DEO REEMPLOYMENT NEW WEBSITE VISUAL GUIDE

SUBMIT YOUR CLAIM HERE!

- 1. Click 'New User' and create an account.
- 2. Enter your personal details, answer identification questions, and enter additional details.
- 3. Add an Employer: If you need your start date, please reach out to HR.

Employer ID # 47-2911430			
Industry of Employer Casino			
Most recent Employer *			
Elevated, LLC			
Occupation *			
Proposition Player			
Dates Worked From *			
			Ē
To *			
Last Day of Work			Ē
Employer's Street Address *			
106 E College Ave Ste 810			
City *			
Tallahassee			
Residence County			
State *			
State V			
Zip*			
32301-7740			
Supervisor's Name			
County in which worked			
Enter county of casino you work	at.		
Employer's Telephone Number *			
800-557-9826 Salary Rate *		Per *	
odially Mate		Hour V	
Reason for Seperation *			
COVID-19 V			
Explain Reason for Separation			
Business temporarily closed due	e to Covid-19.		
Are you scheduled to return to work for th	is employer?*		
Yes	No		
When?			
Are you currently employed, self-employe	d or have you been self-er	nployed in the past year?*	
⊖ Yes	O No		
Is there any reason you cannot seek or ac	ccept full-time employment	?*	
Yes	O No		
Have you refused any offer of work since	you become unemployme	nt?	
○ Yes	○ No		

4. More Information: Please select 'Yes' to Vacation Pay if you will use or have used PTO hours.

Have you received or will you receive	any of the following payments?	
Sick Pay*		
Yes	No	
Holiday Pay*		
Yes	No	
Vacation Pay*		
Yes	No	
Amount: \$		
Amount. 9		
From		
То		
Do you have specific plans to enroll i	n or attend school or vocational training within the next 12 months?	
Yes	O No	
Are you receiving or will you receive	a retirement pension?	
Yes	No	
If was data now most haven (will begin		
If yes, date payment began/will begin	1	—
Employer's Name		
During the past 18 months, have you		
Been in the Military Service?*		
Yes	No	
Held a Federal Civilian Job?*		
O Yes	O No	
Worked in any other state? *		
Yes	O No	
Have you applied for Reemployment	Assistance benefits in the past 12 months?*	
Yes	No	
If yes, against which state?		
State V		
	nts from Worker's Compensation, is it classified as:	
Temporary Total *	() NF	
() Yes	Νο	
Temporary Partial *		
⊖ Yes	◯ No	
Impairment income *		
Yes	No	
Permanent Total *		
Yes	O No	
Supplemental Income *		
Yes	No	

5. General Information.

Are you a member of	a labor union which finds/obtains work for its members?*
Ves	No
If yes, provide Union r	name and number
What type of work are	you seeking?*
Are you a veteran who	o meets one or more of the following conditions?*
Yes	
No	
b. Was a reservist who	Ity for a period of more than 180 days and received a discharge other than dishonorable. o earned a campaign badge and was released or discharged with a discharge other than dishonorable? released from active duty because of a service-connected disability?
Were you released fro	om military active duty within the last three years (36 months)?
Yes	
O No	
Did you serve on activ been authorized?	e duty during a war, campaign or expedition for which a campaign badge has
Yes	
No	
Are you a Disabled Ve	steran?
Yes	
No	
Definition: You have a duty.	service-connected disability which entitles you to compensation or caused you to be discharged or released from active
Are you a Special Disa	bled Veteran?
Yes	
No	
determination	titled to compensation for a service-connected disability rated at 30 percent or more or 10 or 20 percent with a s employment handicap or you were discharged or released from active duty because of service-connected disability.
Are you a homeless ve	
Yes	
No	
Are you the spouse of a	any of the following individuals?
Yes	
○ No	
Forces	of a service connected disability; (b) a veteran who has a total service-connected disability; (c) a member of the Armed
line	who has been listed for a total of more than 90 days in one of the following categories: (I) missing in action; (II) captured in
of duty by a hostile force	ce; or (III) forcibly detained in the line of duty by a foreign government?

6. Review and accept the terms, and submit your claim.