

- is closed as a because of the COVID-19 public health emergency and such school or facility care is required for you to work.
- e) You are unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
 - f) You are unable to reach the place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - g) You were 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) You have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.
 - i) You quit your job as a direct result of COVID-19.
 - j) Your place of employment is closed as a direct result of the COVID-19 public health emergency
 - k) You are an independent contractor who is unemployed, (total or partial) or is unable or unavailable to work because the COVID-19 public health emergency has severely limited your ability to continue performing your customary job.
 - l) I no longer have COVID-19 related reasons affecting my unemployment, partial unemployment, or inability, unavailability to work.

8. Claimant's comments and explanations:

B. APPLICANT CERTIFICATION

CERTIFICATION: I CERTIFY that all of the information regarding my loss of employment, self-employment, or inability, unavailability to work during the week I am claiming is due to COVID-19. I further understand that the information I have provided in this weekly request for payment will be used to determine my eligibility for Pandemic Unemployment Assistance, and that my statements are true and correct to the best of my knowledge. **I understand that I am subject to administrative penalties, including the penalties for perjury, or legal action, including prosecution under the law, if it is determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.**

SIGNATURE OF APPLICANT:	DATE (Month/ Day/Year):
-------------------------	-------------------------

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 \$ _____ (State Workforce PUA Policy No. _____)
- Pension or retirement paid in the amount of _____
- Child Support in the amount of _____

- Federal Withholding Tax in the amount of _____
- Other deductible income reported in Section 2: _____

OTHER REASONS:

SIGNATURE OF STATE AGENCY REPRESENTATIVE:

DATE (Month/Day/Year):

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. You must state the reasons you disagree with this decision. If you request reconsideration, the STATE WORKFORCE DEVELOPMENT BOARD'S EXECUTIVE COMMITTEE (herein PUA APPEALS COMMITTEE) will review its prior decision and consider any new information you provide. If you wish to request reconsideration, you must submit the request within ten (10) days after the date this notice was delivered or mailed. If you request an appeal, a telephone or in-person hearing will be scheduled with an appeals referee from the PUA APPEALS COMMITTEE which has been designated to hear PUA appeals claim. PALAU WIOA OFFICE will forward all claim records to the referee. The appeal must be submitted within ten (10) days from the date this notice was mailed. The PALAU PUA APPEALS COMMITTEE will send you additional information on the hearings process.

Either request should be directed to:

STATE WORKFORCE DEVELOPMENT BOARD
 EXECUTIVE COMMITTEE
 P. O. BOX 100
 KOROR, PALAU 96940
 ATTENTION: MR. MATTHEW RUDIMCH
 Or
 PALAU WIOA OFFICE
 P. O. BOX 100
 PCC KESKAS BUILDING
 KOROR, PALAU 96940
 ATTENTION: MS. JOSEPHINE ULENGCHONG