

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

EMPLOYER / AGENT ADDRESS 9900704

OMAR MATEEN

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# [REDACTED] People 1st # 792010
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 7004 3000 102
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
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

DEPARTMENT OF CORRECTIONS
PERSONNEL ACTION REQUEST

PAR # 466-663
(If applicable)

1. NAME OF EMPLOYEE OR APPLICANT:
MATEEN, Omar P.

2. PEOPLE FIRST ID:
792010

3. TYPE OF EMPLOYMENT:
☒ Career Service
 ☐ Selected Exempt
 ☐ Senior Management
 ☐ OPS
 ☐ Other

4. 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: Dismissal

☐ 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: _____

5. EMPLOYEE/APPLICANT INFORMATION:		PROPOSED
CURRENT		
Martin Correctional Institution	Office Location	
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	
500	(For Step/Longevity Pay Plan) Pay Grade / Step / Level	
Trainee/Recruit	Status	
	Effective Date	April 30, 2007

6. JUSTIFICATION: (Attach additional sheets as necessary)

7. Robert L. Riffle, PSS (954)202-3824 April 30, 2007
 Originator Phone Date

8. P. H. Skipper, Warden 4/30/07 Approved
 Appointing Authority Date

9. _____ Date _____ Approved/Disapproved
 Assistant Secretary/Director/Regional Director (Reviewing Authority)

10. _____ Date _____ Approved/Disapproved
 Secretary (If required)

REMARKS:

completed 5/2/07

DETAILED INSTRUCTIONS ON REVERSE SIDE

PERSONNEL ACTION REQUEST FORMFORM STATUS: VIEW
NEW EMPLOYEE HIRING
Completed

Accessed by: 145524 as LAZARA M ALAMO

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 Appt (CS/SES/SMS/...)

Reason Code

Original Appointment

Effective Date

10/27/2006

Fo

38

Name

Full Name

OMAR MATEEN

Employee Number

00000000

New Position

Position Title

CORRECTIONAL OFFICER

Position Number

70029222

Pay Band/Grade

007

Po

Broadband/Class Title

CORRECTIONAL ENFORCEMENT

Broadband/Class Number

33-3012-01

Job Type

Career Service

Po

Agency

DC - Corrections

FLAIR Org Code

70043000102

Salary Range

28,093 - 73,007

Bureau/Office

MAIN-SECURITY

City

INDIANTOWN

County

043

Office Location

01418

Telephone No

772-597-3705

SunCom No

249-5011

SalaryCURRENTNEWBi-Weekly

Period

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? If No, % above minimum (provide justification below)Perquisites (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
				Completed	11/02/20
Liaison	70005892	SERVICE CENTER PERSONNEL OFFICER	Ms PAULA V BUSSIERE	Approved	10/31/20

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

Exit Print Form

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

OTHER MALE 5FT 11IN DOB: [REDACTED]

HOME: [REDACTED]

CLASS E

FORM: P080210170176

RESTRICT: A ENDORSE:

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

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 CORRECTIONS

PERSONNEL ACTION REQUEST

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

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. Lawrence SC 766-6128 10/23/06
 Originator Phone Date

7. Lawrence 10/23/06 Approved/Disapproved
 Appointing Authority Date

8. _____ Date _____ Approved/Disapproved
 Assistant Secretary/Regional Director (Reviewing Authority)

9. _____ Date _____ Approved/Disapproved
 Secretary (If required)

REMARKS:



FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
JEB BUSH

Interim Secretary
JAMES R. MCDONOUGH

An Affirmative Action/Equal Opportunity Employer

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,

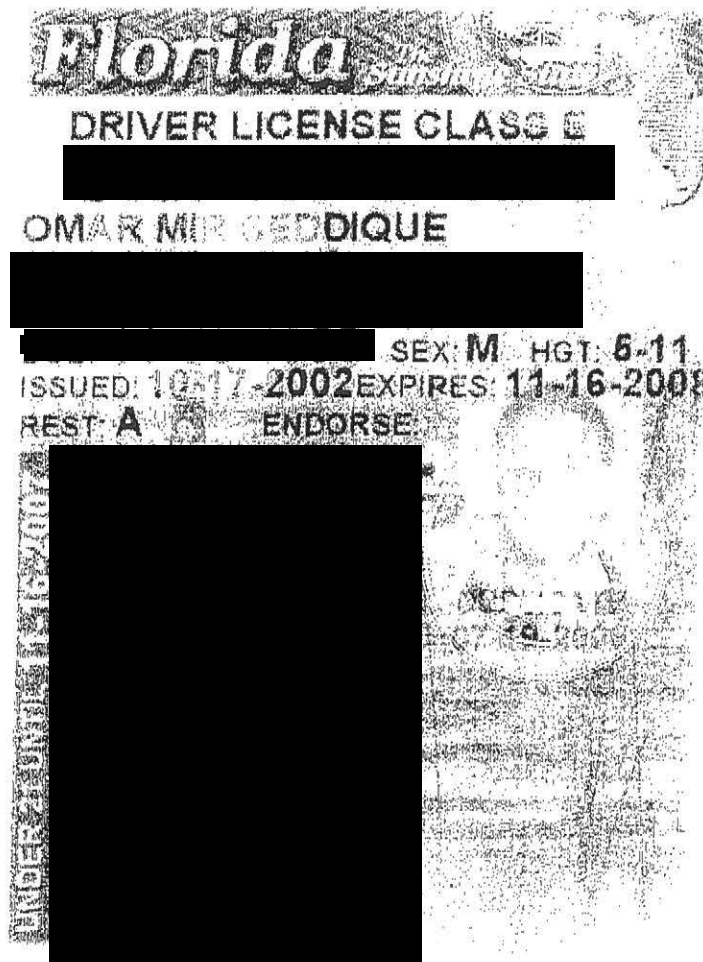
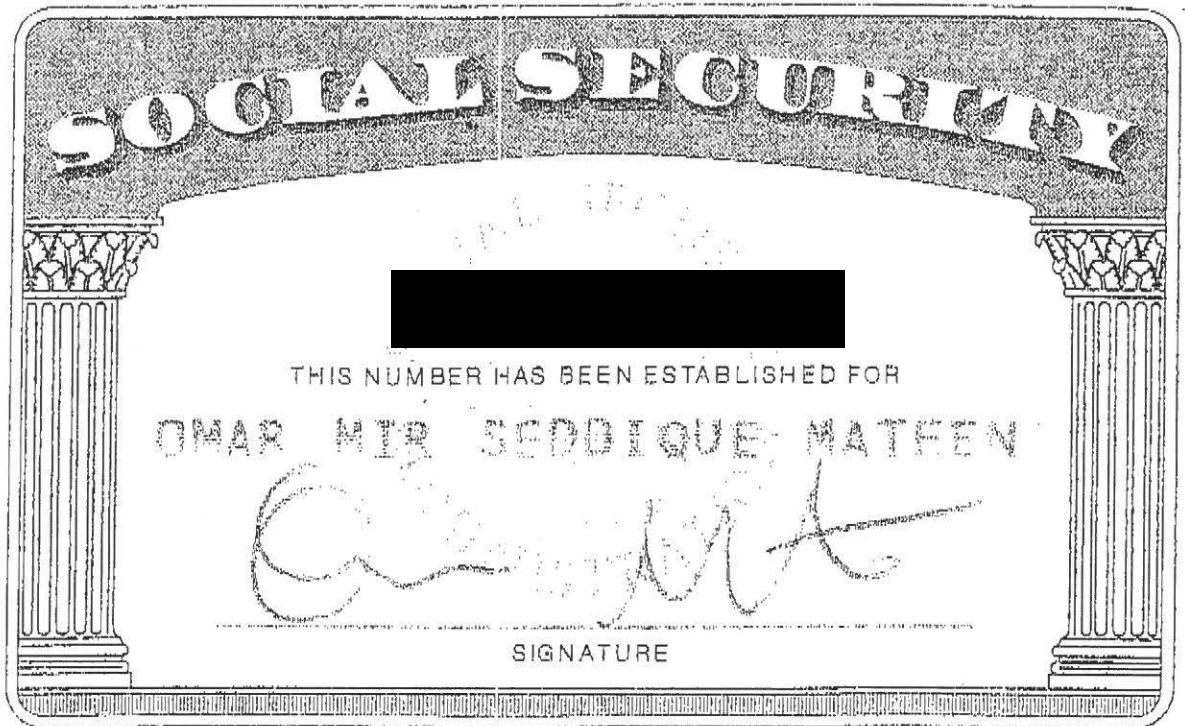
A handwritten signature in cursive script, appearing to read "Toni L. Watts".

Toni L. Watts
Acting Assistant Chief of Personnel

TLW/tlw

cc: Employee Personnel File
Warden

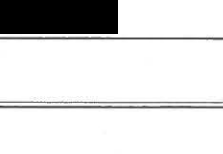
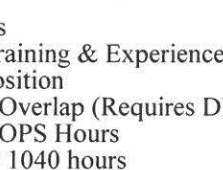
Region IV Personnel Annex – DeSoto Correctional Institution
13617 SE Highway 70, Arcadia, Florida 34266 • Telephone (863) 494-3727 • Fax (863) 491-5393



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

PERSONNEL ACTION REQUEST

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 checked="" 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 checked="" 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	\$1,123.35 (CAD \$46.15)
	(For Step/Longevity Pay Plan) Pay Grade / Step / Level	500
	Status	TRAINEE
	Effective Date	OCTOBER 27, 2006
5. JUSTIFICATION: (Attach additional sheets as necessary)		
6. 	SC 766-6128 Phone	01/23/07 Date
7. 		Approved/Disapproved <input checked="" type="checkbox"/> Approved
8. Assistant Secretary/Regional Director (Reviewing Authority)	Date	Approved/Disapproved
9. Secretary (If required)	Date	Approved/Disapproved
REMARKS:		