



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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

B. Employment

7. If you were not self-employed, did you do other work during the week claimed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7a. Number of hours worked	_____
7b. GROSS amount earned, whether payment has been received or not	\$ _____

C. Weekly Eligibility

<p>Did you apply for or receive:</p> <p>8. Any insurance payments for loss of wages due to illness or disability? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>9. Any payments from private income protection insurance? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>10. Any payments of a supplemental unemployment benefit? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>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? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
12. Are you able, available, and actively seeking work during this week based on our state requirements? If you do NOT seek work as required, or you cannot provide proof of your work-search activities when requested, your claim will be denied and your benefits will stop.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.	<input type="checkbox"/> YES <input type="checkbox"/> NO



15. A member of my household has been diagnosed with COVID-19.	<input type="checkbox"/> YES <input type="checkbox"/> 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. a. If "YES," has your employer called you back to work? a. If "YES," did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <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. a. If "YES," has your employer called you back to work? a. If "YES," did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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. a. If "YES," please provide information on why you are currently unemployed _____	<input type="checkbox"/> YES <input type="checkbox"/> NO



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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