



# FILE Your Weekly Certification to Continue Your Claim

## Explanation of Weekly Certification Process

Payments for Pandemic Unemployment Assistance are based on a seven day period from Sunday through Saturday. **To claim benefits for a week of Pandemic Unemployment Assistance, you must file a weekly certification.** Only by completing a certification each week can you receive a Pandemic Unemployment Assistance benefit.

- Your weekly benefit claim certifies that for the seven day certification period, you:
- Were ready, willing and able to work each day
- Were seeking full time employment as required
- Have completed your Work Search Verification
- Did not refuse any job offers or referrals
- Have reported any employment you had during the week and the gross pay or other payments you received

Your weekly certification should be completed in a timely manner; a delay in filing may result in a delay or denial of your payment.

You must file your weekly claim no later than 7 days from the weekending date you wish to certify on your weekly claim. Should you fail to file for 2 consecutive weeks, your claim will be inactivated.

### OBEY THE LAW!

Answer all the questions truthfully. Your answers become part of the record of your claim. You must report all earnings for the weeks in which you work – **even if you have not been paid yet.** Any information you provide may be verified through computer crossmatching programs of weeks claimed against employer reported earnings. If you fail to report wages or otherwise lie about your eligibility, you should expect an overpayment and potential fraud determination.

Providing incorrect information, or information on someone other than yourself may be considered fraud. False statements are punishable pursuant to CNMI law, relating to unsworn falsification to authorities. A person who knowingly makes a false statement or knowingly withholds information to obtain PUA benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, garnishment of federal tax refunds and loss of future benefits.

By filing this claim you acknowledge that you have read the CNMI PUA Handbook, which includes information about your civil rights under federal law, and that you are responsible to abide by the information and instructions in the handbook.

I am the person listed on this PUA claim and I have read and understand the information regarding potential fraud penalties

**You are filing for the week beginning Sunday,        /        /        and ending Saturday,        /        /        . Please respond to each question with ONLY this week in mind.**

### Social Security Number

Social Security Number (SSN):        -        -               Re-enter Social Security Number:        -        -

### Name

First Name:        Middle Initial:        Last Name:

### Email Address

Primary Email:        Confirm primary Email address:

### Residential Address

Are you homeless? Yes No

[If yes, provide the address of the shelter / location you last stayed in or the address of a relative who is authorized to receive your mail. Under Mailing address, provide an address at which you can receive correspondence.](#)

[This is where you live. You may use your mailing address or PO Box if no residence address exists.](#)

Address Line 1:        Address Line 2:  
Zip Code:        City:        State:        Country:

### Mailing Address

[This is where you receive your mail.](#)



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Use residential address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address Line 1:		Address Line 2:	
Zip Code:	City:	State:	Country:
<b>Phone Numbers</b>			
Primary Phone: - -			
Primary Phone Type:			
<input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative's Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other			
Alternate Phone: - -			
Alternate Phone Type:			
<input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative's Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other			
Text Message Cell Phone Number: - -			
Only certain communications such as Virtual Recruiter Alerts can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.			
Fax: - -			
<b>Email Address</b>			
Primary Email:		Confirm Primary Email Address:	
<b>Secondary Email Address</b>			
Primary Email:		Confirm Secondary Email Address:	
<b>COVID-19 Public Health Emergency Information</b>			
<p>How did the COVID-19 Public Health Emergency cause your unemployment?</p> <p>To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one or more of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming.</p> <p><input type="checkbox"/> I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;</p> <p><input type="checkbox"/> A member of my household has been diagnosed with COVID-19;</p> <p><input type="checkbox"/> I am providing care for a family member or a member of my household who has been diagnosed with COVID-19;</p> <p><input type="checkbox"/> A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work;</p> <p><input type="checkbox"/> I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;</p> <p><input type="checkbox"/> I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19;</p> <p><input type="checkbox"/> I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency;</p> <p><input type="checkbox"/> I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19;</p> <p><input type="checkbox"/> I quit my job as a direct result of COVID-19;</p> <p><input type="checkbox"/> My place of employment is closed as a direct result of the COVID-19 public health emergency;</p> <p><input type="checkbox"/> I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.</p> <p><input type="checkbox"/> I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.</p> <p><input type="checkbox"/> I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.</p> <p><input type="checkbox"/> I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.</p> <p><input type="checkbox"/> None of the above apply to me.</p>			
<b>Acknowledgement</b>			

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<p>*I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.  <input type="checkbox"/> Yes, I understand</p>
<p><b>Your Eligibility - Availability</b></p> <p>*Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>The law indicates that you must have been able to go to work each day and if you were offered a job you must have been able to accept it on every day of the week. If not you could be <b>disqualified from receiving unemployment benefits</b> and you will have to pay back any benefits you have received. You will not have the opportunity to modify your answers once finally submitted.</p> <p>Please note that this information may be crossed checked with employer records.</p>
<p><b>Your Eligibility – Availability Details</b></p> <p>If no:          Was your lack of availability for work due to an illness or disability during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, Please indicate the nature of your illness or disability:   <input type="checkbox"/> Health Certificate   <input type="checkbox"/> Leave of Absence   <input type="checkbox"/> Medical</p> <p>Was your lack of availability for work due to a family responsibility during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, Please indicate the nature of your responsibility:   <input type="checkbox"/> Child Care   <input type="checkbox"/> Domestic Responsibility   <input type="checkbox"/> Illness – Family Member</p> <p>Was your lack of availability for work due to employment or self-employment during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, Please indicate the nature of your employment:   <input type="checkbox"/> Agreement – Prior Employer   <input type="checkbox"/> Employed   <input type="checkbox"/> Failed to Contact Employer   <input type="checkbox"/> Interest in Employment   <input type="checkbox"/> Leave of Absence   <input type="checkbox"/> Self-Employed</p> <p>Was your lack of availability for work due to other issues during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, Please indicate the nature of your other issues:   <input type="checkbox"/> -9 Documentation   <input type="checkbox"/> Incarcerated   <input type="checkbox"/> License   <input type="checkbox"/> Personal Reasons   <input type="checkbox"/> Restricted Availability   <input type="checkbox"/> Social Security   <input type="checkbox"/> Unable to Work – Own Statement</p> <p>Was your lack of availability for work due to lack of transportation during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Your Eligibility - Workers' Compensation</b></p> <p>*Did you receive or apply for workers' compensation during the week?                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Your Eligibility - Private Income Protection</b></p> <p>*Did you receive or apply for private income protection for loss of wages including illness or disability during the week?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Your Eligibility - Supplemental Unemployment Benefit</b></p> <p>*Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement during the week?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Your Eligibility - Pension and Allowance</b></p> <p>*Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits) during the week?                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Please indicate the type of pension you received:  <input type="checkbox"/> Military Pension   <input type="checkbox"/> Pension (Not Military)   <input type="checkbox"/> Physical Limitations – Military   <input type="checkbox"/> Retirement</p> <p>Make sure you answer this question accurately. We may contact your previous employer to confirm this information.</p>
<p><b>Your Eligibility - Still Unemployed</b></p> <p>*Were you still unemployed, as a direct result of this COVID-19 Public Health Emergency, during the week?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Your Job Offers - Refused</b></p> <p>*Did you refuse any job offers during the week?                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>This includes any part-time or full-time job offer even if you feel this was not a suitable position for you.</p>



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IMPORTANT: The law says you could be **disqualified from receiving unemployment benefits** and you will have to pay back any benefits you have received if you do not have a good reason why you did not accept suitable work when offered. You will not have the opportunity to modify your answers once finally submitted.

Please note that an employer may notify the Department of Labor if you refuse to accept suitable work from them.

### Your Job Offers – Refused – Previous Employer or Contacts

Please enter the employer that offered you a job, during the week:

\*Employer: \_\_\_\_\_ \*Address of Record: \_\_\_\_\_  
\*Zip: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_

### Contact Information

Initial Contact Method: Email Other website (including social media) Phone Fax Other This website  
Contact Title: \_\_\_\_\_ Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_  
Contact Phone: - - Contact E-mail: \_\_\_\_\_ Contact Website: \_\_\_\_\_  
If online, include site name

### Job Title

Please enter a job title below for this offline job application. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

\*Job Title: \_\_\_\_\_

### Job Occupation

\*Please enter the occupation that best matches your job title.

### Job Offer Refusal Reason

\*What is the reason why you refused their job offer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Job Refusals

\*Did you refuse any other job offers during the week? Yes No

*This includes any part-time or full-time job offer even if you feel this was not a suitable position for you.*

### Employer Information

\*Employer: \_\_\_\_\_ \*Address of Record: \_\_\_\_\_  
\*Zip: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_

### Contact Information

Initial Contact Method: Email Other website (including social media) Phone Fax Other This website  
Contact Title: \_\_\_\_\_ Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_  
Contact Phone: - - Contact E-mail: \_\_\_\_\_ Contact Website: \_\_\_\_\_  
If online, include site name

### Job Title

Please enter a job title below for this offline job application. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

\*Job Title: \_\_\_\_\_

### Job Occupation

\*Please enter the occupation that best matches your job title.

### Job Offer Refusal Reason

\*What is the reason why you refused their job offer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your Earnings - Work Activity



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Did you work (full or part-time) or earn wages during the week? Yes No

This includes all wages such as regular pay, commissions and tips, severance pay, separation or dismissal pay, bonuses, vacation or holiday pay, wages received instead of notice (in lieu of notice), military retirement pay, workers compensation and WARN Act payments or any other payment based on your previous work.

**IMPORTANT: If you worked at all in the week, you must report ANY earnings. You must report these earnings even if you have not yet received any payment.**

Please note that the CNMI Department of Labor may cross check the answers you provide against several Local and Federal databases. If you do not tell us about wages earned during the week, you could be disqualified from receiving unemployment benefits and you will have to pay back any benefits you have received. You will not have the opportunity to modify your answers once finally submitted.

### Your Earnings - Employers

Please enter the employer that you worked for, during the week:

#### Employer Information

\*Employer: \_\_\_\_\_ \*Address of Record: \_\_\_\_\_  
\*Zip: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_

#### Contact Information

Initial Contact Method: Email Other website (including social media) Phone Fax Other This website  
Contact Title: \_\_\_\_\_ Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_  
Contact Phone: - - - - - Contact E-mail: \_\_\_\_\_ Contact Website: \_\_\_\_\_  
If online, include site name

#### Job Title

Please enter a job title below for this offline job application. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

\*Job Title: \_\_\_\_\_

#### Job Occupation

\*Please enter the occupation that best matches your job title.

#### Hired Information

\*Is this a permanent position with this employer? Yes No Salary: \_\_\_\_\_  
Salary Type: Hour Day Week Month Year Quarter Other Biweekly Semi-Monthly

#### Earnings Verification

Please indicate your gross earnings from this job during the week:  
Always report your Gross Earnings which are your total earnings before any deductions.  
Regular Earnings: \_\_\_\_\_ Holiday Pay: \_\_\_\_\_ \*Gross Amount Earned: \_\_\_\_\_

**IMPORTANT: If you worked at all in the week, you must report ANY earnings. You must report these earnings even if you have not yet received any payment.**

#### Work Days

Please indicate the days you worked during the week beginning Sunday, \_\_\_\_\_, 2020 and ending Saturday, \_\_\_\_\_, 2020:

Select Days Worked:

- Sunday, / /
- Monday, / /
- Tuesday, / /
- Wednesday, / /
- Thursday, / /
- Friday, / /
- Saturday, / /

#### Additional Employers with Earnings

\*Are there any other employers that you worked for (full or part-time) or earned wages from during the week?  
Yes No

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<p>This includes all wages such as regular pay, commissions and tips, severance pay, separation or dismissal pay, bonuses, vacation or holiday pay, wages received instead of notice (in lieu of notice), military retirement pay, workers compensation and WARN Act payments or any other payment based on your previous work.</p>		
<p><b>Your Earnings - Employers</b></p>		
<p>Please enter the employer that you worked for, during the week:</p>		
<p><b>Employer Information</b></p>		
*Employer:	*Address of Record:	
*Zip:	*City:	*State:
<p><b>Contact Information</b></p>		
<p>Initial Contact Method: <input type="checkbox"/>Email <input type="checkbox"/>Other website (including social media) <input type="checkbox"/>Phone <input type="checkbox"/>Fax <input type="checkbox"/>Other <input type="checkbox"/>This website</p>		
Contact Title:	Contact First Name:	Contact Last Name:
Contact Phone: - -	Contact E-mail:	Contact Website:
<p>If online, include site name</p>		
<p><b>Job Title</b></p>		
<p>Please enter a job title below for this offline job application. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.</p>		
<p>*Job Title:</p>		
<p><b>Job Occupation</b></p>		
<p>*Please enter the occupation that best matches your job title.</p>		
<p><b>Hired Information</b></p>		
<p>*Is this a permanent position with this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No Salary:</p>		
<p>Salary Type: <input type="checkbox"/>Hour <input type="checkbox"/>Day <input type="checkbox"/>Week <input type="checkbox"/>Month <input type="checkbox"/>Year <input type="checkbox"/>Quarter <input type="checkbox"/>Other <input type="checkbox"/>Biweekly <input type="checkbox"/>Semi-Monthly</p>		
<p><b>Earnings Verification</b></p>		
<p>Please indicate your gross earnings from this job during the week: Always report your Gross Earnings which are your total earnings before any deductions.</p>		
Regular Earnings:	Holiday Pay:	*Gross Amount Earned:
<p><b>IMPORTANT: If you worked at all in the week, you must report ANY earnings. You must report these earnings even if you have not yet received any payment.</b></p>		
<p><b>Work Days</b></p>		
<p>Please indicate the days you worked during the week: Select Days Worked:</p>		
<input type="checkbox"/> Sunday,	/	/
<input type="checkbox"/> Monday,	/	/
<input type="checkbox"/> Tuesday,	/	/
<input type="checkbox"/> Wednesday,	/	/
<input type="checkbox"/> Thursday,	/	/
<input type="checkbox"/> Friday,	/	/
<input type="checkbox"/> Saturday,	/	/
<p><b>Unable To Work - Own Statement (PUA)</b></p>		
<p>You state that you are unable to work at the present time.</p>		
<p>*Please provide a detailed statement as to why you are unable to work at this time.</p>		
<hr/> <hr/> <hr/>		
<p>Please include the following:</p>		
<p>1. The date of the incident that has caused you to be unable to work</p>		
<p>2. A description of the condition that prevents you from being able to work</p>		
<p>3. Are you under a doctor's care?</p>		
<p><b>PUA Unemployment Ended</b></p>		
<p>You stated that your unemployment is no longer a result of the pandemic.</p>		



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\*Please explain in detail (including dates) as to why your unemployment is no longer a result of the pandemic.

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**WARNING: FURNISHING FALSE INFORMATION OR WITHHOLDING ANY MATERIAL INFORMATION MAY RESULT IN DISQUALIFICATION FROM RECEIVING PANDEMIC UNEMPLOYMENT INSURANCE BENEFITS IN CNMI AND MAY RESULT IN CRIMINAL PROSECUTION FOR FRAUD.**

I am the person listed on this PUA claim and I have read and understand the information regarding potential fraud penalties and acknowledge that the information on this page is true and accurate and wish to continue to file my weekly certification.

**OBEY THE LAW!** Answer all the questions truthfully. Your answers become part of the record of your claim. You must report all earnings for the weeks in which you work – even if you have not been paid yet. Any information you provide may be verified through computer crossmatching programs of weeks claimed against employer reported earnings. If you fail to report wages or otherwise lie about your eligibility, you should expect an overpayment and potential fraud determination.

Providing incorrect information, or information on someone other than yourself may be considered fraud. False statements are punishable pursuant to CNMI law, relating to unsworn falsification to authorities. A person who knowingly makes a false statement or knowingly withholds information to obtain PUA benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, garnishment of federal tax refunds and loss of future benefits.

By filing this claim you acknowledge that you have read the CNMI PUA Handbook, which includes information about your civil rights under federal law, and that you are responsible to abide by the information and instructions in the handbook.

### **What to Expect Next**

Thank you for submitting your Weekly Certification. Based on our records, your expected payment status for this Payment Week is: **Your claim is still under review. You may be contacted by an agency representative if additional information is needed.**

You can contact the Call Center at 670-322-8870/71/72/73/74 if you have questions.