



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 and 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 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date