



GEORGIA DEPARTMENT OF LABOR
148 Andrew Young International Blvd NE STE 525
UI APPEALS TRIBUNAL
Atlanta, GA 30303-1734
404-232-3900 Fax 404-232-3901
appeals@gdol.ga.gov

NOTICE OF APPEAL FILING

01/10/21

DOCKET# 923-21

APPEALING PARTY: Employer

Claimant ***-**-1772
EMILY HENDRIX
912-667-7836

EMILY HENDRIX
1243 GA HIGHWAY 119 S
SPRINGFIELD, GA 31329

Employer
CLEAN USA INC.
912-295-4470

INFORMATION

A request for an appeal hearing in the above matter has been filed. In the next few days, a hearing will be scheduled.

PLEASE NOTIFY THE APPEALS TRIBUNAL IMMEDIATELY IF:

- (1) Your address and telephone number are not correct or changes.
- (2) You want the Notice of Hearing to be mailed to a different address other than the address on this Notice.
- (3) You want the Notice of Hearing mailed to a representative who will be participating in the hearing.

READ CAREFULLY the enclosed pamphlet (DOL-424B). The appeal hearing is your due process opportunity to present all relevant evidence, testimony and witnesses on your behalf.

WARNING TO CLAIMANT: You MUST CONTINUE TO REPORT AS INSTRUCTED for each week by Internet or Interactive Voice Response(IVR). Failure to do so may result in a denial of benefits. If, as a result of this appeal, a disqualification is placed against your claim, you will have to repay any benefits received. O.C.G.A. Section 34-8-254(a).

POSTPONEMENT: NO postponement of the scheduled hearing will be granted except in extreme emergency, which is not within the party's control. If you are not notified that your postponement has been granted, you should plan to participate in the hearing as scheduled.

*** ADDITIONAL INSTRUCTIONS ON BACK - READ CAREFULLY ***

(see next page)

SCHEDULING: A date, time and location for the hearing will be established. A Notice of Hearing (DOL-424A) will be mailed to all parties.

HEARING: Pursuant to recently amended O.C.G.A. 50-13-2, effective June 2, 2014 all appeal hearings are scheduled and routinely conducted by telephone conference. This is a change from previous practice. In person hearings are no longer available except as an accomodation for people with disabilities, to provide effective language translation (which are available upon request), and other similar legal good cause, as determined by the Chief of Appeals. If you require accomodations or language translation, advise the Appeals Tribunal by email, fax, or mail immediately.

ASSISTANCE: Immediately direct inquiries concerning this appeal, special scheduling instructions, or scheduling requests to the Appeals Tribunal by telephone, fax or email to insure the information is received prior to the scheduling of the hearing. Information submitted in writing must include the claimant's Social Security Number. DO NOT CONTACT THE CAREER CENTER as they do not have the information to assist you.

ADDRESS FOR THE APPEALS SECTION:

Georgia Department of Labor
148 Andrew Young International Blvd., Ste 525
Atlanta, GA 30303-1734
Phone - (404) 232-3900
Fax - (404) 232-3901

DOL-423A completed by:	SM		
DOL-423B mailed:	Clt	01/10/21	Emp 01/10/21
DOL-424B/DOL-451 mailed:	Clt	01/10/21	Emp 01/10/21

UI Employer Appeal Confirmation

Your Unemployment Insurance Appeal has been successfully submitted. Please retain a copy for your records. You may view and print the [UI Appeals Handbook\(PDF\)](#).

Appellant Information

GDOL Account Number:	728188-13
Employer Name:	CLEAN USA INC
Submit Date:	06/19/2020 14:20:33 PM
Confirmation Number:	146296

Print a copy and retain for your records.

It is important to keep current information on file with the Georgia Department of Labor.

Your appeal is submitted but is NOT filed until you receive an email confirmation from the Georgia Department of Labor. Please allow 7-10 business days to receive confirmation that your appeal has been filed.

GEORGIA DEPARTMENT OF LABOR
CLAIMS EXAMINER'S DETERMINATION

SSN ***-**-1772

BYB? 03/29/20

CWB 05/03/20

ACCT# 728188-13

5500
SAVANNAH
5520 WHITE BLUFF ROAD
SAVANNAH, GEORGIA 31403
FAX # (912) 351-3800

7000

<p>CLAIMANT E HENDRIX 1243 GA HIGHWAY 119 S SPRINGFIELD GA 31329</p>	<p>EMPLOYER CLEAN USA INC PO BOX 1906 RINCON GA 31326</p>
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SECTION I - CLAIM DETERMINATION

Benefits are allowed as of 05/03/20.

SECTION II - LEGAL BASIS FOR DETERMINATION

Section 34-8-194 (2)(A) of the Employment Security Law says that you cannot be paid unemployment benefits if you were fired from your most recent employer for not following your employer's rules or orders. In addition, you may not be paid unemployment benefits if you were fired for failing to perform the duties for which you were hired, if that failure was within your control. You also cannot be paid benefits if you were suspended for any of these same reasons. The law says that your employer has to show that discharge or suspension was for a reason that would not allow you to be paid unemployment benefits. If you cannot be paid unemployment benefits under this section of the law, you may qualify at a later time. To do this, you must find other work and earn wages covered under unemployment law. The covered wages must be at least ten times the weekly amount of your claim. If you then become unemployed through no fault of your own, you may reapply for unemployment benefits.

SECTION III - REASONING

You were let go by your employer because there was no work to do. You are unemployed due to a lack of work. You can be paid unemployment benefits.

SECTION IV - ACCOUNT CHARGEABILITY

NOTICE TO EMPLOYER:

Timely separation information was not received. Your account, 728188-13, will be charged for benefits paid on this claim. You will not be charged more in benefits than wages paid to this individual.

SECTION V - APPEAL RIGHTS

NOTE: This determination will become final unless you file an appeal on or before 07/01/20. If you file an appeal you must continue to report on your claim as instructed, or you will not be paid if you win your appeal. **You will be required to repay the benefits received during the disqualification period, if a determination allowing benefits is reversed by an appeal decision.** Refer to the Benefit Rights Information booklet or contact an office of the Georgia Department of Labor for more details.

Georgia Department of Labor
Claims Examiner

06/15/20
Date of Interview

06/16/20
Mail Date



GEORGIA DEPARTMENT OF LABOR

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- [ABP Wage Request Entry](#)
- [ABP Wage Request Inquiry](#)

Work History Inquiry

For claim filed on 05/29/2020

E HENDRIX

Enter Social Security Number 1772

Employer information # 1

Name	Lowcountry Foundation Repair	Start Date	10/18/2019
Address	145 Commercial Ct.	Last Work Date	04/23/2020
City	Rincon GA 31326	Earned 10X	Yes \$0.00
Phone	912-289-8774	Supervisor	Jonithan Baber
Payrol Addr	P.O. Box 1906	Type Work	Clerical and Sales Occupations
Payrol city	Rincon GA 31326	Sep Notice	No
Emplr #1	72818813 MRE Yes	Send 1199FF?	Yes
Job Title	Human Resources Coordinator	Job Duties	Payroll, onboarding, recruiting, worker's comp claims, DOT management, training
Months Worked	6		
Hours per Week	40		
Salary Amount	\$ 45000.00		
Salary Unit	Yearly		
Sep Reason Risk of exposure to COVID-19			

Employer information # 2

Filters

Department: Employee: Time-Off Status:
Employee Status:

April 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Add Time-Off Request

Add Blackout/Holiday Request

April 28 2020

Requests

HENDRIX, EMILY A&A	Terminated	<input type="button" value="Approve / Deny"/>
Employee Status	8.00 hours	
Unpaid Time Off	04/23/2020 07:17:37	
Date Added	05:00 AM	
Beginning at	25.00	
Current Available	0.00	<input type="button" value="Delete"/>
Future Hours Approved	0.00	
Future Hours Pending	0.00	
Net Available	20.00	<input type="button" value="Edit"/>
Projected Net Available	20.00 hours (0 future hours)	
Current Status	Denied	
Reason	personal	
Comments	needed for scheduled training and onboarding of new employees here	

INSTRUCTIONS TO EMPLOYER FOR COMPLETION
OF THIS SEPARATION NOTICE

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice must be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when partial (DOL-408) or mass separation (DOL-402) notices are filed.

Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.

Item 2. Enter the employee's Social Security Number. Verify for correctness.

Item 3. Enter the dates of employee's most recent work period.

Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.
b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.

Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.

Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$3,500.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent in regard to any potential claim.

Company's Georgia DOL Account Number. Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report, Form DOL-4.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

OCGA Section 34-8-256(b)

PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)

PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER. "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Emily Hendrix 2. SSN - - 1 7 7 2

a. State any other name(s) under which employee worked: _____

3. Period of Last Employment: From 10/16/2019 To 04/23/2020

4. REASON FOR SEPARATION: a. LACK OF WORK
 b. If other than lack of work, state fully and clearly the circumstances of the separation. Type Below.

Employee Resigned.

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) DO NOT include vacation pay or earned wages.

type of payment _____ in the amount of \$ _____ for period from: _____ to _____

Date above payment(s) was/will be issued to employee: _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

\$ _____ per month _____ % of contributions paid by employer.

6. Did this employee earn at least \$3,500.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage: \$ 865.38

Employer's Name Clean USA, Inc dba Lowcountry Foundation Repair

Address PO Box 1906

145 Commercial Ct.

City Rincon State GA Zip Code 31026

Employer's Telephone No. (912) 826-0770 Ext. 4470

Ga. DOL Account Number 7 2 8 1 8 8 - 1 3

(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Jon Bahner
Signature of Official, Employee of the Employer or authorized agent for the employer

Controller

Title of Person Signing

5/05/20
Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

Attachment 3 of 3

What is the format of the attachment? **pdf**

What type of document is attached? **TIFF**

Preparer Information:

Who is providing the response? **Employer**

What is the name of the preparer's company?

What is the preparer's telephone number with extension? **9123284564**

What is the name of the preparer? **Jon Baber**

What is the preparer's fax number?

What is the preparer's email address? **jbaber@lowcofr.com**

Jon Baber

From: Emily Hendrix <emilyahendrix94@gmail.com>
Sent: Thursday, April 23, 2020 2:58 PM
To: Jon Baber
Subject: Resignation

Jon,

Please consider this email to be my formal resignation. I have valued my time here and despite the challenges, have learned quite a lot. I valued working under your leadership and wish you (and the company) the best.

Please do relay this information to Nancy and Rob and let me know if you require anything from me.

Best,

--
Emily Hendrix
912.667.7836
[LinkedIn](#)

What was the final incident that caused the discharge?

What was the date of the final incident?

Did the claimant violate company policy?

Was the claimant aware of the policy or unacceptable behavior that contributed to the discharge?

How was the claimant aware of the policy or unacceptable behavior that contributed to the discharge?

What is the name of the person who discharged the claimant?

What is the title of the person who discharged the claimant?

Provide any other comments regarding why the claimant was discharged.

Voluntary Quit Separation:

What reason did the claimant give for voluntarily leaving employment? **Personal Reasons**

Were there changes in the claimant's hiring agreement? **No Change**

What were the changes in the claimant's hiring agreement?

Did the claimant take actions to avoid quitting? **No**

What action did the claimant take to avoid quitting?

Was continuing work available? **Yes**

Explain the reason the claimant gave for quitting even though continuing work was available.

4/20/20 Emily was assigned to onboarding training for 2 new customer account specialists which was to run for aprx 2 weeks. She requested Unpaid Time Off from noon on Monday, 4/27/20 and all day Tues 4/28/20 due to her boyfriend leaving for deployment for 4 months. Her request was denied because she was needed for onboarding training. She turned in her resignation due to her UPT being denied.

Prior Incident [0] :

What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident?

What was the reason for the prior incident(s) of rule violation, unacceptable behavior, absenteeism or lateness?

Was the claimant warned for the prior incident?

What was the date of the prior incident warning?

Describe what the prior incident warning said.

Attachment's[3]:

Attachment 1 of 3

What is the format of the attachment? **pdf**

What type of document is attached? **TIFF**

Attachment 2 of 3

What is the format of the attachment? **pdf**

What type of document is attached? **TIFF**

Are total earned wages available between the dates 12/29/2018 and 04/23/2020? **Wages are available**

What was the total amount of wages earned by the claimant between the dates 12/29/2018 and 04/23/2020? **19731.00**

Are total weeks worked available between the dates 12/29/2018 and 04/23/2020? **Weeks are available**

What was the total number of weeks the claimant worked between the dates 12/29/2018 and 04/23/2020? **24**

What were the total wages earned by the claimant after the effective date of the claim? **0**

What were the total hours worked by the claimant after the effective date of the claim? **0**

Still Attached/Change in Work Hours/Pay:

Does the claimant have reasonable assurance of returning to work?

What date do you expect the claimant to return to work?

Is the claimant working all available hours?

Why is the claimant not working all available hours?

What is the type of labor dispute?

Remuneration Information(i.e. Severance, Separation Pay, Pension, Wages in Lieu of Notice, etc.) [0]:

What kind of remuneration did or will the claimant receive after the last day of work?

What was the amount of the remuneration received per period?

What was the frequency of the claimant's remuneration?

What is the date the remuneration was or will be issued?

Was the remuneration allocated?

What was the beginning date for the remuneration allocation?

What was the ending date of the remuneration allocation?

What was the average number of hours the claimant worked per week?

Retirement/Company Pension Information:

Was the retirement mandatory?

Was the pension mandatory?

Does/did the claimant contribute to the pension?

What was the percentage of the pension that the claimant contributed?

Provide any additional information about the claimant's pension.

Discharge Separation Information:

Explain why the claimant is no longer employed; or indicate if and what additional information on the claim will be faxed or emailed to the state; or enter additional information relevant to the claim.

Emily did not formally mention, or file a complaint with management that she had concerns about 'risk of exposure' due to COVID. She was not advised by a healthcare provider to self-quarantine nor did she express any immediate health concerns due to COVID while at work.

The reason she stated she was quitting was over frustration of her denied time off request.

What is the reason the claimant was discharged from employment?

GEORGIA DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE

SIDES Official Notice of Claim Filed – Response

Claimant Name: **EMILY A HENDRIX**
Employer: **CLEAN USA INC**
Claimant SSN: **1772**
Transmitted On: **2020-06-01T12:40:19.000-04:00**
State Request Record GUID: **ABB58251695220200529212742863934**
Broker Record Transaction Number: **47169428**

Amended Response:

Amended Response Number: **0**
Why is the response being amended and what changed?

Claimant Information:

Other last name used:
Effective date of the claim: **05/03/2020**
Claim number:

Employer Information:

Employer's Name: **CLEAN USA INC**
Corrected Employer Name:
Employer State Account Number: **72818813**
Corrected State Account Number:
Employer's Federal Identification Number (FEIN): **582516952**
Corrected Employer's Federal Identification Number (FEIN):

What other Social Security Number (SSN) did the claimant use?
If the claimant worked under another name, what was it?

Employment Information:

What was the claimant's job title? **Human Resources Coordinator**
Was this seasonal employment? **No**
What was the claimant's first day of work? **10/16/2019**
What was the claimant's last day of work? **04/23/2020**
What was the date the claimant was separated from employment if it was different from the last day of work?
What is the reason for the claimant's separation from employment? **Voluntary Quit/Separation**
What was the claimant's average weekly wage? **865.00**

Who Filed:	Employer
Career Center:	5500
Date Filed:	06/19/2020
Date Accepted:	01/10/2021
First Initial of Examiner:	G
Last Name of Examiner:	DOL
Claim Code:	
Staff Review Notes:	Appeal processed.

If yes, is this request for a reconsideration of the Board of Review decision?	
Untimely Appeal:	
Untimely Appeal Reason:	
Hearing previously scheduled with the Appeal Tribunal:	
Appeal docket number?	
Appeal docket year :	
Participated in hearing?	
If you failed to participate in a previous hearing, include the reason for failure to participate?	
Language interpreter needed for your hearing?	No
Language:	
Other:	
The Georgia Department of Labor provides reasonable accommodations for people with disabilities to participate in hearings. If such accommodations are needed, please describe:	
Confirmation Number:	146296

By selecting, I hereby affix my electronic signature. I agree to be bound, in all respects, as if I were affixing my handwritten signature to the document. I have read and understand the terms of use. The information submitted is true and complete to the best of my knowledge and belief.

Representative Information

First Name:	Jon
Last Name:	Baber
Title:	Controller
Street Address:	PO Box 1906
City, State and Zip Code:	Rincon
Telephone Number:	9123284564
Extension:	

Appeal Information

Decision being appealed:	Claims Examiner Determination
Date of Determination/Decision being appealed?	06/16/2020
Reason for the appeal:	Section III Determination reason contradicts reason submitted by claimant and employer. Claimant voluntarily quit for personal reasons not related to work, continued employment was available. Section IV states timely separation information was not received. Employer response was submitted timely on
Are you appealing to the Appeals Tribunal?:	Yes
Are you appealing to the Board of Review?:	No
If yes, is the request for a new or show cause appeal? (Reschedule Missed Hearing)	
If yes, is the appeal new or reconsideration:	

Appeal Review

Employer Appeal Information

Docket Type:	A
Employer Name:	CLEAN USA INC
Street Address:	PO BOX 1906
City, State and Zip Code:	RINCON GA 31326, null
Telephone Number:	9122954470
Telephone Number Extension:	

Claimant Information

Claimant Name:	E HENDRIX
Street Address:	1243 GA HIGHWAY 119 S
City, State and Zip Code:	SPRINGFIELD GA 31329
Telephone Number:	9126677836
Email Address:	jobs@golowcofr.com
Employer Number:	

NM48
S01 SSN
E HENDRIX

1772 BYB 03 29 20 CWB 05 03 20
FACT FINDING OF: AGENCY

01/10/21
17:20:39
EMPLID 9495
DATE ENTERED 05/29/20

A/A OR OTHER

TYPE ISSUE

ADDITIONAL CLAIM

FF SENT

CLMT INDICATED QUIT DUE TO RISK OF EXPOSURE TO COVID-19

MD43 RESEST

NA: PF: 3-PREVMENU 4-MN00 5-PRT 7-BKWD 8-FRWD 9-PSCR 11-NA

Georgia Department of Labor

Appeal Review Confirmation

Appeal has been successfully processed for -1772.

Docket Number: 923

Docket Year: 2021

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