

Confirmation Page
Your Claim Has Been Received.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

Print this entire page for your records. Then it is very important that you click on the "What Happens Next" and "Benefit Rights Information" buttons below for information about your claim process. The information you receive from these links could prevent delays in payment of your benefits.

Click Mouse Here to Learn What Happens Next

Click Mouse Here for Important Benefit Rights Information

WE URGE YOU TO PRINT THE BENEFIT RIGHTS INFORMATION FOR YOUR RECORDS AND FUTURE REFERENCE. IF YOU ARE USING YOUR OWN COMPUTER YOU CAN ALSO BOOKMARK THE SITE.

This is your **confirmation number**: 449842215

This number is NOT your Personal Identification Number (PIN) used to certify for weeks or to obtain specific information on your claim.

Date completed: 6/1/2011

Claimant's name: Harbuck , Michael

This number is used to track your claim. This number is NOT your Personal Identification Number (PIN) used to certify for weeks or to obtain specific information on your claim. For your records we suggest you print this page or record this number and keep it in a secure location. If you have any questions concerning your claim you will need to provide this confirmation number as well as your Social Security number.

You have completed the filing of your Claim.

If you were instructed to apply for Emergency Unemployment Compensation Tier III (EUC Tier III) by letter or through our EUC Tier III Potential Eligibility application:

- Your claim will be made effective as early as November 8, 2009.
- When your application is reviewed for processing, we will determine whether or not you would qualify for a new unemployment claim or the EUC Tier III benefits on a prior claim. We will send you a determination notice that will advise you which type of claim was set up.
 - If a new claim was set up for you, but you did not work and earn three times the weekly benefit amount on that new claim, you will be disqualified on that claim and we will set up an EUC Tier III claim for you on your prior eligible claim.
- Once we process your claim, if you are eligible, you will be able to go online and claim all weeks to which you are entitled, potentially dating back to the beginning of the program.
- You will also be able to claim all weeks to which you are entitled using our automated phone system at 800-204-2418.

If you are filing a claim for the first time or you are reopening an existing claim:

- Your current claim begins on Sunday, **5/29/2011**
- Your first date to claim benefits is Monday, **6/13/2011**. On this date, you should claim your weeks by going to **www.FLUIDNow.com** or calling the automated Florida Teleclaims phone system at 1-800-204-2418.

To find out when your benefit (claim) year started and if you have benefits remaining on that claim, go to **www.FLUIDNow.com** and access the "Claim Your Weeks" selection, or call the Florida Teleclaims phone system at 1-800-204-2418 and choose the option for specific information about your claim. Your claim year ends ONE year from the date your new claim began. NOTE: If you had a PIN number set up previously and you have not used it within the last 90 days, you may need to set up a new PIN#.

Your claim weeks begin on Sunday and end on the next Saturday. In most cases, on new claims, Saturday, **6/4/2011**, is the last day of your waiting week** and the next week ending on Saturday, **6/11/2011**, is your first payable week. You cannot claim the weeks until after both weeks have ended.

****The Waiting Week** (a non paid week) will be the first week, after the effective date of your new unemployment claim, provided all eligibility requirements have been met. (For information concerning eligibility requirements, see the Benefit Rights Information, which can be accessed by going to **www.FLUIDNow.com**.) If you have already served a valid waiting week on a claim that you established within the past 12 months or if you are filing for an Emergency Extension on any claim, you will not need to serve

another waiting week on that claim.

If this is a new claim, you will be receiving a monetary determination notice by U.S. mail. If you are eligible, this transcript will tell you what your weekly benefit amount will be, based on our current records. On the back of this form, it explains how this is calculated. If you find any errors in the monetary notice you receive (extra employers you did not work for or missing employers that you did work for) write us and tell us exactly what's wrong. You have **20 days** to notify us about corrections. If your wage transcript shows a zero weekly benefit amount, and all employers are listed, please file again (7/1/2011) if you are still unemployed. If we are reopening a current claim, you will just receive a notice telling you when to file by phone or internet.

It is your responsibility to read the Benefit Rights Information and comply with all instructions and requirements contained in it.

IMPORTANT: WORK SEARCH ACTIVITY REPORTING REQUIREMENT

Florida law requires Unemployment Compensation claimants to be actively seeking work when making a claim for benefits. Bi-weekly reports regarding your work search efforts are required. To meet the standard of actively seeking work, it is recommended that you make at least five (5) appropriate employer contacts each week. You must be able to provide information relating to the job contacts you have made, including the number of contacts and the dates of the contacts. If the information you provide is not sufficient to establish a diligent job search on your part, the Agency will find that you are not eligible for benefits. See Section 443.111(1)(b), Florida Statutes, and Rule 60BB-3.021 (3), Florida Administrative Code.

You must maintain a written and detailed record of your work search contacts. Include dates of contact, names and addresses of employers, names and titles of person contacted, phone numbers of employers contacted, type of work sought, how the job contact was made, whether an application was taken, and the results of these contacts. Work search contacts are subject to verification by the Office of Workforce Services.

The **Employ Florida Marketplace (EFM)** system can be a valuable resource in helping you with your work search. Additionally, once you are registered in the system, you can create resumes, establish automated job searches that deliver job opportunities to your personal message box, access career assessment tools, explore labor market information and much more.

If you elected to have income tax withheld from your unemployment benefits, you must print out, complete and return form W4V to us. The form can be accessed by going to **www.FLUIDNow.com** and clicking on the Claim Forms

link.

If you were advised to send any additional documents for your claim, mail them to:

AWI - Internet Claims
P O Box 407133
Ft. Lauderdale , Florida 33340-7133
FAX: 1-954-677-5479

If you do not receive a monetary determination within 7 days, call 1-800-204-2418, and give the Internet Unit's customer service representative your Social Security Number and Confirmation number, if so requested.

[Click Mouse Here to Learn What Happens Next](#)

[Click Mouse Here for Important Benefit Rights Information](#)

Before filing a claim you will need to have the following information available:

1. Your **correct** Social Security Number.
2. The names, addresses, and phone numbers of **ALL** your employers since 1/1/2010. (Site or Location address and Payroll address from W2 or pay stub, if available.)
3. The dates you worked and gross earnings from each employer. If you were employed for more than one year with an employer, the approximate gross earnings with that employer for a recent one year period.
4. Earnings for this week since 12:01AM Sunday, if you worked this week.
5. Driver's license or state identification card number, voter registration number or other type of ID that could verify your identity.
6. The name and local number of your labor union hall, if applicable.

7. If not a U.S. citizen, your Alien Registration Number and work permit expiration date.
8. If you were on active military duty within the last 2 years, certain information from your member 4, DD-214. You can file, even if you do not currently have your member 4, DD-214. NOTE: No benefits are payable until after your official military discharge date as shown in item 12b on your DD-214.
9. If you were a federal employee within the last 2 years, your SF-50 form or SF-8 form and check stubs or W-2 proof of earnings.
10. If you would like for your benefits to be deposited directly to your bank account, you will need to have one of your checks or deposit slips available.

I have all information available.

Florida Law provides that knowingly making a false statement, in order to obtain or increase unemployment benefits, is a **third degree felony** punishable by up to \$5,000 in fines and five years in jail. It is also illegal to file a claim or claim benefit weeks for someone else. All cases determined to be fraudulent can be referred to the State Attorney's office for prosecution. Each week of benefits fraudulently claimed is a separate offense for prosecution.

If you give false information or a false Social Security Number when filing your claim, you could be arrested for fraud.

I acknowledge that I understand this statement and wish to continue to file my claim.

Information you provide to this agency is confidential. However, the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, provides that, upon request, information about your unemployment claim and earnings may be provided to other state and federal agencies for income and eligibility verification.

Information entered into this system is used only to process your claim. However, by federal law, if asked by

other government agencies, we must share information about your claim to help prevent fraud or abuse in their programs.

I acknowledge that I understand this statement and wish to continue to file my claim.

Warning: The last page of the Internet application will state that your claim has been completed and will give you a confirmation number. **Unless you receive a confirmation number, your claim will not be processed.** If you wish to terminate filing your Unemployment Insurance claim now, or at any time during filing, please select the "Exit" button. If you exit the application before receiving a confirmation number, any information that you have entered will be discarded.

Residential Zip Code 32773

General Information

What state do you currently live in? FL

Are you currently working full-time? No

Are you a member in good standing of a labor union seeking work through a hiring hall? No

Since 1/1/2010, have you served in active duty in the U.S. military forces? (NOTE: No benefits are payable until after your official Military discharge date as shown in item 12b on your DD-214.) No

Since 1/1/2010, have you held a civilian job with the federal government? No

Have you applied for Unemployment Compensation benefits within the past 12 months? No

Between 1/1/2010 and 12/31/2010, indicate **all** the states below in which you have worked.

Note: If you worked for one company but traveled to different states as a part of your job, list the state in which you were based or the state to which your company paid your unemployment taxes.

CA CO FL

Military / Veteran Spouse Eligibility - Job Placement Assistance

Are you the spouse of any of the following individuals: No

- (a) any veteran who died of a service connected disability;
- (b) any veteran who has a total service-connected disability;
- (c) any member of the Armed Forces serving on active duty who is listed in one of

the following categories and has been listed for a total of more than 90 days:

- (I) missing in action;
- (II) captured in line of duty by a hostile force;
- (III) forcibly detained in the line of duty by a foreign government.

Personal Information

Social Security Number	417-11-1274
Last Name	Harbuck
First Name	Michael
Middle Initial	T
Have you worked under another name since 1/1/2010?	No
Mailing Street Address or Post Office Box	2524 S Elm Ave
Mailing City	Sanford
Mailing State, Territory or Province	FL
Mailing Zip Code	32773-5111
Is your residential address different from your mailing address?	No
Residential County	SEMINOLE
Date of Birth	4/27/1972
Gender	Male
Highest Educational Level	AA or AS (Associate degree)
Telephone Number Including Area Code	(407) 574-1170
U.S. Citizenship	Yes
Do you have a disability?	No
Are you a veteran?	No
Are you a migrant seasonal farm worker?	No
What is your Email address	michaelharbuck@gmail.com
What language do you prefer to use?	OTHER
Are you of Hispanic descent?	No
Indicate your primary affiliation:	Information Not Available

Please select the location from where you are filing this application:
Home

The filing of your Unemployment Compensation claim may register you for job search assistance services available through Employ Florida Marketplace (EFM), an Internet based system that offers a full range of features and services to assist job seekers. While claiming benefits, you may be directed to report to your local One-Stop Career Center for reemployment services. Please indicate the office that is closest to you from the offices listed below.

Residence State: FLORIDA
 Indicate the nearest Local Office: 2884 S ORLANDO DR
 JOBVANTAGE - SANFORD

Identity Inquiry

Do you possess a valid driver's license? Florida
 What classification of driver's license do you possess? Single Vehicle 13 tons or more

Enter below **AT LEAST ONE** type of identification card or license, OTHER THAN your Social Security card, that proves your identity.

<u>Type of Identification</u>	<u>Registration Number</u>	<u>State, County or Military Branch of Issuance</u>
Driver's License	H612558721470	FLORIDA
Voter's Registration Card	113026692	Seminole County, FL
		<u>Issuing Company</u>

All employers from **1/1/2010** thru **6/1/2011** must be listed including any self-employment and part-time employment. Please start with your last employer. Failure to provide complete employer information could delay the processing of your application.

Type	Business Name	Start	End	Current Part Time Employer
	Other Seneca Ridge Trakehners	3/15/2011	5/31/2011	Yes
	Other Cavalia USA Inc.	8/15/2010	3/1/2011	

1. Civilian Employment Information

Employer Name: Seneca Ridge Trakehners
 Job Site Street Address: 35207 William Lane

City	Eustis
State	FL
Zip Code	32736
Business Telephone Number	(407) 342-7066 Ext.
First Date of Work	3/15/2011
Last Date of Work	5/31/2011
Occupation or Job Title	Aminal Caretaker
What type of business is this employer in?	Agriculture, Forestry, Fishing, & Hunting
Is this employer a school or educational institution?	No
Reason for separation	Fired/Discharged
Are you scheduled to return to work with this employer?	No
Briefly summarize your reason for separation from this employer	Other
Rate of Pay	8 Hourly Part Time
Enter your GROSS earnings with this employer for the time period stated above (if more than one year, enter GROSS earnings for a recent one year period)	2000
Enter your GROSS earnings since Sunday morning of this current week, even if you have not yet been paid for your work. Do not include money earned prior to Sunday	35

1. Reasons For Discharge (Form AWI -UC201)

I was discharged by (name):	Nancy Shaw
Person's title:	Owner
The reason given was:	Not working out.
Give details of the final incident that caused your discharge:	accused of working too slow.
I was warned prior to being discharged:	No

2. Civilian Employment Information

Employer Name	Cavalía USA Inc.
Job Site Street Address	Pepsi Center 1000 Chopper Circle

City	Denver
State	CO
Zip Code	80204
Payroll Address	145 Pine Haven Shores Road Sui
City	Shelburne
State	VT
Zip Code	05482
Business Telephone Number	(514) 879-9002 Ext.
First Date of Work	8/15/2010
Last Date of Work	3/1/2011
Occupation or Job Title	Animal Caretaker / Stabehand
What type of business is this employer in?	Arts, Entertainment, & Recreation
Is this employer a school or educational institution?	No
Reason for separation	Permanent Layoff
Are you scheduled to return to work with this employer?	No
Briefly summarize your reason for separation from this employer	Assignment Ended
Rate of Pay	20 Hourly Full Time
Enter your GROSS earnings with this employer for the time period stated above (if more than one year, enter GROSS earnings for a recent one year period)	7500
Enter your GROSS earnings since Sunday morning of this current week, even if you have not yet been paid for your work. Do not include money earned prior to Sunday	0

Eligibility

Are you working part-time for any employer now?	No
Is there any reason that you cannot seek or accept full time employment?	No
Have you refused or turned down any specific job offer?	No

Were you referred to a job by the WORKSource

One Stop Career Centers and you refused/failed to accept the referral? No

Are you currently self employed? No

Eligibility

Did you receive, will you receive, or are you receiving any of the following payments from an employer that you worked for in the last 18 months? Indicate ALL that apply.

Any retirement OTHER than Social Security? No

Any lump sum pension or 401K distribution which is not being rolled over to a new retirement account or any profit sharing? No

Worker's Compensation payments as a result of an on-the-job injury that can be classified as:

Temporary Total No

Permanent Total No

Federal Income Tax

Unemployment benefits are fully taxable if you are required to file a tax return. If you elect to have income tax withheld from your payable benefits, the rate will be a standard ten (10) percent. You will be required to print out, complete and return to us Form W4V authorizing this withholding. Until this form is received by this agency, no such withholding will be deducted.

You will be provided with the address on the confirmation page as to where this form can be located..

Do you elect to have Federal Income Tax withheld from your benefit payments? No

Direct Deposit

Do You Wish to Sign Up To Use Direct Deposit?

YES! Sign Me Up For Direct Deposit

The numbers you entered for these fields are not being displayed for security purposes.

My Routing Number: *****

My Account Number: *****

This is a Checking Account

Usual Employment Information

Agricultural and Food Science Technicians

Reminder

Based upon the claim information provided, Unemployment Compensation (UC) may work register you in the Employ Florida Marketplace (EFM) system. Please allow two (2) business days for your EFM registration to process. If you wish to start your job search immediately after filing your claim, you can go to the EFM system and register. If you are already registered please follow the instructions given to access the EFM system. The website links will be provided at the end of this application.

BY MAIL: AWI - Internet Claims
P O Box 407133
Ft. Lauderdale , Florida 33340-7133

BY FAX: 1-954-677-5479

CERTIFICATIONS

A. I understand that after I file this claim, I am required to certify or claim my weeks by Internet or telephone every two weeks. I understand that it is my responsibility to certify or claim my weeks in a timely manner and that failure to do so could keep me from receiving benefits if determined eligible. Further information about this will be on the "What's Next" page at the end of this application and in the Benefit Rights Information found on the www.fluidnow.com web site.

I agree

B. I understand that if I do ANY work, including military reserve drill pay or self employment, I must report the **TOTAL WAGES EARNED** (before taxes), whether or not I have been paid yet when I claim that week.

I agree

C. I understand it is my responsibility to read the Benefit Rights Information found on www.fluidnow.com. A link to the Benefit Rights Information is included on the "Confirmation" and "What's Next" pages located at the end of this application. **We urge you to print the Benefit Rights Information for your records and future reference.**

I agree

D. I have read these statements and apply for unemployment benefits. If filing a new claim, I understand that I will receive a wage transcript determination that may show I have established a monetarily eligible claim. I understand

that payment of benefits may be denied if I do not meet all reporting and eligibility requirements. Information about requirements is included in the Benefit Rights Information found on www.fluidnow.com.

I agree

The following comments and/or corrections have been forwarded to the Internet Unit:

DL is a regular operator.

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If you experience any difficulties with this system, send an [email](#) or call 1-800-204-2418 from 8:00 a.m. - 5:00 p.m. Eastern Time Monday-Thursday.

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