			
*Enter Recall Date (if Known) (mm/dd/yyyy)			
Provide details regarding the reason and/or final incident for the claimant's separation under 'Remark' below			
E. Did the claimant receive any of the following payments after employment ended?			
<input type="checkbox"/> Severance/ Goodwill Pay Amount: \$ Start Date: (mm/dd/yyyy) End Date: (mm/dd/yyyy) <input type="checkbox"/> Wages In Lieu Of Notice Amount: \$ Start Date: (mm/dd/yyyy) End Date: (mm/dd/yyyy) <input type="checkbox"/> Retirement / Disability Pay Amount: \$ Start Date: (mm/dd/yyyy) End Date: (mm/dd/yyyy) <input type="checkbox"/> *Holiday / Vacation Pay* Amount: \$ Start Date: (mm/dd/yyyy) End Date: (mm/dd/yyyy)			
If Yes, indicate which types(s):			
*Answer Only If Returning To Work			

Complete the following steps to submit your Response to the claim field.

6. Complete section F, Employment in Educational Services.
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.'

6

F. Employment in Educational Services:

1) Was the claimant employed by an educational employer?
2) Are you a private employer providing staffing to Educational institutions or school boards?

☐ Yes ☐ No

☐ 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, enter the planned return date: / / (mm/dd/yyyy)

Did the claimant earn wages while working as a student?

☐ Yes ☐ No

If Yes, the claimant earned wages from: / / (mm/dd/yyyy) to / / (mm/dd/yyyy)

7

G. Did the claimant refuse an offer of work?

☐ Yes ☐ No

If Yes, on what date: / / (mm/dd/yyyy)

8

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.

9

Upload File

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

No Records Found

Browse... Add Remove

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

Contact Person Information :

Contact Name: Job Title: *

Phone Number () - - Ext Email Address

Job Site Address (if different than mailing address)

Address Line 1:

Address Line 2:

City:

State: Select One

Zip Code:

10

11

Previous 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.

Employer Inbox

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: Fact Finding

Search Results

Item	Subject	Claimant SSN	Claimant Last Name	Claimant First Name	Action Due Date	Created on Date
3180580	Eligibility Determination		Claimslast	Claimsfirst		03/27/2013
30235	Notification - Employer Wage Request - Normal				02/20/2013	02/13/2013
31244	Notification - Employer Wage Request - Normal	0220LName	0220FName		02/27/2013	02/20/2013
31434	Remuneration - Pension	0220LName	0220FName		03/01/2013	02/22/2013

NOTE: After you select the Item Number, you will see a questionnaire. This questionnaire is designed to ask questioning specific to the claimant's statement for the reason of the separation.

The following issue was detected with your submission:

Notices

- You have been mailed a questionnaire. If you choose to complete this questionnaire online, do not complete or return the paper questionnaire. (0)

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 3/1/2013. If returned by mail, your response must be postmarked no later than 3/1/2013.

Remuneration - Pension - Employer Questionnaire

Claimant Information

Claimant Name: / /
 Employer Account Number (EAN): / /
 Employer Name: / /
 Address: / /
 Employment Start Date: / /
 Employment End Date: / /

3. Complete questions in **Section 1** and **Section 2** of the questionnaire.

3

Employment Start Date: 1/1/2012

Employment End Date: 9/1/2012

Work Schedule: Full Time

Claimant Job Title:

Section 1

1. Is the claimant presently eligible for a pension/retirement benefit based upon employment with you or his/her union? ☐ Yes ☐ No

2. What is the effective date of the pension?

3. What type of pension/retirement benefit is the claimant eligible for? Select all that apply.

☐ Company Pension

☐ Union Pension:

☐ State/Federal Pension

☐ Military Pension

☐ 401(k)

☐ Other:

4. What are the claimant's dates of employment? Start: End:

5. Did you (the employer) contribute 100% to the pension/retirement benefit or did the claimant contribute as well? Explain.

6. Did the wages received by the claimant for services performed within the last 15 months of employment affect the amount of the pension/retirement benefit for which the claimant is entitled? ☐ Yes ☐ No

6a. If no, why not?

7. Will the claimant or did the claimant receive a lump sum payout of his/her pension/retirement benefit? ☐ Yes ☐ No

If yes:

7a. What is the gross amount of the lump sum pension/retirement benefit payment? \$

7b. Was the lump sum payout a **partial** payment of the claimants pension/retirement benefit? ☐ Yes ☐ No

- If yes, provide the gross amount of the monthly payment for the remaining balance of the retirement benefit? If the benefit is distributed annually, provide a monthly amount.

If the claimant did not receive his/her pension/retirement benefit in a lump sum:

7c. What is the gross amount of the monthly benefit payment? If the benefit payment is distributed annually, provide a monthly amount. \$

Section 2

Please provide any information about this issue that you would like to add below:

Is there any additional documentation that you would like to send? ☐ Yes ☐ No

If yes, a cover sheet will be provided to you either by mail or online based upon your previously selected correspondence preference.

Please describe the documents:

If additional information is needed, who should we contact?

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.'**

The screenshot shows a web form with the following elements:

- A dropdown menu at the top with the label "If additional information is needed, who should we contact?".
- A text input field labeled "Contact person's telephone number:".
- A text input field labeled "Name and title of the person completing this request:".
- A text input field labeled "Telephone number of the person completing this request:".
- A checkbox labeled "I certify that the above information is true and correct.".
- A section titled "Upload Attachments" with instructions: "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.".
- A text input field labeled "No attachments:".
- A "Browse..." button, an "Add" button, and a "Remove" button.
- At the bottom, there are three buttons: "Previous", "Save", and "Submit".

Numbered callouts indicate the following steps:

- 4: Points to the "Name and title of the person completing this request:" field.
- 5: Points to the "Browse..." button.
- 6: Points to the "Submit" button.

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](https://floridajobs.org) and select the employer homepage to review frequently asked questions and other resources available to employers.