

CNMI Department of Labor will be utilizing the Hire Marianas Portal. For Phase I “Employer Registration,” all organizations are requested to register into the system.



WWW.HIREMARIANAS.COM

STEP ONE

EMPLOYER REGISTRATION

This phase is intended for organizations to register into the system and to identify who are the affected employees that were terminated, furloughed or had their hours reduced. Failure to complete this phase, does not jeopardize an employee's chances of qualifying for PUA/FPUC benefits.

What Information is Required to Register on www.hiremarianas.com?

- Representative Type
 - *Direct Representative of the Organization*
- Employer Identification
 - *Federal Employer ID Number (EIN)*
 - *Federal Tax ID (FEID) or W-9*
 - *Social Security Number (Self-Employed or Sole Proprietor)*
- Company Information
 - *Mailing Address; Industry Code (NAICS); Contact Information*
 - *Number of Employees*
 - *Type of Employer: Private Sector; State Government; Local Government; Federal Government; International/Foreign Government; Non-Profit; Education (Higher); Education (K-12); Staffing Agencies; State Universities*

If you have never used this portal, please click on “COVID-19 EMPLOYER LOGIN” to register your Organization/Business /Department.



The screenshot shows the Hire Marianas website interface. At the top left is the logo, which consists of a white star inside a circular emblem with a blue background. To the right of the logo, the text "HIRE MARIANAS" is displayed in large, white, bold, sans-serif capital letters. Below the logo and title, there is a "Sign In" section. This section includes two white input fields: the first is labeled "Username" and the second is labeled "Password". Below these fields is a red button with the text "Sign In" in white. Underneath the "Sign In" button is a blue button containing the text "Not Registered?" and "Forgot Username/Password?". At the bottom of the page, there is a red horizontal bar with the text "Pandemic Unemployment Assistance (PUA)" in white. Below this bar is a white area containing a red button with the text "COVID-19 Employer Login" in white.

Creating a User Account

■ Employer is Registered

Option 1 - Already Registered

User Name:

Password:

Sign In

If you have forgotten your user name and/or password, please click [Retrieve User Name or Password](#).

■ Employer is NOT Registered

Option 3 - Create a User Account

If you would like to become a fully registered user with Northern Mariana Islands Portal and have access to all of our online services, select one of the following account types. If you are not sure if you need to register on the system, learn more about the benefits of registering on our page: [Why Register?](#)

 Individual 17 min(s) estimated	 Employers and Agents 22 min(s) estimated	 Analyst 15 min(s) estimated
Register as this account type if you are an individual and wish to search for the latest job openings, post a résumé online, find career guidance, search for training and education programs, find information on local employers, etc.	If you are looking for industry information, labor market information, job applicants for your business, or want to post job openings online.	Register as this account type if you are a labor market information or economic development professional looking to analyze area, occupation, and industry data over different geographical regions and time periods. Analyst accounts require administration approval before being allowed to access suppressed data.

Representative Type

- Direct Representative of your Organization

 **Select the representative type that best describes your company.**
You may only select one of these options. If you select Direct Representative, you may then select the functionality you need.

Representative Type

Please specify what type of user that you are:

  **Direct Representative of your Organization**
This includes employees, principals and owners of the organization that is registering.

 **Third Party Agents (TPA)**
This includes companies that represent one or more registered organizations and will perform activities on their behalf.

[Next](#)

[Return to Home](#)

[Privacy Statement](#) | [Disclaimer](#) | [Terms of Use](#) | [Accessibility](#) | [Recommended Settings](#) | [EEO](#) | [Protect Yourself](#) | [About this Site](#)
| [Contact Us](#)

Copyright © 1998-2020 Geographic Solutions, Inc. All rights reserved.
19.0

Employer Identification



Indicates required fields

- Enter the Company Identification using the Federal Employer Identification Number (EIN) or Social Security Number (SSN) and “Continue”

 Please enter your Company Identification information below

* Indicates required fields. For help click the information icon next to each section.

Employer Identification

Type of Identification: Federal Employer Identification Number
 Social Security Number

* Federal Employer ID Number (EIN) / Federal Tax ID (FEID) or Social Security Number:
Do not enter dashes. Example 999001111

* Confirm Federal ID Number:

Government
Departments/Agencies will use
EIN# listed by OPM memo
dated 05/28/20

Login Information

■ USER NAME:

- *MUST be 4-16 characters*
- *MUST include characters, letters OR numbers. May use characters + @ . _*

■ PASSWORD:

- *MUST be 8-16 characters AND MUST include at least ONE uppercase, ONE lowercase, ONE number, and ONE special character (# @ \$ % ^ . ! * _ +)*

NOTE: DO NOT FORGET YOUR USERNAME AND PASSWORD. NOTE IT DOWN!



Please enter the following login information and click the Save button when you are finished.

Be sure to remember your User Name and Password. You will need them to access this system again.

Please do not use any personal identification information as your user name (e.g. Social Security Number or FEIN). You will need your User Name and Password for all future activities in this system. Please write this information down and keep it in a secure place.

* Indicates required fields.

For help click the information icon next to each section.

Login Information



*User Name:

Enter User Name (4 - 16 characters, and must include characters, letters or numbers. Allowable characters are + @ . _

*Password:

Enter Password (8 - 18 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ \$ % ^ . ! * _ +).

*Confirm Password:

*Security Question:

What is your mother's maiden name? ▼

The response to the security question will be required if you forget your user name or password.

*Security Question Response:

Use Letters and numbers. Special characters are not allowed.

Employer Identification/Primary Location

Employer Identification



* Company Name:

Federal Employer ID
Number (EIN) / Federal
Tax ID (FEID) or Social
Security Number:

#####

Primary Location Information



* Zip code:

Mailing Address

Mailing Address



Check here if Mailing Address is the same as the address above.

* Mailing Address 1:

Mailing Address 2:

Mailing Address 3:

* Mailing City:

* Mailing State:

Northern Mariana Isl ▼

* Mailing Country:

United States ▼

* Mailing Zip/Postal:

99999 or 99999-9999

Contact Information

Contact Information 

*** Job Title:**

*** First Name:**

Middle Initial:

*** Last Name:**

*** Primary Phone:** - - **Ext**

Alternative Phone: - - **Ext**

Contact Text Message Phone Number: - -

Fax: - -

*** Primary Contact Email Address:**

*** Confirm Contact Email Address:**

[Read Our Email Security Policy](#)

*** Please select a method in which you prefer to receive your notifications:**

Company Website:
e.g.
(<http://www.companywebsite.com>)

Company Job Application Website:
e.g.
(<http://www.companywebsite.com>)

Reminder: All RED asterisks (*) must be filled in. If you miss a section marked “*”, you will not be able to “SAVE” your registration.

Company Information

Company Information



*** Industry Title (NAICS):**

[Search for Industry Code \(NAICS\)](#)

Click here to search for Industry Code (NAICS).
Choose the closest type that fits your business.
This can be located in your business license.

*** No. Of Employees
(Company Size):**

None Selected ▼

*** Type of Employer:**

None Selected ▼

*** Are you a Federal
Contractor?:**

Yes, I am a Federal Contractor

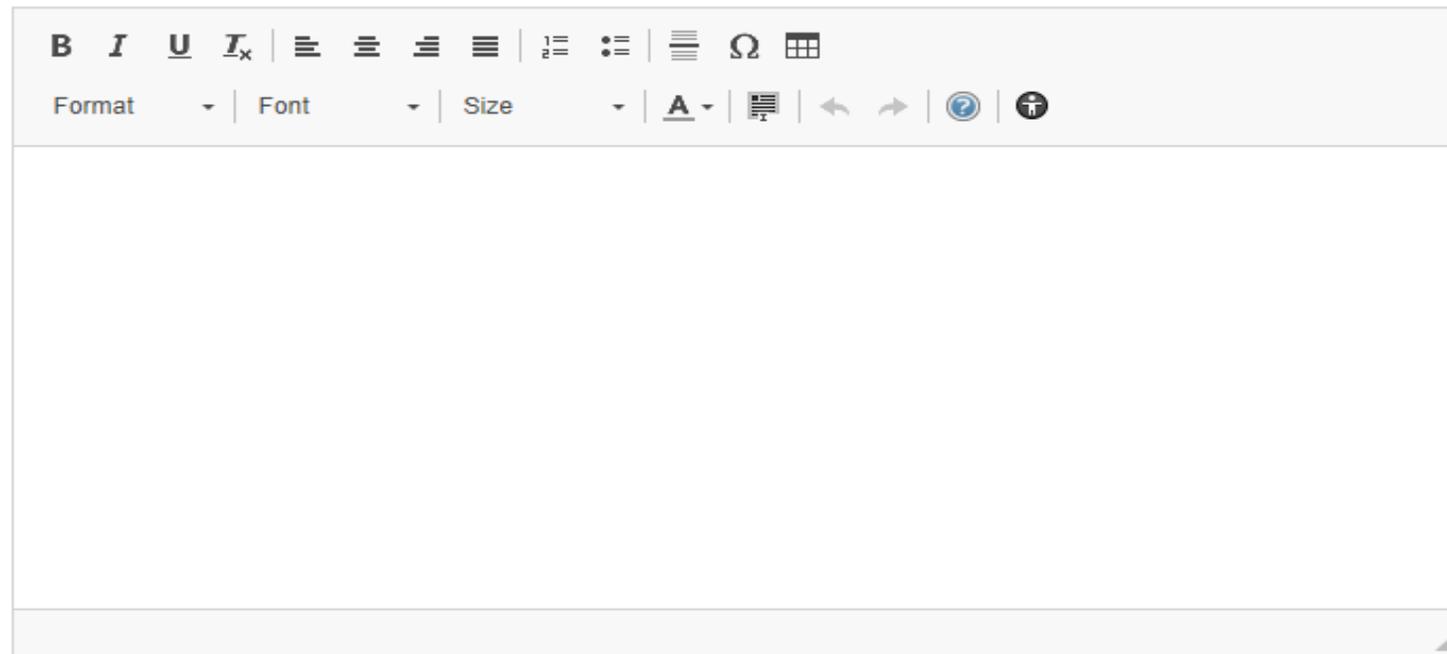
No, I am not a Federal Contractor

Company Profile

Company Profile

Enter a profile of your company for job seekers to view including a summary of your major products and services.

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.



A rich text editor interface. The toolbar at the top includes icons for Bold (B), Italic (I), Underline (U), Strikethrough (I_x), Bulleted List, Numbered List, Decrease Indent, Increase Indent, Bulleted List with Number, Bulleted List with Circle, Bulleted List with Square, Insert Link (Ω), and Insert Table. Below the toolbar are dropdown menus for Format, Font, and Size, followed by a color selection icon (A), a text color icon, and undo/redo arrows. The main text area is empty. A small triangle icon is visible in the bottom right corner of the text area.

[[Clear Text](#) | [Remove All Formatting](#)]

Benefits Offered

Benefits Offered

Benefits not specified No benefits provided Benefits provided outlined below

You have a written affirmative action plan

Benefits Offered



Benefits not specified No benefits provided Benefits provided outlined below

* Check each benefit that is generally offered to one or more employees.

- | | |
|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Relocation Assistance |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Uniform Allowance |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Company Vehicle |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> None |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Expense Account |
| <input type="checkbox"/> Tuition Assistance | <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Job Share | <input type="checkbox"/> Extended Sick Leave |
| <input type="checkbox"/> Flex-Time | <input type="checkbox"/> Flexible Benefit Account |
| <input type="checkbox"/> 401K | <input type="checkbox"/> Travel Allowance |

Additional Benefits

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

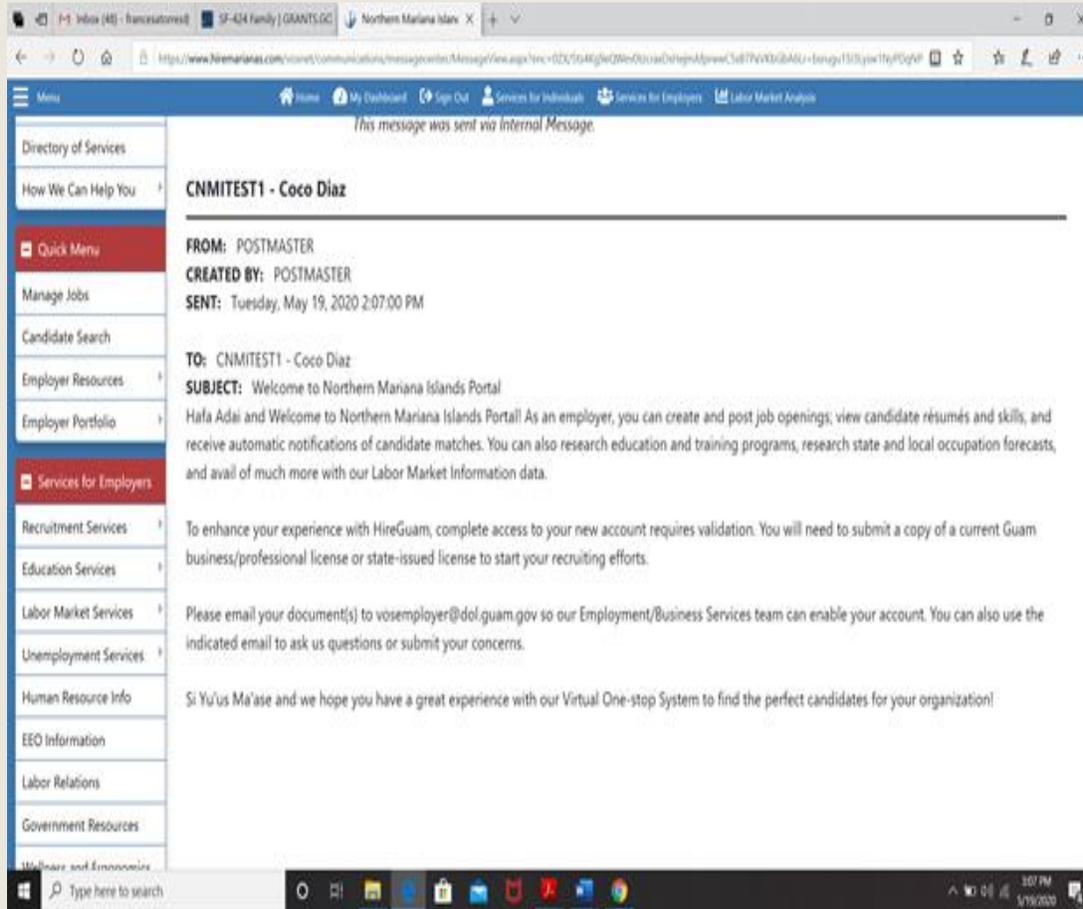
[\[Clear Text \]](#)

You have a written affirmative action plan

Cancel

Save

Welcome Email



TO: CNMI EMPLOYER

SUBJECT: Hafa Adai and Welcome to the Northern Mariana Islands Portal

Thank you for registering with Hire Marianas! We appreciate you taking the time to assist your employees in their times of need.

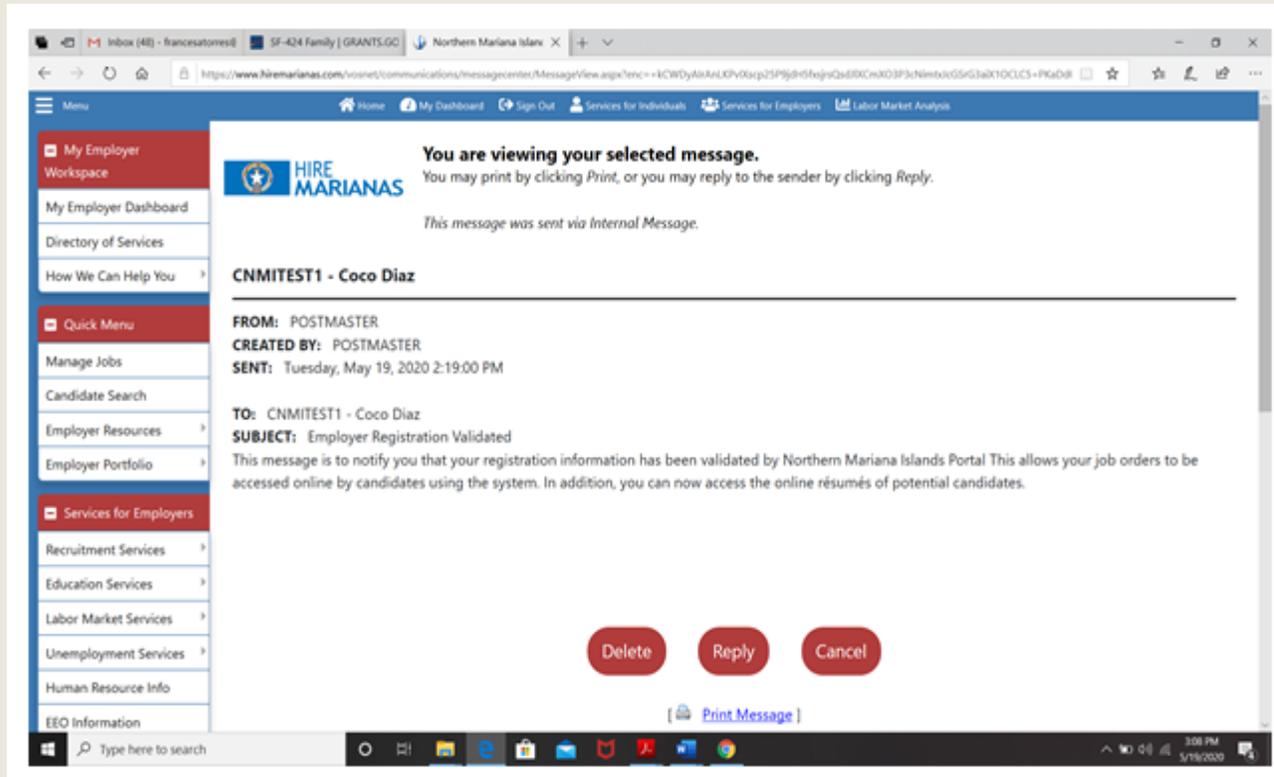
The next step of the registration process requires validation from our team. Please allow 24 to 48 business hours for this process. You may be required to upload certain verification documents (e.g., business license, W-9 tax form, etc.) Once verification has been completed, you will receive a message indicating your ability to access the portal and enter employee information.

Please upload your documents to HireMarianas or email your document(s) to info@puamarianas.com so our Pandemic Unemployment Assistance (PUA)/ Federal Pandemic Unemployment Compensation (FPUC) team can enable your account. You can also use the indicated email to ask us questions or submit your concerns.

Si Yu'us ma'ase, Olomwaay and thank you.

WARNING: This phase of PUA is for CNMI employers only. It allows employers to enter separation information for their employees. Entering/uploading information for affected employees does not complete the PUA/FPUC claims process. All PUA/FPUC claims must be entered individually by your employee.

Auto Generated Email



TO: CNMI EMPLOYER

SUBJECT: Employer Registration Validated

This message is to notify you that your registration information has been validated by Northern Mariana Islands Portal. You may now access the portal to enter separation information for your affected employees.

STEP 2

SEPARATION NOTICES/INDIVIDUAL REGISTRATION OF AFFECTED STAFF



How to Enter Separation Notices

hitemarianas.com/vosnet/folders/emp/regfolder.aspx

Menu

- My Employer Workspace
 - My Employer Dashboard
 - Directory of Services
 - How We Can Help You
- Quick Menu
 - Manage Jobs
 - Candidate Search
 - Employer Resources
 - Employer Portfolio
- Services for Employers
 - Recruitment Services
 - Education Services
 - Labor Market Services
 - Unemployment Services** Pandemic Separation Notice
 - Human Resource Info
 - EEO Information
 - Labor Relations
 - Government Resources
 - Wellness and Ergonomics
 - Employer Incentives
 - Staff Provided Services
- Reports
 - Detailed Reports

Mailing Address

Check here if Mailing Address is the same as the address above.
Address has been standardized.

* Mailing Address 1: PO BOX 503842

Mailing Address 2:

Mailing Address 3:

* Mailing City: SAIPAN

* Mailing State: Northern Mariana Isl

* Mailing Country: United States

* Mailing Zip/Postal: 96950-3842
99999 or 99999-9999

[Update]

Contact Information

* Job Title: HR Manager

* First Name: Leonano

Middle Initial: A

* Last Name: Rulok

When you receive our email that activates your account, please log in using your username and password. Next, scroll down on the left side of the screen and click on the following: **Service for Employers, Unemployment Services** and then **“Pandemic Separation Notice.”**

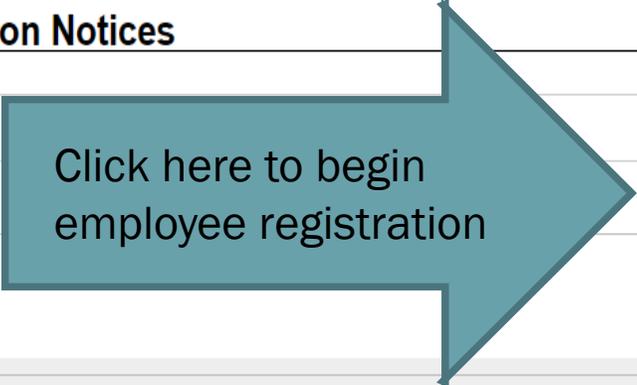


This is the listing of Employer Separation Notices.

 For help click the information icon.

[+ Show Filter Criteria](#)

Employer Separation Notices



Click here to begin
employee registration

No records found

[\[Add a new Separation Notice \]](#)

[Return to Previous Page](#)

[Services](#) [Portfolio](#) [Site Map](#) [Site Search](#) [Page Preferences](#) [Assistance](#)

[Privacy Statement](#) | [Disclaimer](#) | [Terms of Use](#) | [Accessibility](#) | [Recommended Settings](#) | [EEO](#) | [Protect Yourself](#) | [About this Site](#) | [Contact Us](#)

[Home](#) [Sign Out](#)

Copyright © 1998-2020 Geographic Solutions, Inc. All rights reserved.

19.0

My Employer Workspace

My Employer Dashboard

Directory of Services

How We Can Help You

Quick Menu

Manage Jobs

Candidate Search

Employer Resources

Employer Portfolio

Services for Employers

Recruitment Services

Education Services

Labor Market Services

Unemployment Services

Human Resource Info

EEO Information



Please note that failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker's separation from employment.

Separation Notice

Employee Information

*Employee First Name:

*Employee Last Name:

*Employee SSN:

*Employee Date of Separation:

*Employee Date Hired:

*Employee Date Last Worked:

Employee Recall Date:

If you intend to rehire your furloughed workers in the near future, please enter the date here.
If the date is unknown, leave this field blank.

Date of Separation: It would be the date the reduction/suspension of hours, furlough, or termination became effective. Suspension/reduction of work was issued would be Notice of Separation.

Date Last Worked: It would be the date the reduction/suspension of hours, furlough, or termination became effective.

Recall Date: Sections without an asterisk (*) are not required fields and can be left blank. This section does not have an asterisk (*) and can be left blank. Enter a date if the employee was given a return date.

- Menu
- Manage Employers
- Manage Résumés
- Manage Job Orders
- Manage Labor Exchange
- Manage Activities
- Manage Providers
- Manage Case Assignment
- Manage Profiling
- Manage Adult Education
- Manage Follow-Up
- Manage Surveys
- Manage Online Forms
- Reports
- My Reports
- Summary Reports
- Detailed Reports
- Custom Reports
- Ad-Hoc Query Wizard
- Federal Reports
- Live Data
- Customer Relationship Management
- Create a Marketing Lead
- Contacts List
- Marketing Leads

If the date is unknown, leave this field blank.

Separation Reason

* The Reason for Separation:

None Selected

None Selected

Disaster / Pandemic Lack of work

Labor Dispute / Strike

Layoff

Leave of Absence

Part Time or Reduced Hours

Resigned / Quit

Still Working Full-Time

Suspended from Work

Terminated / Fired

Select "Part Time or Reduced Hours" if that was what the employee initially experienced during their employment as it relates to the Pandemic.

* Explain Reason for Separation:

Benefit Payments

Hourly Rate Of Pay:

Hours Worked per Week:

Customary hourly rate of pay prior to the Pandemic

Customary hours prior to the Pandemic

Separation Attachments

Choose File No file chosen

No records found

By submitting the form with the Save button, I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

Save Cancel

- Manage Case Assignment
- Manage Appeals
- Manage Providers

- Currently Managing**
- SAIPAN INTERNATIO..., INC.
- Hemley, James Gerard
- Release Employer
- Assist a new Employer

- My Staff Workspace**
- My Staff Dashboard
- My Staff Resources
- My Staff Account
- Directory of Services

- Services for Workforce Staff**
- Manage Individuals
- Manage Employers
- Manage Résumés
- Manage Job Orders
- Manage Labor Exchange
- Manage Activities
- Manage Providers

Employee Information

* **Employee First Name:**

* **Employee Last Name:**

* **Employee SSN:**

* **Employee Date of Separation:**

* **Employee Date Hired:**

* **Employee Date Last Worked:**

Employee Recall Date:

If you intend to rehire your furloughed workers in the near future, please enter the date here. If the date is unknown, leave this field blank.

Separation Reason

* **The Reason for Separation:**

* **Employee Reduced Hours:**

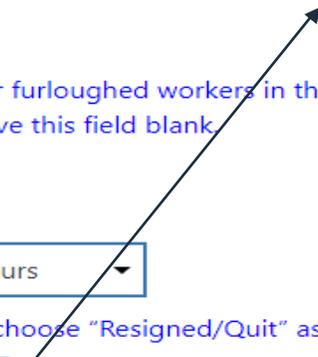
If an employee is retiring, choose "Resigned/Quit" as the Reason for Separation.

* **Explain Reason for Separation:**

Employee work hours were reduced because lack of business.

[Clear Text]

Total hours in week they were reduced to



Inbox (48) - francesatorres@ SF-424 Family | GRANTS.GO Northern Mariana Islanc X + v

https://www.hiremarianas.com/vosnet/UI/BaseEmployer/SeparationNotice.aspx

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

My Employer Workspace

- My Employer Dashboard
- Directory of Services
- How We Can Help You ▶

Quick Menu

- Manage Jobs
- Candidate Search
- Employer Resources ▶
- Employer Portfolio ▶

Services for Employers

- Recruitment Services ▶
- Education Services ▶
- Labor Market Services ▶
- Unemployment Services ▶
- Human Resource Info
- EEO Information

HIRE MARIANAS

Please note that failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker's separation from employment.

Print Submitted Separation Notice

If you would like to print a copy of the information you just entered, click the *Print* button below in this section. Your pop-up blocker must be turned OFF in order to print the form you submitted.

Print ← Optional to print

Add Another Separation Notice

Would you like to add another Separation Notice?

Yes No

Type here to search

2:31 PM 5/19/2020

Separation Notice

Employer Information

Company: CNMITEST1
Company Street Address 1: P.O. Box 2
Address 2:
City: Saipan
State: MP
Zip: 96950
Name: Coco ,Diaz
Title: HR Manager
Phone Number: 670-664-3196
Email Address: co.diaz.dol@gmail.com

Employee Information

Employee First Name: Ainoha
Employee Last Name: Diaz
Employee SSN: xxx-xx-0123
Employee Date of Separation: 02/02/2020
Employee Date Hired: 01/15/2018
Employee Date Last Worked: 02/01/2020
Employee Date of Recall:

Recall Hours:

Employee Refused Recall: False

Separation Reason

Reason For Separation: Disaster / Pandemic Lack of work

New Reduced Hours:

Explain Reason for Separation Furloughed due to temporary business closure

Benefit Payments

Hourly Rate of Pay: \$9.50

Hours Worked Per Week: 40

I certify that the worker whose name and Social Security Number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

This form has been submitted electronically. There is no need to mail a copy to Pandemic Unemployment Program.

IMPORTANT: Give a copy of this form to the separating worker and retain a copy for your files.

Employer
signature

Signature

Date