

Ohio Department of Job and Family Services

Mike DeWine, Governor Kimberly Hall, ODJFS Director

Worker's Self-Service **User Guide**

Ohio Unemployment Benefits for Workers - Information at Your Fingertips

Why Use Self-Service?

Worker (Claimant) Self-Service offers many "benefits" in processing your claim:

- Fast and convenient service
- Reduction in your response time
- Reduction in your mail costs
- · Capability to view, respond, and archive correspondence online
- Peace of mind that your responses and appeals have been received
- · Access to file your continued weeks online
- Capacity to track the status of your claim information
- Extended "business hours"



Note: When filing via self-service (online), your application will be effective in the week the application is filed. If you wish to have the application effective for a previous week, you must file by phone at 1-877-644-6562.



Basic Computer Navigation

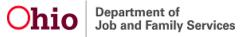
Check boxes, dropdown lists, radio buttons and text boxes are methods of selection and identification.

1) Check Box	Click on this box to select the item to the right. A check in the middle of the box indicates a selected check box.
2) Drop-Down List	This contains a preset list of items from which the user can select. However, free text cannot be entered here.
3) Radio Button	Click on this button to select the item to the right of the circle. A dot in the middle of the circle indicates a selected radio button.
4) Editable Text Box	An editable text box allows the user to enter information for particular records.
5) Non-editable Text Box	A non-editable text box contains pre-filled data, and therefore, you are not able to enter information.

Clicking is a way of navigating with a mouse.

า	While the pointer \boxed{k} is positioned over the desired item, quickly press (once) and release the <u>left</u> mouse button.

All fields containing an asterisk (*) are required fields, and you must provide a response before advancing to the next screen.



Filing a New Claim - What to Expect

The online initial application takes about 25 minutes. You will need to file a new claim if you have not applied for unemployment benefits at any time in the past 12 months.

Your application is not filed until you receive a confirmation number. If you are disconnected or log out before completing your application, use your User Name and PIN to log back in and resume the application process.

CAUTION: From the time you begin a new application online, you have 48 hours to complete it. If your application is not completed within this time frame, all information you previously entered will be deleted and you will have to start from the beginning. Keep this deadline in mind if you are disconnected or if you choose to sign off and sign on again at a later time.



Filing a New Claim - What You Will Need

- Your name, address, telephone number and e-mail address
- Your social security number
- Employment history, including most recent employment start and end dates
- The name, address, telephone number and dates of your employment with each employer for whom you worked in the last 6 weeks of employment (have your W-2 form or pay stub available)
- If you had out-of-state employment within the last 18 months, the name, address, telephone number and dates of your employment with each employer for whom you worked out-of-state within the past 18 months
- Your discharge papers (form DD-214, member 4) if you were separated from military service with any branch of the U.S. armed forces within the past 18 months,
- If you were employed by the federal government within the past 18 months, the SF-8 and SF-50 form given to you by your government employer at the time of your separation
- The reason you became unemployed from each employer
- Dependents' names, social security numbers and dates of birth
- If claiming dependents, your spouse's name and social security number
- Alien Registration number and the expiration date of your work authorization (if you are not a U.S. citizen or National)
- The title of your regular occupation and job skills

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To begin the process of filing an application first go to www.unemployment.ohio.gov. From there you will need to select the "File/Appeal Benefits" under the Unemployed Workers tab.





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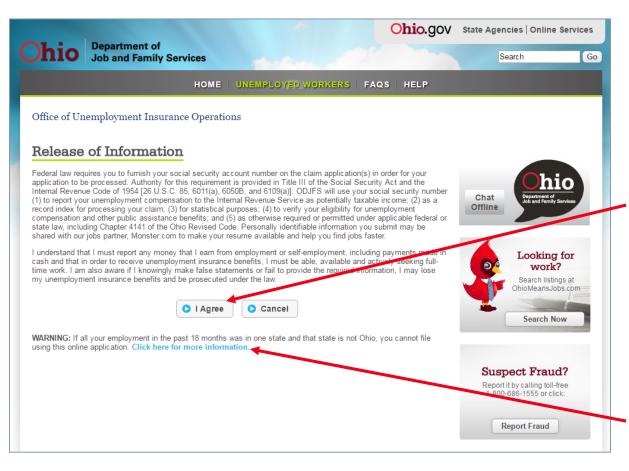
Claimant Registration: System Requirements

Browser Support: In order to best protect confidential and other important data, the ODJFS website will no longer support several outdated web browsers. Effective December 5, Internet Explorer 6 or older, Opera 4 or older and Netscape Navigator will no longer work on ODJFS sites that are https-enabled. Individuals can download the most recent version of Internet Explorer <u>here</u> and the most recent version of Opera <u>here</u>.

Adobe Acrobat Reader: You must have Adobe Acrobat Reader, version 4.02 or higher, installed on your computer to view documents that have been posted to your inbox. For best results, use the latest version of Adobe Acrobat Reader. Click on Adobe Reader to download a free version of Adobe Acrobat Reader.

Note: When filing your claim via Internet and logged into the secure site, **do not use the back button on your browser.** This will cause an error in processing your application. To change your responses on a previous screen, you must 1) <u>log out</u>, 2) <u>log back</u> <u>in</u>, and 3) <u>advance through each of the previously completed screens</u>, making the necessary changes on each screen.

Claimant Self-Service Registration



When you file your application online, you are connected to a **secure** website.

Before you can begin using Claimant Self-Service, you must review the Release of Information screen.

By clicking on the "I Agree" link, you indicate that you understand there are penalties and/or legal consequences should you knowingly provide false or insufficient information.

If all of your employment in the past 18 months was in a state other than Ohio, click on the "Click here for more information" link.

Claimant Self-Service Registration

The **HOME** link will return you to the Ohio Unemployment Benefits Online home page.

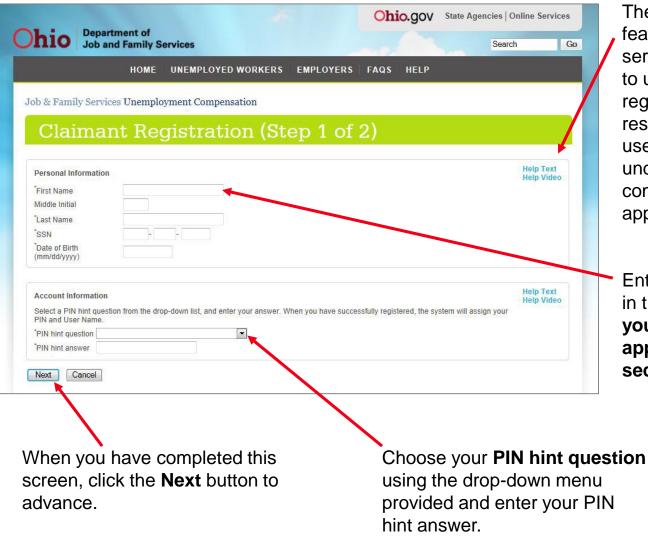
If you have already registered, you will log in here.

You may click on "Forgot PIN?" to request a new PIN only if you have already established a PIN hint question.

If you are a first time filer or have not already established a PIN Hint question, you will need to click on the "Register now" link to begin the filing process.



Claimant Registration Screen - Step 1 of 2



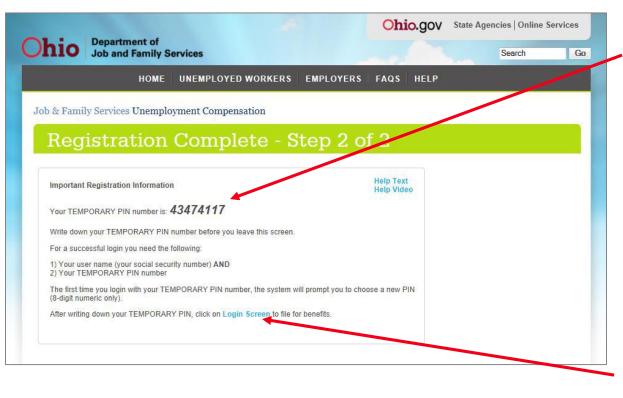
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The **Help** link is a consistent feature throughout the selfservice web views. In addition to using this feature during registration, log-in, and the PIN reset process, claimants can use the Help link to better understand various fields completed during the application process.

Enter the requested information in the appropriate fields. Enter your name exactly as it appears on your social security card.

Claimant Registration-Step 2 of 2



Write down your temporary PIN number.

For a successful login, you need your user name (your social security number) **AND** your TEMPORARY PIN number.

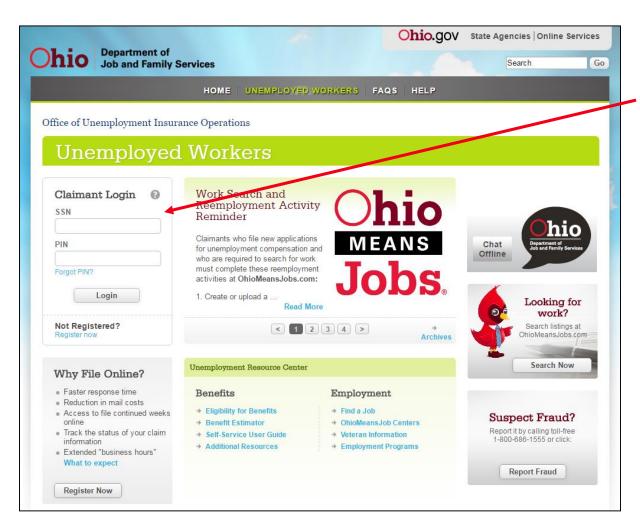
The first time you login with your TEMPORARY PIN number, the system will prompt you to choose a new PIN (8-digit numeric only).

After writing down your TEMPORARY PIN, click on the "Login Screen" link.

NOTE: You will not be given a temporary PIN number if a PIN number has already been issued to you.

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Claimant Login Screen



Log in using your Social Security Number as the **User Name/SSN** and the temporary **PIN** that was provided to you on the previous screen **or** the **PIN** that was previously issued to you.

NOTE: After three unsuccessful login attempts, access is revoked. Access can only be reactivated by either using the PIN hint question or by calling ODJFS.

When you have completed these entries, click the **Login** button to advance.

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Change User PIN

	HOME UNEMPL	OYED WORKERS	EMPLOYERS	FAQS HELP		
o & Family Services I	Unemployment Cor	npensation				
JFS - Ohi	o Unemp	oloymer	it Benef	ïts - Cha	inge Use	r PIN
Your TEMPORARY PIN ha			umeric only). You mus	t use this new PIN for all	future access to	
The new PIN	•••••					
New PIN Confirm	•••••					
Submit Cancel						

Note: This screen must be completed in order to continue with your application for unemployment benefits.

You **must** create your own personalized PIN by entering an 8-digit **numeric** PIN in **The new PIN** and **New PIN Confirm** fields.

When you have completed these entries, click the **Submit** button.

Ohio Unemployment Benefits - Main Menu



You are now on the Main Menu. From this menu, you may:

File an application/claim for unemployment benefits

Complete weekly claims for benefits

View payment information

Update your personal information

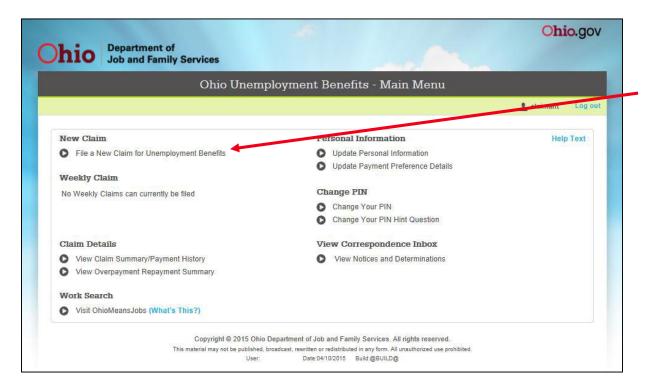
Update Direct Deposit information

Change your PIN or PIN hint question

View correspondence from ODJFS



Filing a New Application/Claim

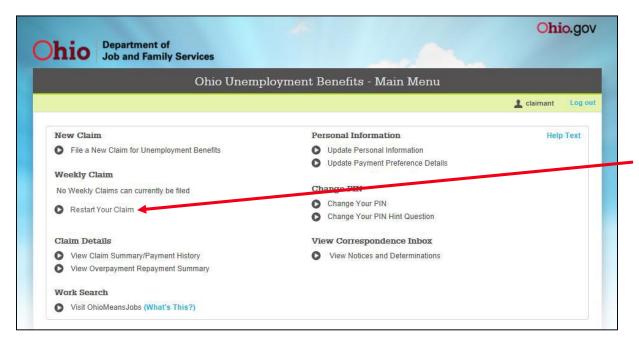


To file a new application/claim for unemployment, click the button that appears to the left of **"File a new Claim for Unemployment Benefits."**

To restart an existing claim, review the instructions found on the next page of this guide.



Restarting Your Application/Claim



If you have an existing claim, the option to file a new claim will not appear. However, if you wish to restart your existing claim, click on the button that appears to the left of **"Restart Your Claim."**

Note: It is only necessary to restart your claim after a period of re-employment or a period of not filing weekly claims for benefits. It is <u>not</u> necessary to restart your claim each time you wish to claim weeks of unemployment.



Personal Information

						Log
Personal Information						Help Text
First Name Exa	mple	MI	P	[] Last Name	Claimant	Help Video
*ssn 000	- 00 - 0000			Date of Birth	00/00/1968	
				(mm/dd/yyyy)		
*Other ID Type Sele	ct One 💌	ID Number		State Issued	Select One	•
Residence Address						Help Text
*Street						Help Video
Sileei						
*City			State	Select One	-	
Zip Code	-	_				
Country	United States		•			
County	Select One					
Mailing Address (if differen Street	nt than Residence Addr	ess)				Help Text Help Video
City			State	Select One	•	
Zip Code						
Country	Select One		•			
Contact Information						Help Text Help Video
Home Phone # ()					Help Video
Message Phone # (Ť				
)-	E	nable Text Message	Yes	No (What's Tris?	?)
Mobile Phone # (
Mobile Phone # (E-Mail Address		0	onfirm E-Mail Address	>		

Enter the requested information in the appropriate fields. Use the drop-down menus, and check the boxes where applicable.

If your mailing address is the same as your residence address, leave the Mailing Address section blank.

An explanation of the correspondence preference is listed on the next page.

When you have completed this screen, click the **Next** button to advance.

Correspondence Preferences

You can receive correspondence by regular mail or by e-mail.

Regular Mail

 Regular mail is the option to receive correspondence via the U.S. Postal Service and is the automatic (default) setting for all claims filed. Selecting this option will also set you on a <u>bi-weekly</u> schedule for filing for benefits.

E-mail Notification

- You can be notified by e-mail that you have new correspondence in your Correspondence Inbox. Generally, the correspondence is not viewable in the e-mail notification. To view correspondence, you will need to log into your account, then go to Main Menu. Under View Correspondence Inbox, click on View Notices and Determinations. Some correspondence is time sensitive. You are responsible for viewing all correspondence in a timely manner.
- *Note:* E-mail notification has the same appeal rights as the regular mail option.

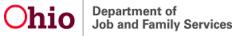
Demographic Information

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I	Demographic Information	
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General Information		Help Text Help Video
* Ethnicity	Select One	neip video
Race		
American Indian/Alaskan Native	Asian	
Black/African-American	Native Hawaiian/Other Pacific Islander	
White	Choose Not to Answer	
*Country of Origin	Select One	
Primary Language	Select One 💌	
If Other, Enter Language		
Gender	Select One	
* Highest Grade Completed	Select One	
* Usual Trade or Occupation	Sciect One	
* Are you disabled as defined in the Americans with Disabilities Act of 1990 (42 Mod. 12102)	? Select One	
Alien Information		Help Text Help Video
* Are you a U.S.Citizen or a U.S.National?	◎ Yes ◎ No	noip made
If <u>no</u> , please select what authorization you have to perform work in the U.S.	Select One	
Alien Authorization Number		
Expiration Date (mm/dd/yyyy)		

Enter the requested information in the appropriate fields. Use the drop-down menus, and check the boxes where applicable.

If you are not a US Citizen or US National, you must provide your alien authorization information.

When you have completed this screen, click the **Next** button to advance.



Eligibility Questions - Page 1

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Eligibility Questions - Page	e 1	
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Eligibility Questions	Help Te Help Vi	
* Have you filed a claim for unemployment benefits in the last 12 months?	© Yes ♡ No	
If ves, in what state?	Select One	
Have you worked since you last filed?	Yes No No	
* Have you worked in regular employment (not military or federal civilian) in any states other than Ohio from 01/01/2014 to 12/31/2014?	© Yes ◎ No	
* Have you served in the US military from 01/01/2014 to 12/31/2014?	O Yes O No	
* Since 01/01/2014, have you had any federal civilian employment?	Yes No No	
*When employed, are you the principal wage or salary earner in your household?	© Yes © No	
Additional Eligibility Questions	Help T Help V	
* Are you or have you been an officer of a corporation, or did you own or operate a business within the past 18 months?	© Yes ℗ No	
Are you required to pay child support obligations to a court or child support enforcement agency?	Yes No No	
If <u>ves</u> , would you like to have child support withheld from any benefits to which you may be entitled?	© Yes ◎ No	
* Would you like to have 10% of any benefit payments to which you may become entitled withheld for federal income taxes?	Yes No	
* Do you wish to claim your child and/or spouse as a dependent?	C Yes No	

Enter the requested information in the appropriate fields. Use the drop-down menus, and check the boxes where applicable.

If you answer "**Yes**" to some of the questions, you will be **transferred** to additional screens, where applicable, to provide additional information.

An explanation of each field on this screen is listed on the next page.

When you have completed this screen, click the **Next** button to advance.



Explanation of Eligibility Questions – Page 1

QUESTION	EXPLANATION
Have you filed a claim for Unemployment Benefits in the last 12 months?	Answer this question "Yes" if you have filed a claim for benefits in any state in the past 12 months. Provide the state you filed in and answer the question regarding work since you last filed.
Have you worked in regular employment (not military or federal civilian) in any state other than Ohio from (start date) to (end date)?	Answer this question "Yes" if you have worked in Ohio <u>and</u> another state during the dates shown.
Have you served in the US military from (start date) to (end date)?	Answer this question "Yes" if you have served in active duty for at least 90 days during the dates shown.
Since (start date), have you had any federal civilian employment?	Answer this question "Yes" if you have worked for the federal government as a civilian.
When employed, are you the principal wage or salary earner in your household?	Answer this question "Yes" if you earn over 50% of the money for your household.
Are you or have you been an officer of a corporation, or did you own or operate a business within the past 18 months?	Answer this question "Yes" if you were an officer (e.g. president, vice president, etc.) of a corporation or owned/operated your own business.
Are you required to pay child support to a court or Child Support Enforcement Agency?	Answer this question "Yes" if you are required to pay child support. If yes, do you want the payments voluntarily withheld from your unemployment benefits?
Would you like to have 10% of any benefit payments to which you may become entitled withheld for Federal Income Taxes?	Unemployment benefits are taxable under Federal Income Tax laws. Answer this question "Yes" if you want 10% withheld for tax purposes.
Do you wish to claim your child and/or spouse as a dependent?	Claiming a dependent child(ren) and/or spouse may increase the amount of your weekly benefits. Answer this question "Yes" if you want to claim a dependent child(ren) and/or spouse.



Eligibility Questions - Page 2

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Eligibility	Questions - Page 2	
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Eligibility Questions		
Have you applied for or are you currently receiving any of the following: pension, retirement payments, severance pay?	Yes 🔘 No	Help Te:
If $\underline{\text{ves}},$ please provide details including the type, source and amount of <code>payment(s)</code>	* *	
Additional Eligibility Questions		
[*] Do you have a <u>definite</u> recall date from any of your former employers?	O Yes No	Help Text
If <u>yes</u> , please enter the date:		
What was the last day you worked?		
[*] Do you expect to be recalled by any of your former employers within 12 weeks of your last day of work?	© Yes ◉ No	
[^] Are you currently enrolled in/attending school, college, or vocational training?	© Yes ◉ No	
If yes, are you attending full or part-time?	Full-Time Part-Time	
Please enter the details about your school/training:		
Course Name or Major Course of Study		
School Name		
City		
State:	Select One	
[°] Were you in school from 01/01/2014 to 12/31/2014 and also at the time you became unemployed?	© Yes © No	
* Are you a member in good standing of a skilled trade union? Please se your union from the list and enter the details about your union.	lect	
	None of these / Not in a union	•
Local Number		
City		
State	Select One	
Are you required to seek work through your union (exclusive hiring hall)?	© Yes . ● No	

Enter the requested information in the appropriate fields. Use the drop-down menus, and check the boxes where applicable.

An explanation of each field on this screen is listed on the next page.

When you have completed this screen, click the **Next** button to advance.

Explanation of Eligibility Questions – Page 2

QUESTION	EXPLANATION
Have you applied for or are you currently receiving any of the	Answer this question "Yes" if you have applied for a pension, any other retirement payments, severance pay or if you are receiving any pension, retirement payments, and/or severance pay.
Have you applied for or are you currently receiving any of the following: pension, social security, retirement payments, severance pay?	If yes, in the text box below the question, provide the company you worked for while earning the pension and/or the name of the company paying the severance pay, the amount you received or will receive, the frequency of payments (e.g. lump sum, weekly payments, monthly payments, etc.) and when the payments began or will begin.
Do you have a definite recall date from any of your former employers?	Answer this question "Yes" if the employer has already given you a return to work date. Also provide the return to work date and your last day worked in the appropriate fields.
Do you expect to be recalled by any of your former employers within 12 weeks of your last day of work?	Answer this question "Yes" if you expect to be recalled to work by a former employer within 3 months of your last day worked.
Are you currently enrolled in/attending school, college, or vocational training?	Answer this question "Yes" if you are attending school <u>now</u> and provide the requested school information. If you will be attending school in the future and have not yet started classes, answer this question "No" and contact your processing center before classes begin.
Are you a member in good standing of a skilled trade union? Please select your union from the list and enter the details about your union.	Most unions do not have hiring halls. If you seek work only through a union hiring hall (not on your own) and are placed with employers by the union hall, locate the union from the drop-down list. If this does not apply to you, make no selection from the drop-down list. The system will default to "None of these/Not in a union."



Dependent Summary

		Depe	endent Summ	lary		
					1	claimant Lo
Search Re	esult(s): 0 Found					
	First Name	Last Name	SSN	Date of Birth	Relationship	Help Text Help Vide
Add a Cl	hild Add a Spouse E	Edit Delete				

From this screen, you will either add a dependent child(ren) or a spouse by clicking on the appropriate button.

If you do not want to claim any dependents, click the box before the sentence that begins "If you do not want to claim any dependents...".

When you have completed this screen, click the **Next** button to advance.

Department of Job and Family Services

claiming your spouse as a dependent.

Dependent Child Details

	Dependent Child Details	
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Dependent Child Details		Help Text Help Vide
*First Name	ML	
*Last Name	SSN	
Date of Birth (mm/dd/yyyy)	*Relationship Child	
Is this child unable to work beca	use of a permanent physical or mental disability?	C Yes Ve
*Did	nalf (50%) of the cost of support for this child during	© Yes ◎ No

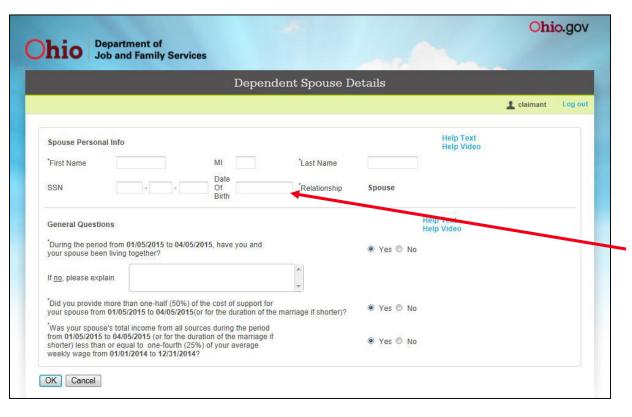
To claim a child, stepchild, or adopted child, you will need to enter all the information that is being requested to determine eligibility.

The dates shown in this example may be different, depending on the date your application for benefits is filed.

Note: If you do not provide a social security number, you will not be allowed to claim this dependent until this information is provided.

When you have completed this screen, click the **OK** button to advance.

Dependent Spouse Details



To claim a spouse, you will need to enter all the information that is being requested to determine eligibility.

The dates shown in this example may be different, depending on the date your application for benefits is filed.

Note: The "Date Of Birth" field is a required field even though no asterisk (*) appears before the question.

When you have completed this screen, click the **OK** button to advance.



Spouse's Information

	Spouse Information	
		上 claimant 🛛 Log c
Spouse Information		Help Text Help Video
(ren), we need some basic informa	lependent on the previous page. However, in order to process you tion about your spouse (if you are married). and provide the additional details if appropriate. © Yes No	ur request to claim your dependent child
If <u>yes</u> ,		
lf <u>yes,</u> Spouse First Name		
2.2 10.93 0.925		
Spouse First Name		

You will be navigated to this screen <u>only</u> if you have claimed a dependent child(ren) and have not provided information about your spouse.

If you are married and wish to claim a dependent child, you must provide your spouse's information, even if you are not claiming your spouse as a dependent.

When you have completed this screen, click the **Next** button to advance.

Child Support Withholding Summary

		Child Support V	Vithholding Summary	7		
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Search Result(s): 0 Fou	Ind					
Court Order #	State	Agency	Start Date	End Date	Weekly Amount	Help Tex
Add Edit Delete	е					

You cannot have child support deducted voluntarily from benefits when there is no court ordered support required (e.g., when there is just a verbal agreement between you and the other parent).

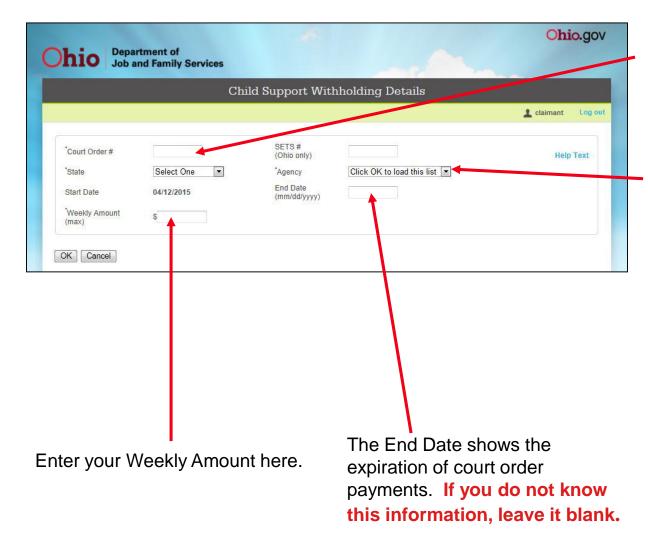
ODJFS regularly receives requests from Child Support Enforcement Agencies (CESA) to withhold payments from UC benefits. If such a request for withholding is received, the CESA request will take precedence. If you have a court order, you may elect to have child support withheld from your unemployment compensation benefits.

To provide child support withholding information, click on the **Add** button.

If you do not want to provide child support information, click the box before the sentence that begins "**If you <u>do not</u> want to provide child support** withholding information..."

When you have completed this screen, click the **Next** button to advance.

Child Support Withholding Details



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Job and Family Services

Enter the Court Order number and Ohio SETS number, if applicable.

Use the drop-down menu to select the state and agency to which payments are issued.

Start Date will be your Benefit Year Beginning date (BYB) assigned on date of application.

When you have completed this screen, click the **OK** button to advance.

Reporting Your Reason for Unemployment

On the next several screens, you will report employment information. When reporting employment, you must also provide the reason you are no longer working for the employer. Below is a list of the most common separation types.

- Lack of Work: There has been a separation from employment and claimant is <u>not</u> working. The company may have closed, downsized, gone out of business, been destroyed, be out of money, gone bankrupt, lost a contract or have excess personnel. Claimant may be furloughed, laid off, etc.
- **Discharge:** Employer acted to sever the employee-employer relationship. Claimant was not permitted to continue working.
- Quit: Claimant acted to sever the employee-employer relationship. Claimant could have continued to work.
- Leave of Absence: There has been **no** separation from employment, but claimant is not working for other reasons (e.g. medical leave, adoption leave, etc.).
- Still Employed: There has been <u>no</u> separation from employment, but claimant continues to work on a part-time basis.
- **Disciplinary Leave/Suspension:** There has been <u>no</u> separation from employment, but claimant is not working. Company may have dismissed the claimant from work while an investigation is being done and/or for disciplinary reasons.
- Labor Dispute: Involves a group of individuals that are unemployed because a union, or a portion of union membership, and an employer are not in agreement. A labor dispute is usually called a strike but can also be called a walkout, blue flu, shutout, lockout, wildcat strike, etc.

Military Employment

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	Military Emp	ployment	
			💄 claimant 🛛 Lo
Please enter the information	requested below for your most recent period of militar	ry service	Help Text Help Video
Branch of Service	Select One		
*Official Discharge Date			
(mm/dd/yyyy)			
(
	ny military employment from 01/01/2014 to 05/01/2015	5. check this box, and click the Next	button to continue
	ny military employment from 01/01/2014 to 05/5 1/2015	5. check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0010 W2015	 check this box, and click the Next 	button to continue
	ny military employment from 01/01/2014 to 0010 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0050 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 055 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0050 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0050 Man15	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0055 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0055 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0055 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0055 W2015	5 check this box, and click the Next	button to continue
If you have <u>not</u> had a	ny military employment from 01/01/2014 to 0055 W2015	5 check this box, and click the Next	button to continue

A "**Yes**" response to the question about military employment on the **Eligibility Questions - Page 1** screen will cause the system to route you to this screen to provide the necessary information.

Use the drop-down menu to select your branch of service.

Enter your official discharge date.

When you have completed this screen, click the **Next** button to advance.

If you did not have military employment during the dates listed, click the box before the sentence that begins "**If you have <u>not</u> had any military employment**..."

Federal Civilian Employment Summary

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Federa	l Civilian Employ	ment Summa	ry		
				上 cla	iimant Log
Please provide us with all of your Federal Civilian employn	nent since 01/01/2014				
Search Result(s): 0 Found					tion of the
Agency Name	City	State	Start Date	Last Day Worked	Help Text Help Video
Next					

A "**Yes**" response to the question about federal civilian employment on the **Eligibility Questions - Page 1** screen will cause the system to route you to this screen to provide the necessary information

Click on the Add Employer
button to advance to the next screen for employment details.

When you have completed this screen, click the **Next** button to advance.

If you did not have federal civilian employment during the dates listed, click the box before the sentence that begins "**If you have <u>not</u> had any federal civilian employment**..."



Select Federal Civilian Employer

hio Department of Job and Family Serv	ices	
	Select Federal Civilian Employer	
		💄 claimant 🛛 Log
Search Criteria	State Select One	Help Text Help Video
© Federal ID Code	Search Criteria Search	
Search Result(s): 0 Found Agency Name	Division/Location Federal ID Code Address	
Select Employer Cannot Find Employe	r Cancel	
1		

On this screen, select one of the radio buttons beside the Search Criteria field you wish to use.

Enter either the employer's name (agency or division) or the 3-digit federal ID code and click the **Search** button. The 3-digit federal ID code is found on your Standard Form 8 issued at the time of separation.

If you are able to find your employer among the search results, you must select the corresponding radio button (to the left of your employer's name) **and** click on the **Select Employer** button to advance to the Federal Civilian Employment Details screen. If you **cannot** find your employer among the search results, you will need to click the **Cannot Find Employer** button to advance to the Federal Civilian Employment Details screen.

Federal Civilian Employment Details

hio Departme	nt of amily Services	Ohio.g
	Federal Civilian Employment	
		L claimant Log
Federal Civilian Employme	nt Details	Help Text Help Video
Agency Name	(e.g., Department of Treasury)	
Division/Branch/Location	(e.g., Internal Revenue Service)	
(if applicable) Attention		
Address		
Address		
PO Box		
*City		
*State	Select One Zip Code	
Country	United States	
Is this address from your SF or SF-50 form?		
Additional Employment Inf	ormation	Help Text Help Video
Start Date (mm/dd/yyyy)		The P Video
Last Day Worked (mm/dd/yyyy)		
Employer Phone		
*Reason for Separation	Select One	
*Detailed Reason	Click OK to load this list	

If you found your employer among the search results, the screen will be returned with agency, division/branch/ location, address, city, state, zip code, and country fields pre-filled.

If you could **<u>not</u>** find your employer and selected the Cannot Find Employer on the previous screen, this screen will have no pre-filled fields.

Note: You must fill out this screen completely to ensure that your claim is processed.

When you have completed this screen, click the **OK** button to advance.

Additional Federal Employment Information

Additional Federal Civilian Employme	ont Information	
	ent miormation	L claimant Log
		Contraine Cog
*Where was your last official duty station for your most recent federal employer?	Ohio	Help Text Help Video
* After separation from your most recent federal employer, did you have any other employment?	© Yes ◎ No	
If yes, please select where	Select One	

Enter the requested information in the appropriate fields, **using the drop-down menus, and radio buttons where applicable**.

When you have completed this screen, click the **Next** button to advance.



Out-of-State Employment

		-				Ohio.go
bio Department of Job and Family Se	ervices					
	Out	-of-State I	Employmen	nt		
					3	Log of Log of
Please provide all of your regular employ already provided on previous pages.)	ymen <mark>t outside Ohio sin</mark> c	e 01/01/2014. (P	'lease do not includ	de any Military o	r Federal Civilian employ	ment that you have
Employer Name	City	State	State Worked	Start Date	Last Day Worked	Help Text Help Video
Add Employer						
you did not have ick the box before		-	-		-	

A "**Yes**" response to the question about out-of-state employment on the Eligibility Questions - Page 1 screen will cause the system to route you to this screen to provide the necessary information.

To add an out-of-state employer, click on the Add Employer button. You must add each out-of-state employer you have worked for during the dates shown on the lower portion of the screen.

See the next page of this guide for new guidelines on filing a claim when you have worked out-of-state.

When you have completed this screen, click the **Next** button to advance.

any regular employment outside Ohio..."

Guidelines for Filing With Out-of-State Employment

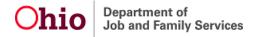
The U.S. Department of Labor has changed the definition of a Combined Wage Claim (CWC) paying state.

Effective January 11, 2009, an applicant <u>must</u> have employment <u>in the state in which</u> <u>they file</u> and must qualify for unemployment benefits in that state using the combined employment and wages of two or more states.

Immediately upon certification of a new Ohio claim, the ODJFS benefit system will search for the claimant's wages, including Ohio wages.

If no Ohio wages are found, the ODJFS benefit system will send you a questionnaire regarding employment in the past 18 months. After the response time, if Ohio wages are not entered, the ODJFS benefit system will disallow the application.

If your claim is disallowed due to having no Ohio wages, a determination will be sent informing you that your Ohio claim has been disallowed and that you may file in a state where you had employment. It may take up to two (2) weeks to receive this determination which could delay properly filing in another state.



Out-of-State Employment

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hio Department of Job and Family S	rvices	
	Out-of-State Employment	
		💄 claimant 🛛 Lo
Employer Details		Help Tex Help Video
Employer Name		
Attention		
Payroll Address		
PO Box		
[*] City		
State	Select One	
Zip Code		
Country	Inited States	
If you worked on a maritime vessel, please provide the vessel's name		
Out-of-State Employment Details		Help Tex
State where you performed your work for this employer	Select One	Help Video
[*] Start Date (mm/dd/yyyy)		
Last Day Worked (mm/dd/yyyy)		
Employer Phone)	
Reason for Separation	Select One	
Detailed Reason	Click OK to load this list	
Please enter the number of weeks you Date(Quarters)	vorked for this employer for each of the date ranges below. The dates Weeks Worked	s renect calendar quarters.
January 01, 2014 - March 31, 2014	WEEKS WUIKEU	
April 01, 2014 - June 30, 2014		
July 01, 2014 - September 30, 2014		
October 01, 2014 - December 31, 2014		
January 01, 2015 - March 31, 2015		
January 01, 2013 - March 31, 2015		

Department of

Job and Family Services

On the Out-of-State Employment detail screen, enter the information that is requested and use the drop-down menus where applicable.

Note: You must fill out this screen completely to ensure that your claim is processed.

Enter either the physical address for the employer or a PO Box for the employer. **Do not enter both.** In the PO Box field, you must still include the words "PO Box".

If you worked during any of the periods listed at the bottom of the screen, be sure to provide the number of weeks you worked during each quarter.

Mass Layoff/Buyout ID Number

hio Department of Job and Family Services		Ohio.gc
Enter Mass Layoff/Buyout ID Num	lber	
		🛓 claimant 🛛 Log o
*At the time of your layoff, did your employer provide you with a Mass Layoff/Buyout Identification Number?	© Yes ● No	Help Text Help Video
If ves,please provide the ID number	0	
Have you worked for any other employers in the last 6 weeks besides the one who provided you with this ID number?	© Yes © No 🔸	
Next		

If you were provided a Mass Layoff/Buyout Identification Number at the time of separation, you will enter the number on this page.

If you answered "Yes" above and had other employment within the six weeks prior to filing, you will click on "**Yes**."



Employment History (Only one employer in last 18 months)



If only one employer has reported wage information for you in the past 18 months, you will be routed to this screen.

Answer "**No**" if you have worked for <u>only</u> one employer since the date shown.



Employment Details (Only one employer in last 18 months)

	Employment Details	
		上 claimant 🛛 Log c
Please enter the following details about y	our employment.	
*Start Date(mm/dd/yyyy)		Help Text
*Last Day Worked(mm/dd/yyyy)		
*County of Employment	Select One	
Reason for Separation	Select One	
*Detailed Reason	Click OK to load this list	

You will be routed to this screen if you responded "**No**" to the question of "have you worked for more than one employer since (start date)".

Enter the requested information in the appropriate fields and use the drop-down menu where applicable.



Recent Employment History Summary

R	ecent Employment His	tory Summa	737		
116	ecent Employment me	story Summa	ту		aimant Lo
				1 a	aimant Lu
lease provide all of your regular employment for ederal civilian, or any out-of-state employment yo	the last 6 months, beginning with you	r most recent employ	ment. <u>(Please do no</u>	t include militar	<u>y service.</u>
earch Result(s): 0 Found	a nave alleady provided on previous	pages.j			
Employer Name	City	State	Start Date	Last Day Worked	Help Text Help Vide
Add Employer Edit Delete					and the second second
Vext					

Provide all of your employment for your last six weeks of work; or if you are restarting your existing claim, enter all of your employment since last filing for weekly benefits. If your employer has provided you a mass layoff/buyout number and you did not work for another employer in the last six weeks, you will not be routed to this screen.

Click on the **Add Employer** button to search for your most recent employer.

Do not include military service, federal civilian, or any out-of-state employment you have already provided on previous pages. If your most recent employer is military service, federal civilian, or out-of-state employment, do not re-enter the employer. Click on the **Next** button to advance.



Recent Employment History – Employer ID #

R	ecent Employment Hist	ory - Employer	ID Numb	er Search	l.	
					🛓 clai	mant Log
Federal Employer Identification (Hint: Look on any pay stub or i			Search			Help Text Help Video
Search Result(s): 0 Found Employer Name	Doing Business As	Address	City	State	Zip Code	Help Text Help Video
No FEIN/Skip Select Emplo	yer Can't Find My Employer					

You may search for your most recent employer using the employer's Federal Employer Identification Number (FEIN). This number is usually located on your W-2.

When searching for your employer, **do not include any dashes**.

 If you do not know your employer's FEIN, click on the
 No FEIN/Skip button.

Recent Employment Name & Zip Code



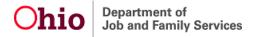
Enter as much of the employer's name as you know and enter the zip code, then click the **Search** button. If you are unsure of the employer's zip code, you do not need to include this information in your search.

Helpful hints for locating your most recent employer are listed on the next page of this guide.



Helpful Hints for Locating An Employer

- If available, search for your employer using the Federal Employer Identification Number (FEIN) that appears on your W-2 or check stub.
- Search for your employer using the employer's name as it appears on your check stub. The name on the building may not always be the name the employer uses for unemployment purposes.
- When your employer's name contains several words, try using one or two of the words that begin the employer's name, then add the additional words as needed to locate the employer. (Example: If your employer is "ABC Warehouse and Storage Company", start with "ABC Warehouse".)
- If your employer's name contains the word "and", try searching for the employer using the word "and" or use the symbol "&". (Example: if your employer is "ABC Warehouse <u>and</u> Storage Company" or "ABC Warehouse <u>&</u> Storage Company")
- Try searching for the employer using the company owner's name.



Recent Employment History - Select Employer

	Recent Employment	t Name and Zip	Code Sear	ch		
					上 clai	imant Lo
Employer Name (Starts With) Zip Code	EUCLID PUBLIC LI	BRARY				Help Text Help Video
Search Result(s): 1 Found						
Employer Name	Doing Business As	Address	City	State	Zip Code	Help Text Help Video
EUCLID PUBLIC LIBRARY	EUCLID PUBLIC LIBRARY	631 E 222ND ST	EUCLID	Ohio	441232031	and the second

If the system finds an employer, the information for that employer appears at the bottom of this screen.

When you locate your employer, select the radio button to the left of the employer's name, then click on the **Select Employer** button.

Recent Employment Detail

	Deser	t Ennelanne ant Datail		
	Recen	t Employment Detail		
			1	claimant Log
Employer Detail				Help Text Help Video
Employer Name				
Attention				
*Address				
PO Box				
City				
[*] State	Select One	Zip Code	-	
*Country	United States	Y Phone ()	
				Help Text
Additional Employer Det	311			Help Video
Start Date (mm/dd/yyyy)				
Last Day Worked (mm/dd/yyyy)		Maritime Vessel Name		
· ·····	Select One	Employer Phone	()	
County of Employment	Select One			
County of Employment Reason for Separation	Select Offe			
The comparison of processing the second s	Click OK to load this list	×		

If you are able to locate your employer, the upper portion of this screen will contain pre-filled fields that cannot be altered.

Complete the Additional Employer Detail section of the screen.

When answering the question "Have you worked at least 6 weeks and earned at least...", respond "Yes" if you have worked at least 1 day a week for 6 weeks since originally hired by the employer and earned the amount shown.

When you have completed this screen, click the **OK** button to advance.

Ohio Department of Job and Family Services

Recent Employment Detail

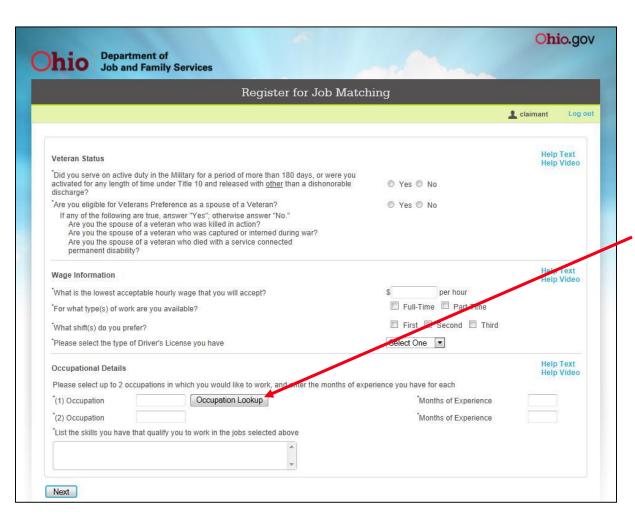
hio Departm	Family Services		1000	-	
		Recent Employ	yment Detail		
					🛓 claimant 🛛 Log ou
Employer Detail					Help Text Help Video
Employer Name					They they
Attention					
Address					
PO Box					
City					
State	Select One		Zip Code		
*Country	United States	*	Phone ()	
Additional Employer Det	ail				Help Text Help Video
[*] Start Date (mm/dd/yyyy)					
Last Day Worked (mm/dd/yyyy)			Maritime Vessel Name		
County of Employment	Select One 💌		Employer Phone	()	
Reason for Separation	Select One	•			
[*] Detailed Reason	Click OK to load this list				
[*] Have you worked at least	6 weeks and earned at least \$	1,422.00 for this employ	er since ?	O Yes O No	
	work for another employer dur	ing this come 6 week pe	riod2	◎ Yes ◎ No	

If you are unable to locate your employer, you must provide all employer contact information to ensure that your claim can be processed. You can usually get this information from a recent check stub or W-2.

If you do not have a recent check stub or W-2, try calling the employer for this information.

Enter either the physical address for the employer or a PO Box for the employer. **Do not enter both.** If you enter a PO Box, you must enter "PO Box" or "Box" at the beginning of the field.

Register for Job Matching



If you are required to register for job matching you will be transferred to the Job Registration screen. There you can register so you remain eligible to receive benefits.

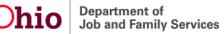
Select the "Occupation Lookup" button. On that screen, select two (2) occupations in which you would like to work.

Direct Deposit

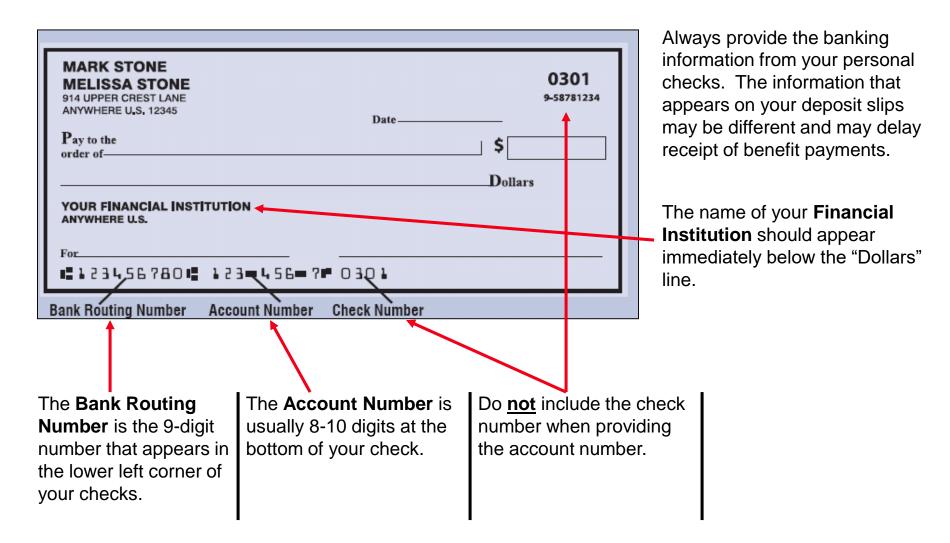
	Payment Preference Details	3
		Lo claimant Lo
	enefit payments by direct deposit to your bank account or by debit caro uested information. Click here for additional debit card information.	d. In order to participate in direct deposit, please make
Direct Deposit		Help Text Help Video
* If you do not choose to receive enrolled to receive payments by	your benefits by direct deposit to your account, you will automatically t debit card.	
Bank/Branch Name		
Address		
City		
ony	Select One	
State		
1.007		
State		
State Zip Code	Select One	\sim

You will be shown the Payment Preference Details screen if you have selected direct deposit as your method of benefit payment from the Personal Information screen. **To participate** in direct deposit, you must provide, at a minimum, **your bank name**, **bank account number**, **account type, and bank routing number**. See the next page of this guide for information on locating banking information.

If you change your mind, you have the option to elect **not** to participate in direct deposit and to select the debit card program.



Locating Banking Information



bio Department of Job and Family Services

Certification

	Certification
	Log
	er for work and make application for determination of my benefit rights. Further, I certify that the ue and correct. I know that the law provides penalties for false statements to obtain benefits.
 agree to all of the above and want my claim I do not agree and want to cancel this claim. 	submitted for processing. Help Text Help Video
"Upon clicking he 'Next' button, if you've agreed to seconds; please do not refresh this page or close o	submit your claim for processing, your claim will be filed. This process can take up to 30 ut this window!"
Next	

The **Certification of Application** process is required to complete registration for benefits.

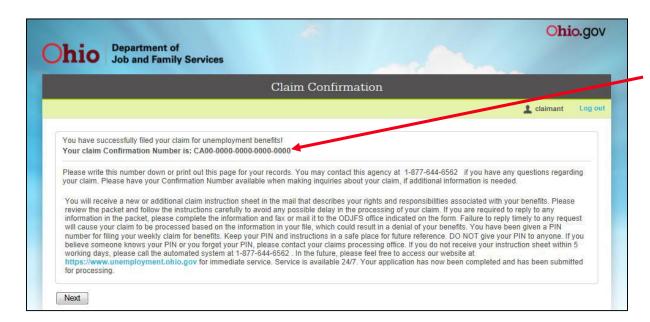
If you exit before certifying the claim, you have 48 hours to finish before all previously saved information is removed from the system.

Each time text is entered and saved within the 48 hour time frame, a new 48 hour period begins. This time limit also applies when you cancel your claim on the Certification screen and then decide later to certify.

Note: No mail is generated prior to certification. If you **agree** to the certification statement and want to have your claim submitted for processing, click the radio button next to the sentence beginning with "I agree to all..." and click the **Next** button.



Claim Confirmation



When you certify your initial claim, you will receive a claim **Confirmation Number**.

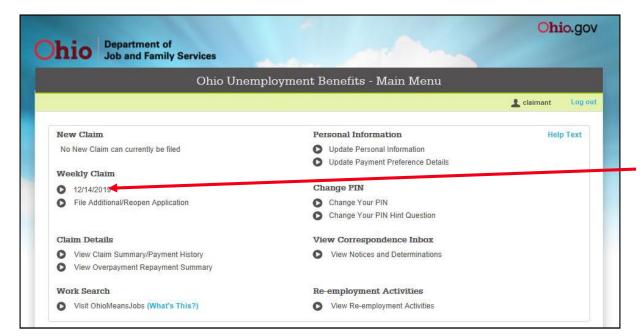
Claim confirmation is the final step in the unemployment compensation application process.

Congratulations! You have completed your application for unemployment benefits!! You will receive a New Claim Instruction Sheet which contains instructions for filing your weekly claims.

Filing the application is the first step to receiving unemployment benefits. For payment, you must file weekly or bi-weekly claims for each week that you are unemployed. You can file your weekly claim no earlier than the Sunday after the week ends, and no later than 21 days after the week ends. Claims for benefits filed beyond this time limit will be disallowed unless you can establish that the late filing was for reasons beyond your control.



Filing Weekly or Bi-Weekly Claims



For payment, you must file weekly or bi-weekly claims for each week that you are unemployed or make less than your weekly benefit amount.

To file your week, click on the button next to the week you wish to claim.

Note: Weeks must be claimed in chronological order (oldest week to the most current week). Failure to claim the weeks in order may result in weeks no longer being available to claim via the internet.

When filing the first three (3) weeks on an initial claim, you may file weekly. To continue filing weekly, your correspondence preference must be e-mail.

Continued Claim Application

1	Department of		Oh	io.g
n	Job and Family Services			1
	Continued Claim	Application		
			1 claimant	Log
Con	tinued Claim Application - UI Claim - 12/14/2019			
•1.	During the week claimed, were you available for work?	© Yes ◎ No		
2.	During the week claimed, were you physically and mentally able to work?	◎ Yes ◎ No		
*3.	During the week claimed, did you complete two work search activities? If YES, in the space below please list the two activities completed. (reminder: You must keep confirmation of the Activities completed.)	© Yes ⊚ No		
	*a In the spaces below write the Activity/Employer and the Location of your	first work search action.		
	* Work search activity completed		1	
	* Location of work search activity			
	* City	* State Select One	•	
	* Zip Code			
	* b Please select the method that you used to complete the work search			
	activity.	Select One 💌		
	* c If you applied for a position, please list it here. If you completed an			
	activity, please explain. * d What date did you complete this word search activity?	Select One 💌		
	* e What was the outcome of the work search activity?	Select One		
	* f In the spaces below write the Activity/Employer and the location of your si			
	* Work search activity completed			
	* Location of work search activity			
	* City	* State Select One	•	
	* Zip Code			
	* g Please select the method that you used to complete the work search activity.	Select One 💌		
	 h If you applied for a position, please list it here. If you completed an activity, please explain. 			
	* i What date did you complete this word search activity?	Select One 💌		
	* j What was the outcome of the work search activity?	Select One		
4.	During the week claimed,			
	a did you refuse work or a referral to work?	© Yes ◎ No		
	b did you quit employment?	© Yes ◎ No		
	c were you discharged (fired) from employment?	Yes O No		

Department of

Job and Family Services

The questions that appear on this page are the most common questions. The questions you must respond to may differ depending upon your requirements to seek work and be available for work.

Answer all questions honestly and correctly as the law does provide penalties for false statements to obtain benefits.

An explanation of each question can be found on the next page of this guide.

When you have completed this screen, click the **Next** button to advance.

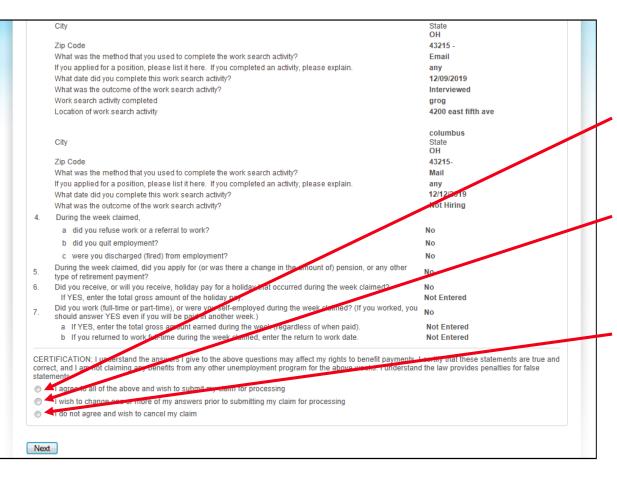
55

Explanation of Questions on Continued Claim Application Screen

QUESTION	EXPLANATION
During the week claimed, were you available for work?	Answer this question "Yes" if you were available to report to work if a former employer or new employer called you for work during the week.
During the week claimed, were you physically and mentally able to work?	Answer this question "Yes" if you were able to work (e.g. was not sick or under a doctor's care and could not work) during the week.
During the week claimed, did you complete two work search activities? (Reminder: You must keep confirmation of the Activites completed.)	Answer this question "Yes" if you completed two work search activities during the week.
During the week claimed, (a) did you refuse work or a referral to work? (b) did you quit employment? (c) were you discharged (fired) from employment?	Answer these questions "No" if you did <u>not</u> refuse work or a referral from ODJFS for work, did <u>not</u> quit employment, and was <u>not</u> fired from employment since last filing your application for benefits.
During the week claimed, did you apply for (or was there a change in the amount of pension, social security, or any other type of retirement payment?	Answer this question "No" if you did not apply for, have a change in the amount (increase or decrease), or begin receiving a pension or any other type of retirement payment.
Did you receive, or will you receive, holiday pay for a holiday that occurred during the week claimed?	Answer this question "No" if you did not receive or will not receive holiday pay for a holiday that falls within the week. If yes , you must provide the gross amount you received or will receive in the field directly below the question.
Did you work (full-time or part-time) or were you self-employed	Answer this question "No" if you did not work at all during the week. Reminder: If you filed your application by phone and worked during the week, your earnings were not recorded during the application process. You must report the earnings on this screen.
during the week claimed?	If yes , you <u>must</u> provide the gross amount you received or will receive in the field directly below the question.
	Provide a return to work date only if you returned to full-time work during this week. Be sure to also provide your earnings.



Weekly Claim – Certification

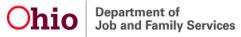


Review the answers provided on the previous page and the certification statement.

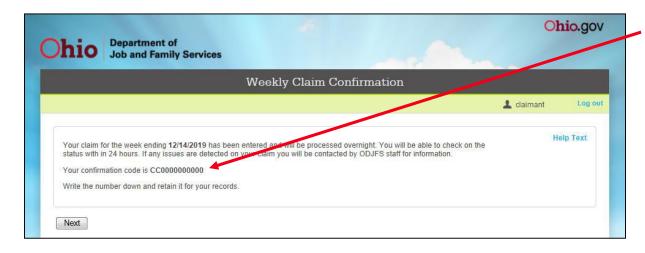
If you agree, click on the radio button next to the sentence that begins "I agree to all..."

If you wish to make changes to your answers, click on the radio button next to the sentence that begins "I wish to change..."

If you do not agree and wish to cancel the weekly claim, click on the radio button next to the sentence that begins "I do not agree..."



Weekly Claim Confirmation



Record your confirmation number, then click on the Next button.

You will be returned to the main menu.

Continue claiming all weeks that you are unemployed or earn less than your weekly benefit amount.

Claims for benefits filed beyond the <u>21 day time limit</u> will be disallowed unless you can establish that the late filing was for reasons beyond your control. If for any reason you are unable to claim benefits for more than a few days, contact your Processing Center or contact the Call Center at 1-877-644-6562 immediately.

Ohio Unemployment Benefits - Main Menu



Use the View Correspondence Inbox section to view notices and determinations pertaining to your claim.

To view your correspondence, click the button that appears to the left of "**View Notices and Determinations**."



Most Common Types of Correspondence

- <u>UI (Unemployment Insurance) Initial Allowed/Denied</u>: The determination that tells you if your application for regular UI benefits is allowed or denied.
 - If allowed, the determination provides your benefit year effective and end dates, weekly benefit amount, the dependency class used to determine your weekly benefit amount, total benefits payable, and the decision on the separation from your most recent employer(s).
 - If **denied**, the determination provides an explanation of why the application is denied.
- <u>UI (Unemployment Insurance)</u> Additional: The determination that tells you if your additional/restart application is allowed or denied.
- <u>Unemployment Benefit Payment</u>: This is your check stub for unemployment benefit payments. The check stub will provide your weekly benefit amount, deductions, net payment, and remaining benefit balance.
- **<u>Claimant 1099</u>**: Your tax statement for benefits received during a specific tax year.
- <u>Notice of Eligibility Issue</u>: The notification that there is an issue that may affect your eligibility to receive benefit payments. You may be required to provide information about the issue.



Using the Correspondence Filters

				v	iew Correspondence InBox			
							1 claimant	-
Searc Con	ch Criteri responde	a nce Type	ondence Type, ID, Ca	[hber, Status or any combination of these using the sear All Correspondence		below:	Help Tex
Correspondence ID UCRC Case Number Status (not applicable to UCRC Correspondence				e)	All Correspondence All UCRC Correspondence Determination of Benefit Rights SharedWork Ohio Notice of Appeal Filed Notice of Appeal Withdrawn			
Searc	ch Result Status	(s): 155 Fou ID / Case Number	nd Type	Title	Other Request for Information	Date Sent	Action Needed By	Help Tex
0	\boxtimes	Number	Other		UCRC Decision UCRC Notice	04/23/2015	Needed by	
0			Other	UNE	UCRC Order	04/23/2015		
0			Other		O MEANS JOBS SEEKER NOTICE	04/16/2015		
0	\boxtimes		Other	ADD	DITIONAL CLAIM INSTRUCTION SHEET	04/14/2015		
0			Request for Information	NO	TICE OF ELIGIBILITY ISSUE	04/14/2015	04/21/2015	
Ø			Determination of Benefit Rights	ULI	NITIAL ALLOWED	05/29/2014	06/19/2014	
0	\boxtimes		Other	UNE	EMPLOYMENT BENEFIT PAYMENT	05/29/2014		
			Other		FICE OF OHIO MEANS JOBS ACCOUNT USERNAME	05/14/2014		

There are four correspondence filters in the drop-down menu labeled "Correspondence Type". However, **you are not required to filter your correspondence**. If you choose not to use a filter, all correspondence will appear in the list.

The filter helps to isolate/locate particular pieces of correspondence.

Select the type of correspondence you wish to view, then click on the **Search** button.

When you have located the correspondence you wish to view, click on the radio button to the left of the document. Then click on the **View Details** button.

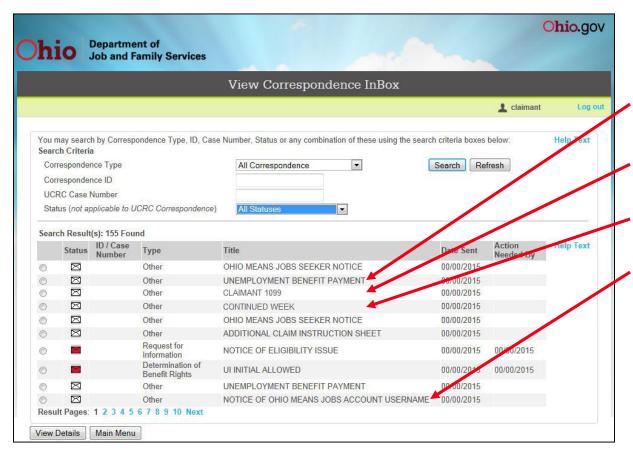
Department of Job and Family Services

Using the Correspondence "Status" Filter

						_		-
	View Correspondence InBox							
							上 claimant	Log
Searc	ch Criteria	a	ondence Type, ID, Case	Nun	nber, Status or any combination of these using the sea			Help Text
	responder			8	All Correspondence	Search Re	fresh	
	responde							
	RC Case I							
Status (not applicable to UCRC Correspondence)				ļ	All Statuses			
Soar	h Rosult	(s): 155 Fou	nd		All Statuses			
Scurr	Status	ID / Case Number	Туре	Title	Read - Action needed Read - No action needed Unread - Action needed	Date Sent	Action Needed By	Help Text
0	\boxtimes		Other	OH	Unread - No action needed FICE	04/23/2015		
0	\boxtimes		Other	UN	EMPLOYMENT BENEFIT PAYMENT	04/23/2015		
0	\boxtimes		Other	OH	O MEANS JOBS SEEKER NOTICE	04/16/2015		
0	\boxtimes		Other	AD	DITIONAL CLAIM INSTRUCTION SHEET	04/14/2015		
0			Request for Information	NO	TICE OF ELIGIBILITY ISSUE	04/14/2015	04/21/2015	
O			Determination of Benefit Rights	UH	NITIAL ALLOWED	05/29/2014	06/19/2014	
0	\boxtimes		Other	UN	EMPLOYMENT BENEFIT PAYMENT	05/29/2014		
			Other	10.000	TICE OF OHIO MEANS JOBS ACCOUNT USERNAM	F 05/14/2014		

The "Status" filter allows you to focus on categories of correspondence. However, you are not required to filter your correspondence. If you choose not to use a filter, all correspondence will appear in the list.

Viewing Correspondence



From the Correspondence InBox screen, you may select and view all correspondence.

•Unemployment Benefit Payment (check stub)*

•Claimant 1099 (tax statement)

•Continued Week Determinations

•Notices, etc.

*When providing information to other agencies, your check stub and UI Allowed/Denied determination contain most information requested.

Viewing Correspondence Past the "Action Needed by" Date

				View Correspondence InBox			
						L claimant	i de la
Plea	ase corre	ct the followi	ng errors or omissions	s identified on this screen below			
	-	rrect Entries					
	The time	period for res	ponding to this Request	for Information has expired. Please check the Correspondence Inbox	for any other Re	equests for Informa	tion.
You m	nay searc	h by Corresp	oondence Type, ID, Ca	se Number, Status or any combination of these using the searc	h criteria boxes	below:	Help Te
Searc	h Criteri	а					
Corr	responde	nce Type		All Correspondence	Search Re	fresh	
Corr	responde	nce ID					
UCF	RC Case	Number					
Stat	us (<i>not a</i> j	oplicable to L	JCRC Correspondence	e) All Statuses			
•							
searc		t(s): 155 Fou ID / Case			D-1-0-1	Action	Help re
	Status	Number	Туре	Title	Date Sent	Needed By	
0	\boxtimes		Other	OHIO MEANS JOBS SEEKER NOTICE	04/23/2015		
\odot	\boxtimes		Other	UNEMPLOYMENT BENEFIT PAYMENT	04/23/2015		
0	\boxtimes		other	OHIO MEANS JOBS SEEKER NOTICE	04/16/2015		
0			Other	ADDITIONAL CLAIM INSTRUCTION SHEET	04/14/2015		
0			Request for Information	NOTICE OF ELIGIBILITY ISSUE	04/14/2015	04/21/2015	
\odot	×		Request for Information	NOTICE OF ELIGIBILITY ISSUE	06/13/2014	06/20/2014	
0	\bowtie		Other	SCHEDULE NOTICE FOR REA ORIENTATION	06/03/2014		
O			Determination of Benefit Rights	UI INITIAL ALLOWED	05/29/2014	06/19/2014	
	\bowtie		Other	UNEMPLOYMENT BENEFIT PAYMENT	05/29/2014		
\odot							

When attempting to view correspondence past the "Action Needed by" date, you will receive a validation message which reads: "The time period for responding to this Request for Information has expired. Please check the Correspondence Inbox for any other Requests for Information."

You may contact your Processing Center or the Call Centers for more information on the correspondence.

Viewing Correspondence Within the "Action Needed by" Date



When you are within your "Action Needed by" date, select the radio button to the left of the correspondence you wish to view and click on the **View Details** button.

Reminder: Responding by self-service has the same deadline and appeal period as the regular mail option.

Reviewing/Responding to a Notice of Eligibility

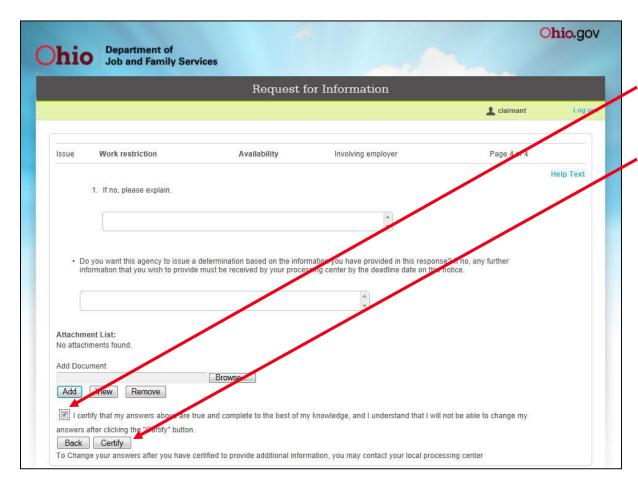
2 claimant	Log ou
At least one issue has been raised which could stop your unemployment benefits. You must provide information about each issue within five business days of the Notice of an Eligibility Issue's mailing date. If you fail to respond by the deadline date, ODJFS will make a decision based on available information. The deadline date for your response appears below in the description of each issue.	Help Text
On 04/16/2015 , the following eligibility issue was raised: Actively Seeking Work - Did not seek work as instructed ; the source of the issue is Continued Claim ; this issue may affect your unemployment benefits beginning on 03/22/2015 ; the deadline date for your response is 04/24/2015	
On 04/16/2015 , the following eligibility issue was raised: Ability - Request for information ; the source of the issue is Continued Claim ; this issue may affect your unemployment benefits beginning on 03/22/2015 ; the deadline date for your response is 04/24/2015	
On 04/16/2015 , the following eligibility issue was raised: Availability - Request for information ; the source of the issue is Continued Charm ; this issue may affect your unemployment benefits beginning on 03/22/2015 ; the deadline date for your response is 04/24/2015	
On the following screens, you will see questions about each issue displayed above. As you complete each screen of questions, click the "Next" button. To return to a previous screen, click the "Back" button. When you complete an entire set of questions, click the "Certify" button to submit your entire response. Be aware that if you click "Certify" you cannot change any of your answers. The screen will then either take you to the next set of questions or inform you that you have completed all necessary fact-finding questions.	
ODJFS will use information received by the deadline date, to decide if you will continue receiving benefits. The agency's decision, called a Determination of Unemployment Compensation Benefits, will notify you in writing if your benefits are reduced or disallowed, and for which week (s).	
You may also request a fact-finding interview. You must adomit a written request for a fact-finding interview by the deadline date by mail or fax to your processing center. The processing center prest receive your request by the deadline date. If requested timely, the processing center will schedule the interview.	
PLEASE NOTE: You may commute to receive benefit payments for the week(s) at issue. If you receive benefits for any weeks that are inter- reduced or disallowed, you will receive a Determination of Benefits reducing or disallowing week(s), and informing you from much you are overpaid. You mast repay that amount or future benefits will be withheld until the amount of the overpayment has been repaid.	
I will provide the information requested at this time. (Providing the information at this time will expedite the processing of your claim.)	
I will not provide the information required at this time.	

After reviewing the information contained in the notice, you must select the radio button to the left of the sentence that begins "I will provide the information..." along with the Next button in order to respond to the notice.

If you do not wish to respond now, select the radio button to the left of the sentence that begins "I will not provide the information..." and click on the Next button.

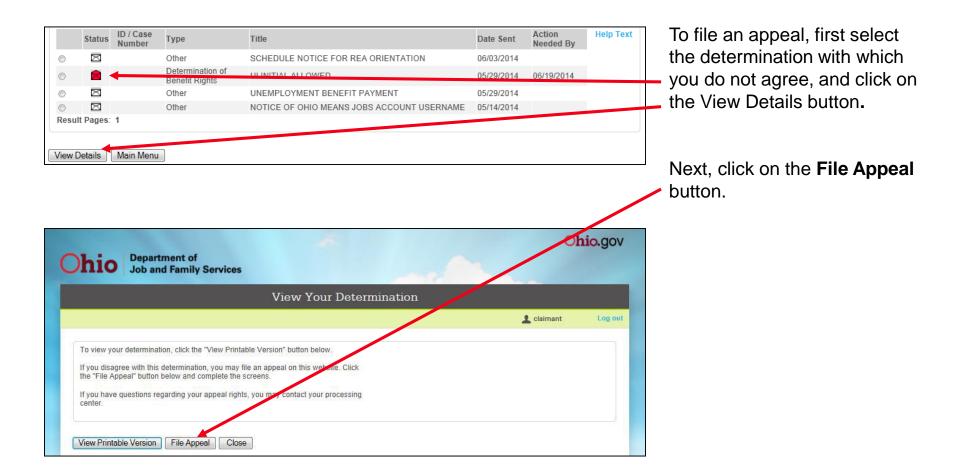
Chio Department of Job and Family Services

Answering Eligibility Questionnaires



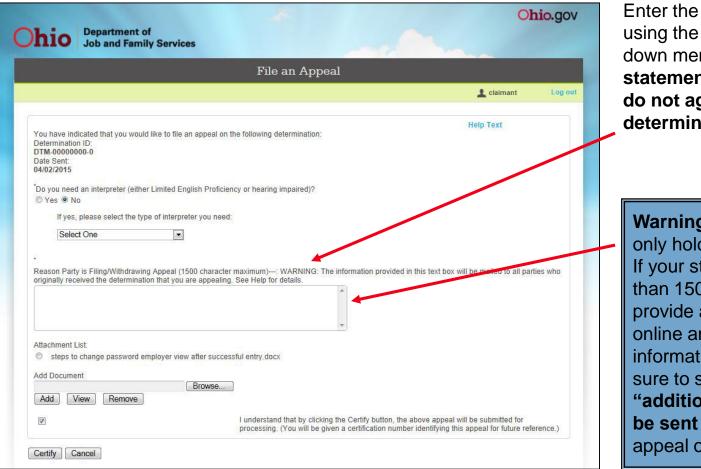
After answering all questions, you must **first select the check box indicating agreement with the certification statement.** Then click on the **Certify** button. To change your answers after certification, you must contact your Processing Center.

Filing An Appeal – Step 1



Ohio Department of Job and Family Services

Filing an Appeal –Step 2



Enter the requested information using the radio button and dropdown menu. **Provide a statement explaining why you do not agree with the determination.**

Warning: The text box will only hold <u>1500 characters</u>. If your statement is longer than 1500 characters, provide a brief statement online and the remaining information by US mail. Be sure to state that "additional information will be sent by US mail" in your appeal online.

Department of Job and Family Services

Appeal Confirmation

Appeal Confirmation					
	💄 claimant	Log o			
Your appeal confirmation number is AP000000000 You filed an appeal on 04/16/2015 against Determination ID # 00000000-0 Reason for filing an appeal:	,	Help Text			
You may wish to print this screen for your records. If you wish to withdraw your appeal, click the "Withdraw" button any additional information, it must be provided to the ODJFS Appeals Unit by 04/23/2015. You should include your appeal confirmation number on all correspondence sent to the ODJFS Appeals Unit. Attachment List:					

After clicking on the check box to the left of the "certification statement" and clicking on the Certify button, you will receive an appeal confirmation number.

If you wish to withdraw your appeal prior to receiving your determination, click on the **Withdraw** button.

Once you have completed your appeal, click on the **Close** button to close the window.

NOTE: You <u>must</u> continue to file claims for any weeks you are unemployed while awaiting a determination on your appeal. If the appeal is decided in your favor, you may receive payment only for weeks that are properly claimed and otherwise payable.