

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.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

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 quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

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.

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.

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.

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.

None of the above apply to me.

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