

## Automated Appeal

Claimant SSN: ██████████-2320

Submitted By: Employer  
Confirm. Date: 2/26/2013 12:34:16 PM  
Confirm. Number: B3A009232

Status  
To Appeals

### DETERMINATION INFORMATION

Claimant Name: NADIA RODRIGUEZ  
Employer Name: MIAMI DADE COUNTY  
Employer #: 9975350  
Determination ID: 2013006 01 20140112  
Mail Date: 02/06/2013

Requested Correction:

Issue Code: 1 01 300052

### APPEAL FILED BY

Name: Jerrod Neal  
Phone: (305) 375-4870  
Email:

Company: Miami-Dade County  
Title: Labor Management Specialist

### APPEAL EXPLANATION

The claimant was discharged for failing to meet the employer's job performance requirement.

### NAMES AND ADDRESSES

Claimant:  
NADIA RODRIGUEZ  
1087 SW 150TH PL  
MIAMI, FL 33194-0000  
(786) 290-2424

Employer:  
MIAMI DADE COUNTY  
CO MIAMI DADE COUNTY HUMAN RE  
111 NW 1ST ST STE 2140  
MIAMI, FL 33128-1932

Employer Rep:  
None

Job Site:  
Miami dade County  
111 NW 1st Street Suite 2110  
Miami, FL 33128-1906  
(305) 375-4870

Attachment # 2