

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 (PUA) REQUEST FOR RECONSIDERATION OR APPEAL FORM

<u>INSTRUCTIONS</u>: Please fill out this form with all the required information and submit to the appropriate office. You may submit additional information or supporting documents with this form.

If you are denied benefits and disagree with the issued "Notice of Decision on Pandemic Unemployment Assistance Claim," you may request reconsideration and/or file an appeal to the CNMI Department of Labor by submitting the Request for Reconsideration and/or Appeal Form and all relevant documents to the appropriate office.

Reconsideration means that the Division of Employment Services (DES) will review its prior determination and consider any new information. 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 reconsiderations can be dropped off in person (Building #1334, Ascension Drive), delivered by mail (Division of Employment Service, PO Box 10007, Saipan MP 96950) or electronically mailed to info@puamarianas.com.

Appeal means the Administrative Hearing Office 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 mailed to you. The appeal period may be extended to 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.

If DES does not issue a new determination, the application for Reconsideration and Appeal will be treated as an appeal.

<u>WARNING</u>: 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 unemployment fraud.

A. CONTACT INFORMATION

Claimant's (Last, First, Middle) or Employer's Name (if applicable)	Name of Authorized Representative, Attorney, or Agent for Service of Process (Optional):
SSN#	
Mailing Address	Street Address/Physical Location:
Primary Telephone Number:	Secondary Telephone Number:
Please indicate: Home Cell Other	Please indicate: Home Cell Other
Best hours to call:	Best hours to call:
Email Address:	Other Contact Information (Optional):
B. REQUEST	☐ CLAIMANT APPEAL
1. I am requesting the following action (s):	
Reconsideration of a Determination issued on the following date:	

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Appeal of a Determination or Amended Determination issued on the following date:
If filing a reconsideration or an appeal or both, please attach a copy of the determination or redetermination ar any other documents you want to introduce for consideration at the hearing.
2. The reason for my request is:
If you need additional space, please attach a separate document.
3. If requesting an appeal, the preferred method for holding a hearing is:
☐ In person, at the CNMI Department of Labor, Administrative Hearing Office
By telephone at the following phone number:
By video conferencing on Microsoft Teams at the following contact:
C. CERTIFYING STATEMENT & SIGNATURE
I certify that the information I have provided in this form, any attachments, and documents related to this form true and correct to the best of my knowledge and belief, and that I have supplied this information in order obtain Pandemic Unemployment Assistance (PUA). I understand I may be subject to criminal prosecution willfully concealing material facts or knowingly making a false statement to obtain PUA to which I am entitled.
I understand that the above-stated information will serve as the basis for initiating a request for reconsiderate or an appeal. I certify there is no frivolous or improper basis for this filing, including but not limited to del harassment, or fraud. I understand that I may be contacted by the CNMI Department of Labor for the purposes providing further information or documents to substantiate the above-stated information.
Signature Date

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