



Department of
Job and Family Services

The information provided in this document is meant as an **example of some of the questions** you may see in the information request from Job & Family Services (JFS). Depending on the information you provided when you initially filed your claim, you may see other questions that are not listed in this document.

If you have questions on how to answer a question that is not in this document you can email HR@sscc.edu or Mclinton@sscc.edu.

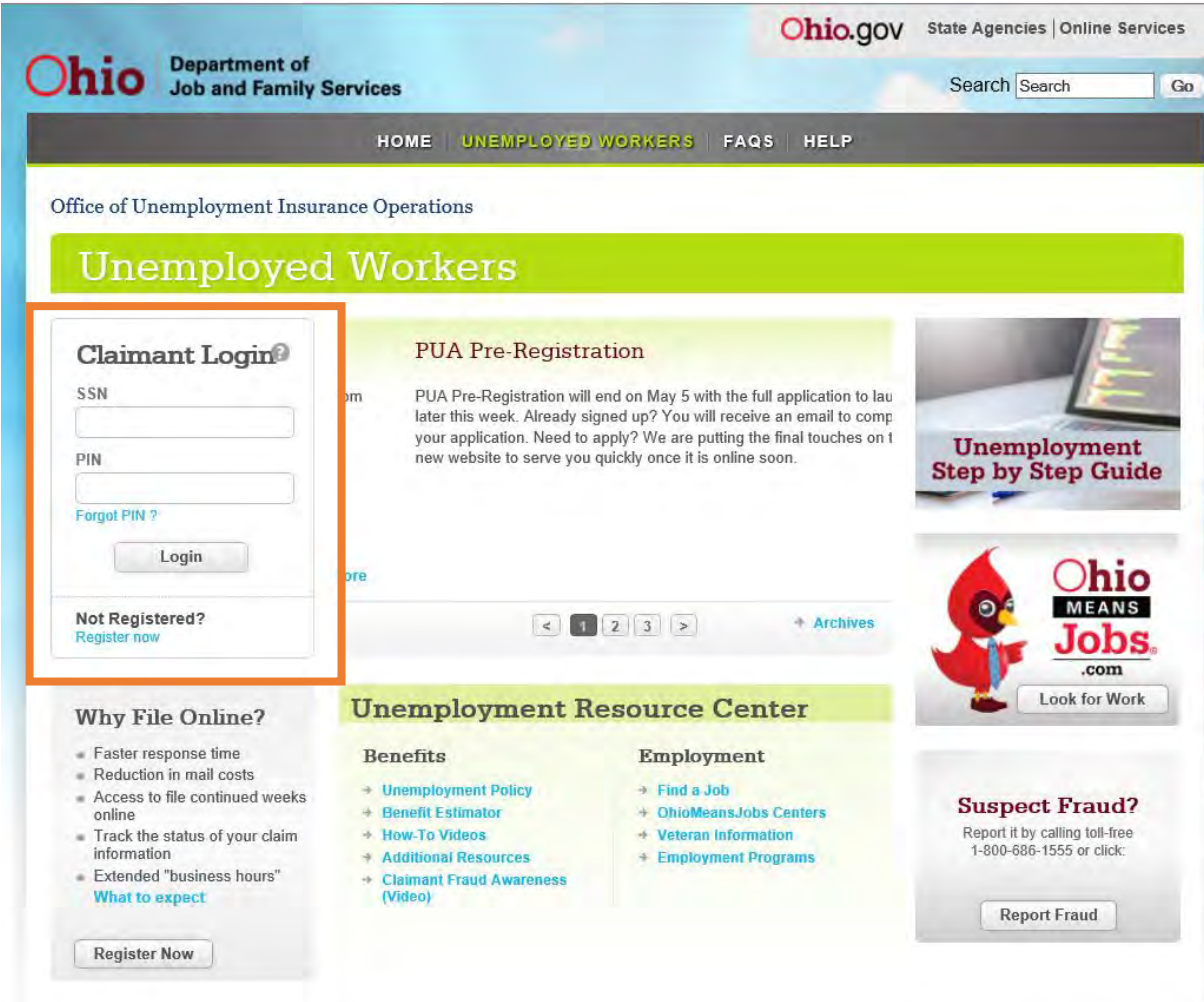
If you have specific questions regarding your claim, the approval/pay process, or issues with the JFS website you can contact one of the numbers listed on this page.

Social Security # Range (based on last 4 digits)	Location	Phone Number
0000-0765	Cleveland Adjudication Center	1-866-576-0006
0766-1942	Akron UI Delivery Center	1-866-768-0022
1943-2649	Lorain UI Delivery Center	1-866-849-0029
2650-4121	Toledo UI Delivery Center	1-800-589-2799
4122-4710	Chillicothe Adjudication Center	1-866-244-0399
4711-6005	Marietta Adjudication Center	1-866-867-0044
6006-7182	Youngstown Adjudication Center	1-866-221-0558
7183-7477	Dayton UI Delivery Center	1-866-541-0187
7478-7701	Interstate and Federal	1-866-217-0008
7702-8360	Columbus UI Delivery Center	1-866-217-0008
8361-9999	Lima Adjudication Center	1-866-272-0118
0000-9999	Columbus Adjudication Center (Interstate & Federal Claims)	1-866-458-0007

To file a weekly SharedWork Claim go to
<https://unemployment.cmt.ohio.gov/cmtview/forwardlogin.jsp>

****NOTE:** you will not be able to file a weekly SharedWork Claim until you receive an email from SSCC that your hours have been submitted to SharedWork.**

Log in under Claimant Login. If you have not created an account previously, you will need to click 'Register Now' to set one up.





Ohio Unemployment Benefits - Main Menu



[Log out](#)

New Claim

No New Claim can currently be filed



[Information about Federal Extended Benefits](#)

Weekly Claim

No Weekly Claims can currently be filed

Current weeks have already been filed.

Your next scheduled filing date is 07/19/2020.

Personal Information

[Help Text](#)



[Update Personal Information](#)



[Update Payment Preference Details](#)

Change PIN



[Change Your PIN](#)



[Change Your PIN Hint Question](#)

Claim Details



[View Claim Summary/Payment History](#)



[View Overpayment Repayment Summary](#)

Work Search



[Visit OhioMeansJobs](#) [\(What's This?\)](#)

View Correspondence Inbox

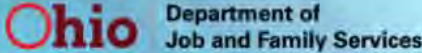


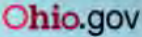
[View Notices and Determinations](#)

To view the request for additional information you will need to view your correspondence inbox by clicking the small arrow to the left of 'View Notices and Determinations'.


This screen shows all correspondence from Ohio Department of Job & Family Services.

Locate the message titled 'Notice of Eligibility Issue'. To open/view the message you must select the small bubble to the left of the message then click 'View Details' at the bottom of the screen.





View Correspondence InBox

 [Log out](#)

You may search by Correspondence Type, ID, Case Number, Status or any combination of these using the search criteria boxes below: [Help Text](#)

Search Criteria

Correspondence Type

All Correspondence

Correspondence ID

UCRC Case Number











Status (not applicable to UCRC Correspondence)

All Statuses

Search

Refresh

Search Result(s): 158 Found

	Status	ID / Case Number	Type	Title	Date Sent	Action Needed By	Help Text
<input type="radio"/>		471412926	Request for Information	NOTICE OF ELIGIBILITY ISSUE	07/14/2020	07/21/2020	
<input type="radio"/>		471378557	SharedWork Ohio	SHAREDWORK OHIO NEW CLAIM INSTRUCTION SHEET	07/14/2020		
<input type="radio"/>		469570214	Other	NOTICE OF PERSONAL IDENTIFICATION NUMBER (PIN) CHANGE	07/01/2020		
<input type="radio"/>		414363319	Other	CLAIMANT 1099	01/10/2017		
<input type="radio"/>		407632899	Request for Information	REQUEST FOR RELIEF OF CHARGES - FACT FINDING	04/21/2016	04/28/2016	
<input type="radio"/>		406496722	Determination of Benefit Rights	CONTINUED WEEK	03/10/2016	03/31/2016	
<input type="radio"/>		406066203	Request for Information	NOTICE OF ELIGIBILITY ISSUE	02/26/2016	03/04/2016	
<input type="radio"/>		405803100	Request for Information	REQUEST FOR RELIEF OF CHARGES - FACT FINDING	02/18/2016	02/25/2016	
<input type="radio"/>		405577836	Other	SCHEDULE NOTICE FOR UCRC ORIENTATION	02/11/2016		
<input type="radio"/>		405334121	Determination of Benefit Rights	UI INITIAL ALLOWED	02/05/2016	02/26/2016	

Result Pages: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [Next](#)

View Details

Main Menu

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Request for Information



Log out

ODJFS needs information concerning claimant **Your Information will be here** Information provided to the agency indicates that the following issues may affect the claimant's claim for benefits: **School Employee-Between term disqualification**. Please respond to this request for information by **07/21/2020**.

[Help Text](#)

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 that you have completed all necessary fact-finding questions.

To change your answer after you have certified or to provide additional information you may 1) telephone your office 2) mail any information or documents or 3) fax any information or documents you want considered in resolving this issue.

For list of Processing Centers, select the link <http://jfs.ohio.gov/ouc/claims-processing-center-locations.stm>

ODJFS will use information received by the deadline to issue a determination.

- ☐ I will provide the requested information at this time.
- ☐ I will not provide the requested information at this time.

Next

Read through this information.
Once you are ready to provide
the information you will need to
select 'I will provide the
requested information at this
time' then click next.

Between Term Disqualification Questions

Issue: Between term disqualification School Employee Involving employer Page 1 of 4 [Help Text](#)

1. Failure to complete the following questions may result in delay or denial of benefits. If a question does not apply, respond with N/A. Do not leave any question blank.

2. Provide the name of the school system for which you were last employed.

Southern State Community College

3. What was the last day that you worked for that school system?

6/27/2020

4. What is the beginning date of the next term/semester?

6/28/2020 – employment did not end

5. Have you received an offer of employment from the school system?

Yes – Original Hire Date xx/xx/xxxx

[Next](#)

Use the answers shown here for the questions on page 1 of the information request.

NOTE:

For question 5 you will need to enter your Original Hire Date. You can obtain this information by logging into MyEconnect. At the top left of the page (under your name and title) click Profile & Settings. Scroll down the page until you find the section labeled 'Work Information'.

Once you have answered all questions, click next.

[Help text](#)

1. If yes, what date was the offer made?

Original Hire Date xx/xx/xxxx

2. Was the offer of employment written, oral, or implied? If the offer of employment was written, provide a copy.

Oral

3. Was the offer of employment for the following school year or the current year?

Employment has not ended

4. Was the offer of employment the same as or similar to your most recent employment with the school system?

N/A – no new offer issued as I am a year long employee

5. Was the offer the same or similar hourly pay?

N/A – no new offer issued as I am a year long employee

[Back](#) [Next](#)

Use the answers shown here for the questions on page 2 of the information request.

Once you have answered all questions, click next.

[Help Text](#)

6. If no offer of employment was made, do you have reasonable assurance (through a written, verbal, or implied agreement) that you will be rehired for the next term or semester with this school system.

N/A – employment has not ended, continuously employed.

7. Have you been notified that you will NOT be rehired for the next term or semester?

No.

1. If yes, what was the date of this notification?

N/A

2. Provide the name, title, and phone number of the school official who gave you the notice.

N/A

3. What reason was given for not rehiring you?

N/A

[Back](#)

[Next](#)

Use the answers shown here for the questions on page 3 of the information request.

Once you have answered all questions, click next.

[Help](#) [Text](#)

8. Do you want this agency to issue a determination based on the information you have provided in this response? If no, any further information that you wish to provide must be received by your processing center by the deadline date on this notice.

Yes.

Attachment List:

No attachments found

Add Document

Choose File No file chosen

Add View Remove

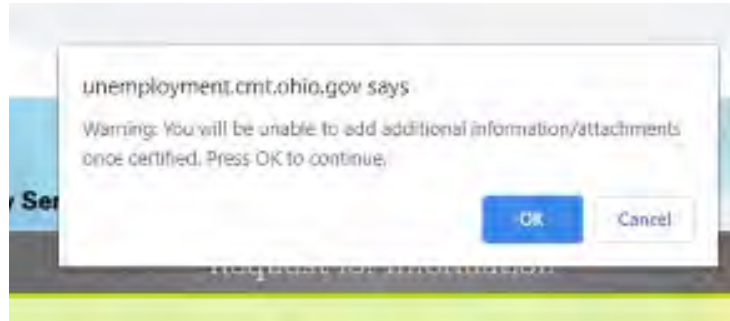
☒ I certify that my answers above are true and complete to the best of my knowledge, and I understand that I will not be able to change my answers after clicking the "Certify" button.

Back Certify

To Change your answers after you have certified to provide additional information, you may contact your local processing center

Use the answers shown here for the questions on page 4 of the information request.

Once you have answered all questions, check mark the box indicated and click certify.



After you click Certify, you will get the pop-up shown above, click ok. This will complete your questions and answers for the *Between Term Disqualification* section.

If you are asked to provide additional information for the *Verify claimant is a school employee* section, proceed to the next page.

If you are **not** directed to provide more answers proceed to page 13 of this document.

Verify Claimant is a School Employee Section

Issue: Verify claimant is school employee Verify wage category Involving employer Page 1 of 1

[Help Test](#)

1. What is your job/position title?

Use your title as shown in MyEconnect

2. What are your job/position duties?

List your top 3 duties followed by "Other duties as assigned"

3. Do you want this agency to issue a determination based on the information you have provided in this response? If no, any further information that you wish to provide must be received by your processing center by the deadline date on this notice.

Yes

Attachment List:
No attachments found.

Add Document
Choose File No file chosen
Add View Remove

☒ I certify that my answers above are true and complete to the best of my knowledge, and I understand that I will not be able to change my answers after clicking the "Certify" button

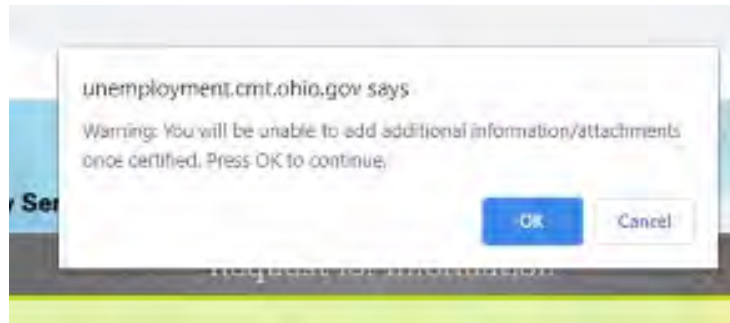
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Use the answers shown here for the questions on the information request.

You must use your title as it is shown in MyEconnect. At the top left of the page (under your name and title) click Profile & Settings. Scroll down the page until you find the section labeled 'Work Information'.

Once you have answered all questions, check mark the box indicated and click certify.

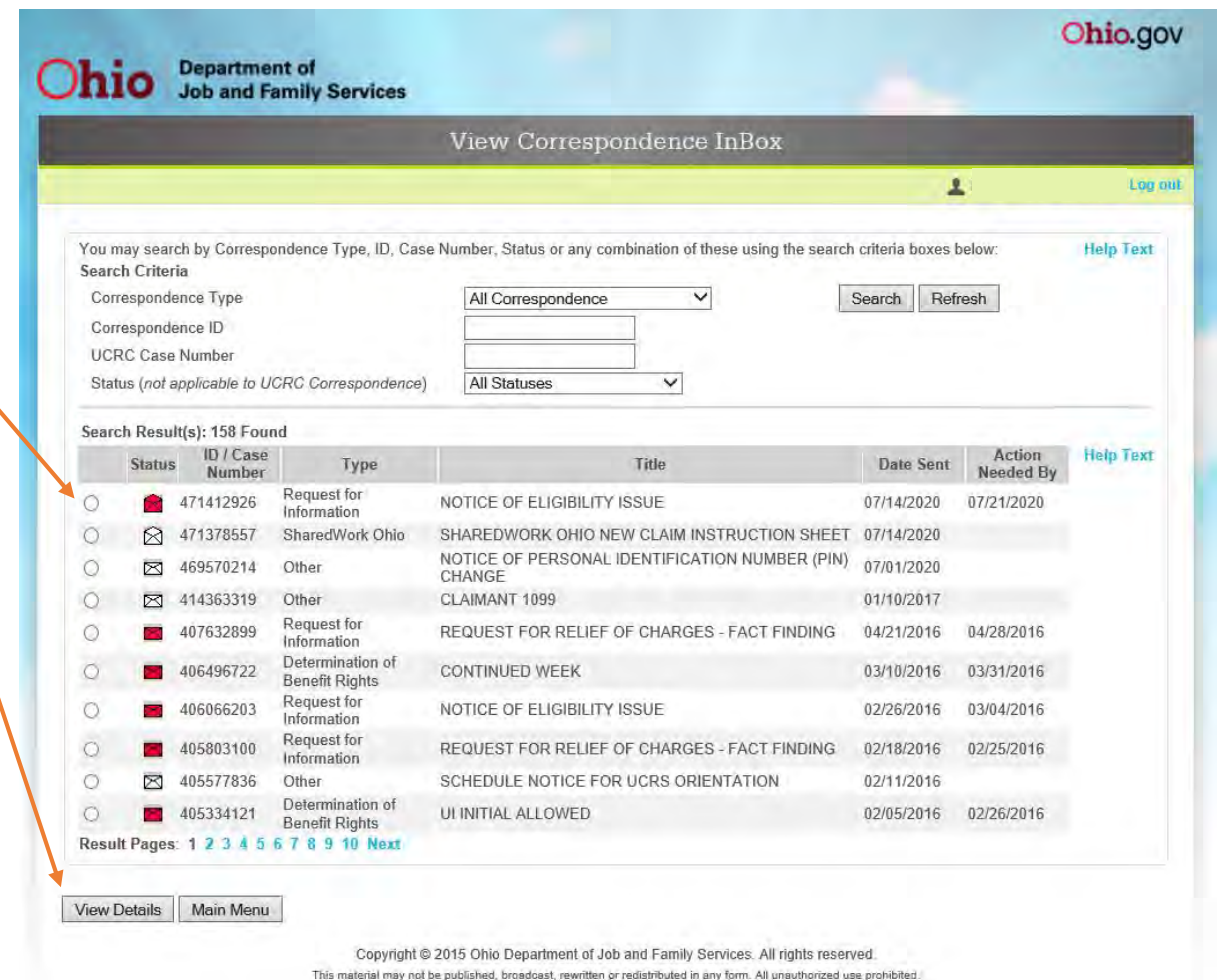


After you click Certify, you will get the pop-up shown above, click ok. This will complete your questions and answers for the Verify Claimant is a School Employee Section.

Once you have completed all necessary information requests you will be returned to the main 'View Correspondence Inbox' screen. The 'Notice of Eligibility Issue' message will still be in your inbox. To verify you have completed all sections in the notice click the bubble to the left of the message and click View Details at the bottom of the screen.

If there are still questions you need to answer you will see the screen shown on page 5 of this document. Follow the same process as before to complete the questions. Contact HR or Mary Clinton with questions.

If you do not have any more questions to answer you will see a red warning appear at the top of the page. You can see an example of that warning below.



Ohio.gov
Ohio Department of Job and Family Services

View Correspondence Inbox

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Search Criteria

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Correspondence ID:

UCRC Case Number:

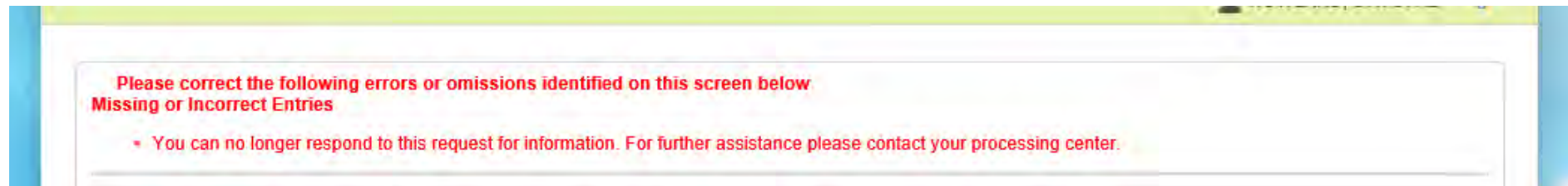
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Please correct the following errors or omissions identified on this screen below
Missing or Incorrect Entries

- You can no longer respond to this request for information. For further assistance please contact your processing center.