



**DEPARTMENT OF FINANCE & ADMINISTRATION  
PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)  
WEEKLY REQUEST FOR PAYMENT**

Claim For Week: \_\_\_\_\_ PUA-03  
 From \_\_\_\_\_ to \_\_\_\_\_  
 (Sunday) (Saturday)  
 SOCIAL SECURITY NUMBER \_\_\_\_\_

APPLICANT'S NAME (Last, First, Middle) \_\_\_\_\_

ADDRESS (Village, Island, State) \_\_\_\_\_  Check if NEW ADDRESS

Telephone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**A. APPLICANT REQUEST**

For the week claimed above, answer the following questions and complete the information required in the space to the right of the question if applicable.  
 1a. Did you perform any work or telework for another person or company, or engage in any self-employment during this week? .....  YES  NO  
 If YES, complete the following and provide in #7 on the reverse side the name of the employer or business, the date you started, whether you are working part-time or full-time and if you are still employed.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>HOURS WORKED</b>							

1b. How much did you earn this week? (If you worked for someone else, report your total gross wages earned, whether you were paid or not. If you were self-employed, report your gross income received during the week, if any.) \$ \_\_\_\_\_

1c. Were you self-employed during this week? .....  YES  NO  
 If YES, describe in detail below your activities during the week:

2. Indicate whether you applied for or are receiving any of the following:			MONTHLY AMOUNT	PERIOD COVERED	
				From	To
2a. Unemployment compensation under any state or federal law? If Yes, what state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2b. Any compensation for loss of wages due to illness or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2c. Any type of private income protection insurance? If Yes, name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2d. Any supplemental unemployment benefits pursuant to a collective bargaining agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2e. Any worker's compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2f. Any amounts payable to you from any retirement, pension or annuity under a public or private plan or system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2g. Did you receive Holiday Pay or Annual Leave Pay during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2h. Did you receive paid sick leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. Were you able and available for work during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, explain in #8 on reverse.		
4a. Did you accept all work offered during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, explain in #8 on reverse.		
4b. Did you look for work during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please attach a copy of your weekly job search activities. If NO, explain why in #8 on reverse.		
5. Did you refuse any work or referral to work during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #8 on reverse.		
6. Did you contact your last employer to check if work was available during the week claimed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, explain results in #8 on reverse. If NO, explain why not in #8 on reverse.		

Name: \_\_\_\_\_

Week Starting: \_\_\_\_\_ to Week Ending: \_\_\_\_\_

7. To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming and specify details in the box below. Note: Any intentional misrepresentation of this information is fraud.

- a) I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis
- b) A member of my household has been diagnosed with COVID-19
- c) I am providing care for a family member or a member of my household, who has been diagnosed with COVID-19
- d) A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.
- e) I am unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- f) I am unable to reach the place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- g) I was scheduled to commence employment and do not have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency.
- h) I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.
- i) I quit my job as a direct result of COVID-19.
- j) My place of employment is closed as a direct result of the COVID-19 public health emergency
- k) I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.
- l) I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.
- m) I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.
- n) I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.
- o) None of the above apply to me

8. Claimant's comments and explanations:

Explanation for #3:

Explanation for #4a:

Explanation for #4b:

Explanation for #5:

Explanation for #6:

#### B. ACKNOWLEDGMENT

**CERTIFICATION:** I certify that the information I have provided above, which will be used to determine my eligibility for Pandemic Unemployment Assistance, is correct to the best of my knowledge. **I understand that I am subject to administrative penalties, including penalties of perjury, or legal action if it determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.**

APPLICANT PRINTED NAME & SIGNATURE:

DATE (Month/ Day/Year):

Name: \_\_\_\_\_

Week Starting: \_\_\_\_\_ to Week Ending: \_\_\_\_\_

**C. STATE AGENCY DETERMINATION**

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Amount of PUA payment authorized for the week: ..... \$ \_\_\_\_\_

PUA reduced or denied for the week claimed above.

PUA termination date:..... \_\_\_\_\_

**REASON FOR DETERMINATION:**

**PUA WBA was reduced by :**

Gross income in excess of \$ \_\_\_\_\_

Pension or retirement paid in the amount of \_\_\_\_\_

Child Support in the amount of \_\_\_\_\_

Withholding Tax in the amount of \_\_\_\_\_

Other deductible income reported in Section 2: \_\_\_\_\_

**OTHER REASONS:**

Interviewer: Print Name, Signature, Date	Processed by: Initials & Date
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**D. APPEAL RIGHTS**

If you are denied full payment for this week and you disagree with this decision, you have the right to request a reconsideration or any appeal. Your appeal or request for reconsideration must be in writing on a department form or by letter, and filed in person or by mail. An appeals form can be obtained from the OPUA Office. You must state the reasons you disagree with this decision. If you request reconsideration, the Department of Finance and Administration will review its prior decision and consider any new information you provide. If you wish to request reconsideration, you must submit the request within 10 days the date this notice was delivered or mailed. If you request an appeal, a telephone hearing will be scheduled with an appeals referee from the Department of Finance and Administration which has been designated to hear the Claimant. Department of Finance and Administration will forward all claim records to the referee. The appeal must be submitted within 10 days from the date this notice was mailed. The Department of Finance and Administration will send you additional information on the hearings process.

Either request should be directed to:

Department of Finance and Administration  
 Ram Annim Building  
 P. O. Box PS158  
 Palikir, Pohnpei FM 96941  
 Micronesia