



**Employee's Consent Form
Reciprocal Coverage Election**

RTS-6C
R. 01/13
TC
Rule 73B-10.037
Florida Administrative Code



Employee's Name: _____	Social Security No.: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residence Address: _____	
City, State ZIP: _____	

Inasmuch as I customarily perform services for:
Employer's Name: _____
Employer's Address: _____
City, State ZIP: _____
in more than one state, I the undersigned, concur in my employer's request that my services for the purpose of the Reemployment Assistance Program Law (formerly Unemployment Compensation Law) be deemed to be performed entirely within the State of Florida effective as of _____, and hereby consent to such determination. This coverage is to remain in effect until such time as the conditions of my employment with respect to where my services are performed change to the extent that I no longer customarily perform services in more than one state, or the agreement is otherwise terminated.
Date: _____ Signed: _____

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.