

**PALAU WIOA OFFICE
REQUEST FOR SEPARATION INFORMATION
RELATED TO PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)**

Employer Name
Employer Address
City, State, Zip

Acct No:
Date Mailed:
Date Filed:

Pandemic Unemployment Assistance (PUA) has become available to individuals whose unemployment was caused by the COVID-19 public health emergency. The PUA program is part of the relief provided under the federally-funded Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020.

A claim for PUA benefits has been filed by the individual below. PALAU WIOA OFFICE needs the following information to determine the claimant's eligibility for PUA benefits. Please complete and return the completed form to the address below.

Claimant's Name (Last, First, M)		SSN
Employer Section-please fill out as completely as possible		
Type of Work Performed		
Date Started	Last Day Worked	Date Separated
Reason For Separation: (Check appropriate box. An x indicates reason for separation given by the claimant.)		
<p> <input type="checkbox"/> Laid Off Due to Lack of Work. <input type="checkbox"/> Voluntary Quit. (Details are required below) <input type="checkbox"/> Discharged or Suspended from Work. (Details are required below) <input type="checkbox"/> Directly Involved in Strike, Lockout or Other Labor Dispute. <input type="checkbox"/> Work Available But Honoring Picket Line. <input type="checkbox"/> No Work Available Because of Strike. <input type="checkbox"/> Voluntary Retirement. <input type="checkbox"/> Other. (Explain below) <input type="checkbox"/> Still on Payroll. <input type="checkbox"/> Separated Due to the COVID-19 public health emergency. (Details are required below.) </p>		
Explanation:		
How much did the claimant earn in gross wages during the dates of employment reported above? \$ _____		
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
Employer Rep Signature _____		Date _____
Print Name/Title _____		Phone _____