

AGENCY FOR WORKFORCE INNOVATION
UNEMPLOYMENT COMPENSATION PROGRAM
CLAIMS AND BENEFITS

MAT
ID#: 2007119 01 20080714
SOCIAL SECURITY NO: [REDACTED]
CLAIM FILED EFFECTIVE: 07/15/07
CLAIM OFFICE NO: 3664
ISSUE CODE: 1 01 450100
DATE MAILED: 08/08/07
ADJ NAME: S I SANFELIZ

SECTION I. NOTICE OF DETERMINATION

BASED ON AVAILABLE INFORMATION IT IS DETERMINED THAT THE CLAIMANT WAS DISCHARGED FOR REASONS OTHER THAN MISCONDUCT CONNECTED WITH THE WORK. THE EMPLOYER OR THE EMPLOYER'S REPRESENTATIVE FAILED TO RESPOND TO THE AGENCY'S REQUEST FOR SEPARATION INFORMATION.

SECTION II. DETERMINATION

In accordance with Section 443, Florida Statutes:
Benefits are payable because:

THE DISCHARGE WAS FOR REASON OTHER THAN MISCONDUCT CONNECTED WITH THE WORK.



ANY BENEFITS RECEIVED FOR WHICH YOU WERE NOT ENTITLED ARE OVERPAYMENTS AND SUBJECT TO RECOVERY.

SECTION III. EMPLOYER CHARGEABILITY

THE UC FUND MUST BE REIMBURSED BY THE EMPLOYER SHOULD ANY BENEFITS BE PAID.

SECTION IV. APPEAL RIGHTS

Español: Vea el dorso del documento

Kreyol: Gade deye pag la

THIS DETERMINATION WILL BE FINAL UNLESS AN APPEAL IS FILED WITHIN 20 CALENDAR DAYS AFTER THE MAILING DATE SHOWN ABOVE. IF THE 20TH DAY IS A SATURDAY, SUNDAY OR STATE HOLIDAY, AN APPEAL MAY BE FILED ON THE NEXT BUSINESS DAY. FILE AN APPEAL ON-LINE AT WWW.FLUIDNOW.COM/APPEALS OR MAIL TO UC APPEALS; MSC 347 CALDWELL BUILDING; 107 EAST MADISON STREET; TALLAHASSEE, FL 32399-4143; OR FAX TO (850) 921-3524. INCLUDE THE CLAIMANT'S NAME AND SOCIAL SECURITY NUMBER. IF FILED ON-LINE, THE CONFIRMATION DATE IS THE FILING DATE. IF MAILED, THE POSTMARK DATE IS THE FILING DATE. IF FAXED, THE DATE STAMPED RECEIVED IS THE FILING DATE. CALL (866) 778-7356 WITH ANY QUESTIONS ABOUT THIS CLAIM OR FILING AN APPEAL.

IF UNEMPLOYED, YOU MUST CONTINUE REPORTING ON YOUR CLAIM UNTIL ALL REDETERMINATIONS/APPEALS ARE RESOLVED.

CLAIMANT / AGENT ADDRESS

OMAR

MATEEN

EMPLOYER / AGENT ADDRESS 9900704

DEPT OF CORRECTIONS REGION IV

ORG CODE 7004

ATTN: HUMAN RESOURCES ORG CODE

5610 NW 9TH AVE

FORT LAUDERDALE

FL 33309-2800

TERMINATED EMPLOYEE

Name: OMAR P. MATEEN

S/S#

People 1st # 192010

Position # 29222 Class Title: CD

Class Code: 8003

Loc: MARTIN

Date of Hire: 10-27-06

Date of Termination: 4-30-07

EMPLOYEE CHECKLIST

Terminated with Code 59

Hours for pay period 50

Uniform Allowance Paid \$ 120X.90 = 108 (.90¢ a day) Org. Code 70043000102

N/A

C.O employed less than (2) years

Academy Tuition Re-Imbursement \$ — Overpayment \$ —

Less Code 200: \$ —

585: \$ — = Amt. Owed by Employee —

Letter mailed: —

A/L Payout: — Hours @ \$ — per hour = \$ —

Special Comp. Payout: — Hours @ \$ — per hour = \$ —

CJIP - yes — no X n/a —

TERMINATION PROCESSED: 4/20-5/3/07

Pay Period

By:

Lourdes Foster

FINAL LEAVE PAYOUTS

14.04

Annual Leave (51)

NOT ELIGIBLE - Less than (1) year of Service.

N/A HOURS PAID WARRANT DATE: —

Sick Leave (52)

NOT ELIGIBLE - Less than (10) years of Service.

N/A Hours divided by 4 = — Payable Hours
 PAID WARRANT DATE: —

Comp. Time (32)

48 HOURS PAID WARRANT DATE: —
Special

N/A HOURS PAID WARRANT DATE: —
Holiday

FINAL LEAVE PAYOUT PROCESSED:

Pay Period

By:

Lourdes Foster

11/9
DCS

DEPARTMENT OF CORRECTIONS
PERSONNEL ACTION REQUEST

PAR # 4404 - 663
(if applicable)

PERSONNEL ACTION REQUEST		
1. NAME OF EMPLOYEE OR APPLICANT: MATEEN, Omar P.		2. PEOPLE FIRST ID: 792010
3. TYPE OF EMPLOYMENT: <input checked="" type="checkbox"/> Career Service <input type="checkbox"/> Selected Exempt <input type="checkbox"/> Senior Management <input type="checkbox"/> OPS <input type="checkbox"/> Other		
4. TYPE OF ACTION REQUESTED:		
<input type="checkbox"/> Original Appointment <input type="checkbox"/> Advanced Appointment Rate <input type="checkbox"/> Promotion <input type="checkbox"/> Leave Without Pay From: _____ To: _____ <input type="checkbox"/> Demotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Increase to Base Rate of Pay Category: _____ <input type="checkbox"/> Salary Additive Category: _____ <input type="checkbox"/> Termination Reason: <u>Dismissal</u>		<input type="checkbox"/> Trainee Status <input type="checkbox"/> Equivalent Training & Experience <input type="checkbox"/> Overlap in Position <input type="checkbox"/> Extension of Overlap (Requires DMS Approval) <input type="checkbox"/> Extension of OPS Hours <ul style="list-style-type: none"> <input type="checkbox"/> over 1040 hours <input type="checkbox"/> over 2080 hours (Requires DMS Approval) <input type="checkbox"/> Full Pay Status <input type="checkbox"/> Other: _____
5. EMPLOYEE/APPLICANT INFORMATION: CURRENT		
Martin Correctional Institution	Office Location	PROPOSED
Correctional Officer	Class Title	
8003/70029222	Class Code / Position Number	
\$1,077.20	Biweekly Base Rate of Pay	
\$1,123.35 (\$46.15 CAD)	Biweekly Regular Rate of Pay (For Step/Longevity Pay Plan)	
500	Pay Grade / Step / Level	
Trainee/Recruit	Status	
	Effective Date	April 30, 2007
6. JUSTIFICATION: (Attach additional sheets as necessary)		
7. <u>Robert L. Riffle, PSS</u> Originator	(954)202-3824 Phone	April 30, 2007 Date
8. <u>P. H. Skipper, Warden</u> Appointing Authority	4/30/07 Date	Approved/Disapproved <input checked="" type="checkbox"/>
9. Assistant Secretary/Director/Regional Director (Reviewing Authority)	Date	Approved/Disapproved <input type="checkbox"/>
10. Secretary (If required)	Date	Approved/Disapproved <input type="checkbox"/>
REMARKS: <i>Completed 5/2/07</i>		
DETAILED INSTRUCTIONS ON REVERSE SIDE		

DETAILED INSTRUCTIONS ON REVERSE SIDE

PERSONNEL ACTION REQUEST FORM

FORM STATUS: VIEW
NEW EMPLOYEE HIRING
Completed

Accessed by: 145524 as LAZARA M ALAMO

 Exit Print Form

I - PAR form 387529 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Type of Action			
Employee Movement MV001 - Orig App (CS/SES/SMS/...)	Reason Code Original Appointment	Effective Date 10/27/2006	For 38
Name			
Full Name OMAR MATEEN	Employee Number 00000000		
New Position			
Position Title CORRECTIONAL OFFICER	Position Number 70029222	Pay Band/Grade 007	For Po
Broadband/Class Title CORRECTIONAL ENFORCEMENT	Broadband/Class Number 33-3012-01	Job Type Career Service	For Po
Agency DC - Corrections	FLAIR Org Code 70043000102	Salary Range 28,093 - 73,007	For Po
Bureau/Office MAIN-SECURITY	City INDIANTOWN	County 043	For Po
Office Location 01418	Telephone No 772-597-3705	SunCom No 249-5011	For Po
Salary			
	CURRENT	NEW	
Period		Bi-Weekly	
Base Salary		1077.20	
On Call			
Lead Worker			
Agency Unique			
Market Based Pay			
Hazardous			
Trainer			
Temp Special Duty			
Comp Area Diff		46.15	
Uniform Allowance			
Military Allowance			
Total Period Salary	0.00	1123.35	
Is this appointment at the minimum for the class? <input type="radio"/> No <input checked="" type="radio"/> If No, % above minimum <input type="text"/> (provide justification below)			
Perquisites <input type="radio"/> No <input checked="" type="radio"/> (If Yes, provide details in the Justification section)			
Justification/Special Requests			

None given.

Approval

	Pos #	Title	Name	Status	Time Star
Manager	70017831	PERSONNEL SERVICES SPECIALIST - SE	LAZARA M ALAMO	Submitted	10/28/20
				Acted Upon	11/02/20

Liaison	70005892	SERVICE CENTER PERSONNEL OFFICER	Ms PAULA V BUSSIÈRE	Completed	11/02/20
				Approved	10/31/20

I - PAR form 387529 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

 Notes/Comments

10/23/06 10,01,07

BLOCK PERSON RECORD INFORMATION

PAGE 01

ELIGIBLE SAFE DRIVER

V923

ELIGIBLE FOR JURY DUTY MAIL IN RENEWAL: NO

ABANDONED PROP: NO DIGITAL IMAGE: YES

[REDACTED]
OMAR MIR SEDDIQUE
[REDACTED]

OTHER MALE 5FT 11IN DOB: [REDACTED]

HOME: [REDACTED]

LAST ADDRESS CHANGE: 7/19/06

EXPIRES: 11/16/08 ISSUED: 10/17/02 AT P08

CURR NEG: CURR MICRO:

PREV NEG: PREV MICRO:

PREV. RESTRICTIONS: A

CLASS E

FORM: P080210170176

RESTRICT: A ENDORSE:

2 DUP/REP SINCE ORIGINAL

INITIAL FL LIC ISSUED: 10/17/02

ORIG/PREV RENEWAL BATCH: 100902

PF1=FIRST PAGE, PF2=LAST PAGE, PF3=PREV PAGE, PF4=NEXT PAGE

Department of Corrections
DeSoto CI Annex Region IV
13617 SE Hwy 70
Arcadia, FL 34266

**From: Toni L. Watts
Personnel Services Specialist
Telephone Number (863) 494-3727 ext. 6128 or
SC 766-6128
Fax number (863) 491-5393**

Fax

To: Region IV – Payroll **From:** Toni L. Watts
Fax: 954-202-3946 **Pages:** 5 including cover
Phone: **Date:** October 24, 2006
Re: New Hire PAR **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Payroll,

Omar Mateen @ Martin

Toni

DEPARTMENT OF CORRECTION

PERSONNEL ACTION REQUEST

PAR # _____
(If applicable) *387529*1. NAME OF EMPLOYEE OR APPLICANT: **OMAR MIR SEDDIQUE MATEEN** REDACTED

2. TYPE OF EMPLOYMENT:

Career Service Selected Exempt Senior Management OPS Other

3. TYPE OF ACTION REQUESTED:

Original Appointment
 Advanced Appointment Rate
 Promotion
 Leave Without Pay From: _____ To: _____
 Demotion
 Reassignment
 Increase to Base Rate of Pay Category: _____
 Salary Additive Category: _____
 Termination Reason: _____

Trainee Status
 Equivalent Training & Experience
 Overlap in Position
 Extension of Overlap (Requires DMS Approval)
 Extension of OPS Hours over 1040 hours
 over 2080 hours (Requires DMS Approval)
 Full Pay Status
 Other: _____

4. EMPLOYEE/APPLICANT INFORMATION:

CURRENT**PROPOSED**

	Office Location	MARTIN CI-SECURITY
	Class Title	CORRECTIONAL OFFICER-TRAINEE
	Class Code / Position Number	8003/29222
	Biweekly Base Rate of Pay	\$1,077.20
	Biweekly Regular Rate of Pay (For Step/Longevity Pay Plan)	\$1,123.35 (CAD \$46.15)
	Pay Grade / Step / Level	500
	Status	TRAINEE
	Effective Date	OCTOBER 27, 2006

5. JUSTIFICATION: (Attach additional sheets as necessary)

6. <i>Tom Mates</i> Originator	SC 766-6128	<i>10/23/06</i> Date
7. <i>Tom Mates</i> Appointing Authority	<i>10/23/06</i> Date	Approved/Disapproved <input checked="" type="checkbox"/>
8. Assistant Secretary/Regional Director (Reviewing Authority)	Date	Approved/Disapproved <input type="checkbox"/>
9. Secretary (If required)	Date	Approved/Disapproved <input type="checkbox"/>
REMARKS:		



FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
JEB BUSH

An Affirmative Action/Equal Opportunity Employer

Interim Secretary
JAMES R. McDONOUGH

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

October 23, 2006

Omar Mateen

Dear Mr. Mateen:

This is to advise you of your conditional appointment to the position of Correctional Officer Trainee at Martin Correctional Institution, pending your successful completion of our background investigation to include a drug test and physical examination. Should you fail to pass any of these requirements, this appointment offer shall be withdrawn.

Your conditional appointment date is **October 27, 2006**, with a biweekly salary of **\$1,123.35**, which includes a competitive area differential of **\$46.15**. You must report to the Desoto Correctional Institution, 13617 SE Highway 70, Arcadia, Florida 34266 at 9:00 a.m. on the above date for orientation and benefits sign up. You are required to dress in professional attire for an office setting and bring the following original items with you for payroll and benefit processing:

Original social security card
Original driver's license
Voided check for mandatory direct deposit

Please be advised that you will be enrolled in the next available Basic Recruit Academy. You are required to successfully complete the Basic Recruit Academy and the ensuing Florida Department of Law Enforcement examination. Your appointment will be with trainee status initially followed by a probationary period of 12 months and upon successful completion, you will attain permanent status in the Career Service. When you report to your assigned duty station you will receive your shift assignment and uniforms.

We look forward to you joining the staff of the Florida Department of Corrections and are sure that you will find your new position rewarding and challenging. Should you have any questions, please feel free to contact Recruitment at (863) 494-3727 extension 6128.

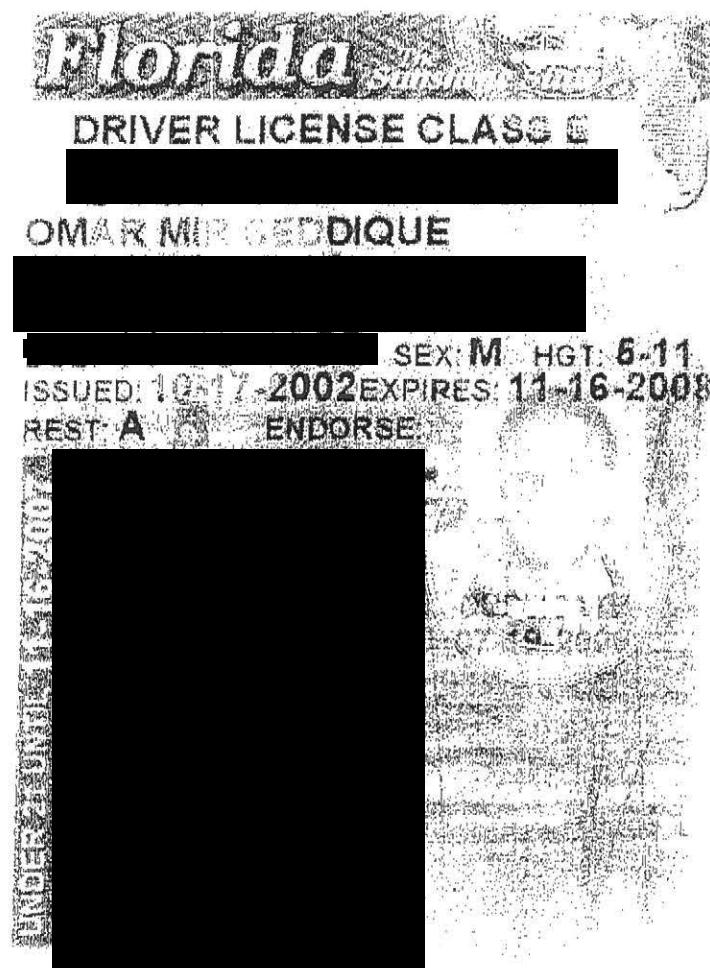
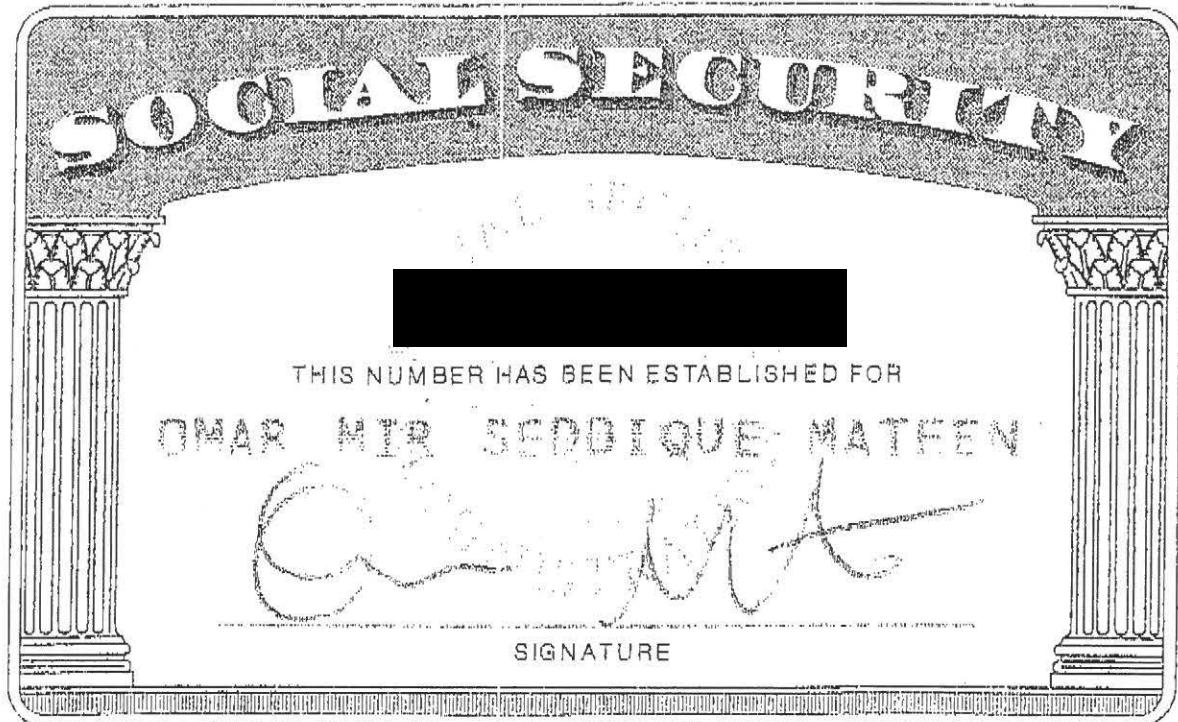
Sincerely,

A handwritten signature in black ink.

Toni L. Watts
Acting Assistant Chief of Personnel

TLW/tlw

cc: Employee Personnel File
Warden



RECORD 1 OF 1 EMPLOYEE LAST PAYMENT DETAIL 11/06/06 13:17:26
 SOC SEC NO FIRST NAME I LAST NAME WARR NO/TYPE/DATE ORG CODE
 [REDACTED] OMAR P MATEEN 1404892 W 110906 70043000102
 REC CD PP CLSS CC #PRDS FTE INS CODES PAYCYC EMPST RET W4TP MS/#EX W5TP
 B-110 1 8003 E 1 1.00 00-00-0 0 1 10 HB 1 S 0 0
 TP RT 1 BEG RT/HRS 1,123.35 / 40.0 END RT/HRS .00 / .0
 CSH GR 561.68 FICA GR 561.68 FICA 34.82
 W2 GROSS 561.68 MEDI GR 561.68 MEDI 8.14
 GR SB WH 561.68 WH TX 54.83 FAW .00 TOT MD .00
 RET GRSS 561.68 RET .00 +EIC+ .00 NET 463.89
 CODE AMOUNT CODE AMOUNT CODE AMOUNT CODE AMOUNT

E M P L O Y E R C O N T R I B U T I O N S

FICA	34.83	ST RET	117.50	HLTH IN	.00	DENTAL	.00
MEDI	8.15	N/S RET	.00	LIFE IN	.00	DISAB	.00
FICA SAV	.00	GR CHG	722.16				

ACCT [REDACTED] ID 0000000000 PAY PER 102706 110206

TRANSFER MENU: — NEXT: SEL — SSN — DATE —
 PF3 - RETRN — PF4 - MAIN — PF8 - NEXT PAGE

DEPARTMENT OF CORRECTIONS
PERSONNEL ACTION REQUEST

PAR # -
(If applicable)

1. NAME OF EMPLOYEE OR APPLICANT : OMAR MIR SEDDIQUE MATEEN		
2. TYPE OF EMPLOYMENT: <input checked="" type="checkbox"/> Career Service <input type="checkbox"/> Selected Exempt <input type="checkbox"/> Senior Management <input type="checkbox"/> OPS <input type="checkbox"/> Other _____		
3. TYPE OF ACTION REQUESTED:		
<input type="checkbox"/> Original Appointment <input type="checkbox"/> Advanced Appointment Rate <input type="checkbox"/> Promotion <input type="checkbox"/> Leave Without Pay From: _____ To: _____ <input type="checkbox"/> Demotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Increase to Base Rate of Pay Category: _____ <input type="checkbox"/> Salary Additive Category: _____ <input type="checkbox"/> Termination Reason: _____	<input type="checkbox"/> Trainee Status <input type="checkbox"/> Equivalent Training & Experience <input type="checkbox"/> Overlap in Position <input type="checkbox"/> Extension of Overlap (Requires DMS Approval) <input type="checkbox"/> Extension of OPS Hours <input type="checkbox"/> over 1040 hours <input type="checkbox"/> over 2080 hours (Requires DMS Approval) <input type="checkbox"/> Full Pay Status <input type="checkbox"/> Other: _____	
4. EMPLOYEE/APPLICANT INFORMATION:		
CURRENT		PROPOSED
	Office Location	MARTIN CI-SECURITY
	Class Title	CORRECTIONAL OFFICER-TRAINEE
	Class Code / Position Number	8003/29222
	Biweekly Base Rate of Pay	\$1,077.20
	Biweekly Regular Rate of Pay (For Step/Longevity Pay Plan)	\$1,123.35 (CAD \$46.15)
	Pay Grade / Step / Level	500
	Status	TRAINEE
	Effective Date	OCTOBER 27, 2006
5. JUSTIFICATION: (Attach additional sheets as necessary)		
6.	SC 766-6128 Originator	01/23/06 Date
7.	Appointing Authority	01/23/06 Date
8.	Assistant Secretary/Regional Director (Reviewing Authority)	Approved/Disapproved
9.	Secretary (If required)	Approved/Disapproved
REMARKS:		

DETAILED INSTRUCTIONS ON REVERSE SIDE