



# WEEKLY REQUEST FOR PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)

## Week Claimed

Beginning (Sunday)	Ending (Saturday)

Claimant Name (Last, First, Middle)  
(Please use name on file with the Social Security Administration)

Customer Identification Number or Social Security Number

### APPLICANT REQUEST

You are claiming benefits for the “week claimed” (shown above). You are eligible for PUA if you are unemployed, unable to work, or unavailable for work as a direct result of the COVID-19 public health emergency.

Please answer the following questions by checking the appropriate box(es) and or providing the additional information requested. Complete Section A and C if you worked in self-employment during the week. Go directly to sections B and C if you did not work in self-employment.

#### A. Self-Employment

5. Did you perform any work related to your normal self-employment during this week?  YES     NO

5a. GROSS payment received, whether services were performed during the week or not \$ \_\_\_\_\_

6. Was this work performed in an effort to RESUME your normal self-employment activity?  YES     NO

#### B. Employment

7. If you were not self-employed, did you do other work during the week claimed?  YES     NO

7a. Number of hours worked \_\_\_\_\_

7b. GROSS amount earned, whether payment has been received or not \$ \_\_\_\_\_

#### C. Weekly Eligibility

##### Did you apply for or receive:

8. Any insurance payments for loss of wages due to illness or disability?  YES     NO  
 If “YES,” Type of Payment: \_\_\_\_\_  
 Period Covered: From: \_\_\_\_\_ to \_\_\_\_\_

9. Any payments from private income protection insurance?  YES     NO  
 If “YES,” Type of Payment: \_\_\_\_\_  
 Period Covered: From: \_\_\_\_\_ to \_\_\_\_\_

10. Any payments of a supplemental unemployment benefit?  YES     NO  
 If “YES,” Type of Payment: \_\_\_\_\_  
 Period Covered: From: \_\_\_\_\_ to \_\_\_\_\_

11. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?  YES     NO  
 If “YES,” Type of Payment: \_\_\_\_\_  
 Period Covered: From: \_\_\_\_\_ to \_\_\_\_\_

12. Were you able and available for work during this week based on our **state requirements**?  YES     NO

13. I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.  YES     NO

14. I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.  YES     NO

15. A member of my household has been diagnosed with COVID-19.  YES     NO

16. A child or other person in my household for whom I am the primary caregiver is unable to attend a school that is closed as a direct result of the COVID-19 public health emergency and such school is required for me to work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. A child or other person in my household for whom I am the primary caregiver is unable to attend a facility that is closed as a direct result of the COVID-19 public health emergency and such facility care is required for me to work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES," has your employer called you back to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES," did you return to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. My place of employment is closed as a direct result of the COVID-19 public health emergency.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES," has your employer called you back to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES," did you return to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>This question is required by the U.S. Department of Labor. It only applies to independent contractors or self-employed people. It is your responsibility to determine what "significant" means when referring to a "significant reduction of services because of the COVID-19 public health emergency." This question does not apply to those employed by others who have had their hours reduced.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. 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.		
24. I quit my job as a direct result of COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Did you refuse any work during this week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. None of the above apply to me.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES," please provide information on why you are currently unemployed _____		

### MISREPRESENTATION

I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

I Understand

### APPLICANT CERTIFICATION

I certify that the information I have provided above, which will be used to determine my eligibility for Pandemic Unemployment Assistance, is correct to the best of my knowledge. I understand that I am subject to administrative penalties, including the penalties for perjury, or legal action if it is determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.

Signature: \_\_\_\_\_ Date (Month, Day, Year): \_\_\_\_\_

Please submit your completed application to:

Mail: Oregon Employment Department, PO Box 14165, Salem, OR 97311

Fax: (503) 371-2893

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

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