



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



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

Employer Name
 Employer Address
 City, State, Zip

EIN/FEID No:
 Date Mailed:
 Date Filed:

Pandemic Unemployment Assistance (PUA) is 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. CNMI Department of Labor needs the following information to determine the claimant's eligibility for PUA benefits. Please complete and return the completed form via mail to "Division of Employment Service, PO Box 10007, Saipan MP 96950" or electronically to info@puamarianas.com.

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 * indicates reason for separation given by the claimant.)		
_____ <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.)	
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 _____	