



Commonwealth of the Northern Mariana Islands
Department of Labor – Office of the Secretary
1356 Mednilla Avenue | Capitol Hill | P.O. Box 10007 Saipan, MP 96950
Phone: (670) 664-3196 | Web: www.marianaslabor.net



PANDEMIC UNEMPLOYMENT ASSISTANCE INSTRUCTIONS FOR REQUEST FOR RECONSIDERATION OR APPEAL FORM

If you are denied benefits and disagree with the issued Notice or Determination, you may request reconsideration or file an appeal to the CNMI Department of Labor. To do so, please fill out the following form with all the required information and submit to the appropriate office, as indicated in the instructions below. You may submit additional information or supporting documents with this form.

INSTRUCTIONS FOR RECONSIDERATION

Reconsideration means that the PUA coordinators will review its prior determination and consider any new information. If you request a reconsideration, the PUA adjudicator will issue a redetermination, based on the applicable law and available evidence. If you still disagree with the redetermination, you may proceed with an Appeal. You do not need to go through reconsideration to proceed with an appeal but you may not pursue a reconsideration or appeal at the same time. Requests for reconsideration must be delivered to the CNMI Department of Labor Division of Employment Services within ten (10) calendar days after the determination or redetermination was mailed to you. Requests for reconsideration can be dropped off in person (Building #1334, Ascension Drive) or delivered by mail (Division of Employment Service, PO Box 10007, Saipan MP 96950).

INSTRUCTIONS FOR APPEAL

Appeal means that the Administrative Hearing Office (AHO) will hold an administrative hearing and consider all relevant evidence to determine if the determination was correct. Appeals must be submitted to the Administrative Hearing Office within ten (10) calendar days after the determination or redetermination was issued. The appeal period may be extended to thirty (30) calendar days by a showing of good cause. Appeals may be filed in person (Building #1357, Mednilla Ave) or electronically mailed to hearing@dol.gov.mp

For more information and frequently asked questions related to AHO, please refer to the AHO FAQ published under the “Forms and Publications Tab” of the Department website, www.marianaslabor.net. Alternatively, you may contact AHO at the following information:

Administrative Hearing Office
1357 Mednilla Avenue | Capitol Hill
P.O. Box 10007 | Saipan, MP 96950
Phone: (670) 664-3291/3292/3293
Web: www.marianaslabor.net | Email: hearing@dol.gov.mp

Auxiliary aids and services are available upon request to individuals with disabilities.

IMPORTANT NOTE

If you file a request for reconsideration or appeal, do not stop filing your weekly certifications. Continued eligibility is determined on a week-by-week basis and failing to file your weekly certifications may result in benefits being delayed or denied.

WARNING

If you knowingly make or cause another person to make a false statement or knowingly fail or cause another person to fail to disclose a material fact and, as a result, receive Pandemic Unemployment Assistance to which you are not entitled, you will be subject to criminal prosecution for fraud.



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**PANDEMIC UNEMPLOYMENT ASSISTANCE
 REQUEST FOR RECONSIDERATION OR APPEAL FORM**

A. CLAIMANT INFORMATION

| | |
|---|---|
| Claimant's Name (Last, First, Middle): User ID#: | Name of Authorized Representative, Attorney, or Agent for Service of Process (Optional): |
| Mailing Address | Street Address/Physical Location: |
| Primary Telephone Number: Please indicate: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other Best hours to call: | Secondary Telephone Number: Please indicate: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other Best hours to call: |
| Email Address: | Other Contact Information (Optional): |

B. REQUEST

1. I am requesting the following action (s):

- Reconsideration of a Determination dated: _____
- Appeal of a Determination or Amended Determination dated: _____
- Appeal of a Notice of Overpayment dated: _____

2. If you are filing the request for reconsideration or appeal more than ten (10) days from the date of your determination or notice, please explain why.

3. The reason why I disagree with the Determination, Redetermination/Amended Determination or Notice of Overpayment is:

If you need additional space, please attach a separate document. Please attach a copy of the decision you are appealing, the respective application or weekly certification, and any other documents to support your request.

4. If you are requesting an appeal, please note that the Administrative Hearing Office does not have authority to conduct hearings outside the CNMI. Your preferred method for holding a hearing is:

In person, at the CNMI Department of Labor, Administrative Hearing Office. *Due to the COVID-19 public health emergency, in person hearings are limited to individuals who are unable to appear by phone or internet)*

By telephone at the following phone number: _____

By video conferencing on Microsoft Teams at the following email: _____

5. If requesting an appeal, the Administrative Hearing Office will schedule your hearing for the earliest available date. The Administrative Hearing Office will give you at least fifteen (15) days advance notice of the scheduled hearing. If you would like to waive the fifteen (15) days advance notice to potentially hear your case sooner or have any scheduling conflicts, please indicate here:

6. If requesting an appeal, a Notice of Hearing and any subsequent orders will be available for pick up at the Administrative Hearing Office or mailed to your PO Box. Please indicate your preference here:

I prefer pick up Notices and Orders in person at the Administrative Hearing Office;

I prefer to have Notices and Orders mailed to my PO Box; or

I consent to electronic service of process through the online PUA Portal.

C. CERTIFYING STATEMENT & SIGNATURE

I certify that the information I have provided in this form, any attachments, and documents related to this form are true and correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain Pandemic Unemployment Assistance (PUA). I understand I may be subject to criminal prosecution for willfully concealing material facts or knowingly making a false statement to obtain PUA to which I am not entitled.

I understand that the above-stated information will serve as the basis for initiating a request for reconsideration or an appeal. I certify there is no frivolous or improper basis for this filing, including but not limited to delay, harassment, or fraud. I understand that I may be contacted by the CNMI Department of Labor for the purposes of providing further information or documents to substantiate the above-stated information.

Name [Print and Sign]

Date

Official Use Only