



**Commonwealth of the Northern Marianas Islands
Department of Labor**

Office of the Secretary

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**PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)
VERIFICATION OF EMPLOYMENT**

Employer / Company:

Employer / Company Address:

Employee's Name: _____

SSN: _____

The above claimant has filed a partial claim for Pandemic Unemployment Assistance (PUA) because he/she reported that his/her work hours were temporarily reduced, and/or that they were furloughed or terminated from their employment with your company due to the COVID-19 Pandemic.

Please fill out ALL questions in order to substantiate the claimant's PUA claims.

1. What was the employee's position title prior to the COVID-19 Pandemic?

2. When was this employee hired by your company?

3. Did their position within the company change any time during the Pandemic Assistance Period (02/02/2020 – 09/04/2021)?

a. No

b. Yes (if selected, please list the title position)

4. Please specify if employee was:

a. Terminated / Laid Off **Effective Date:** _____

b. Furloughed **Effective Date:** _____

c. Reduced Hours **Effective Date:** _____

- d. ___ Other (if chosen, please specify, and give Effective Date of employment disruption)

5. What was the reason for their disruption of employment?

IF the employee was furloughed; please specify the period, or periods when they were furloughed (start to end).

6. Prior to their termination/furlough/reduction of hours (Pre-Pandemic), please select how the company viewed the individual's employment-status.

- a. ___ Full time
b. ___ Part time
c. ___ On call
d. ___ Other (if chosen, please specify, and give Customary Hours per week)

What was the employee's Customary Hours (per week)?

_____ Hours per week

7. During the Pandemic / after the reduction of hours and or furlough, how does the company view the individual's employment-status?

- a. ___ Full time (under reduced hours)
b. ___ Part time
c. ___ On call
d. ___ Other (if selected, please specify)

What was the employee's Customary Hours (per week)?

_____ Hours per week

8. What is the employee's customary work season?

- a. Year round
 - b. August to June
 - c. Other (if selected, please specify)
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9. Prior to their termination/furlough/reduction of hours (Pre-Pandemic), what was the employee's hourly rate? _____

10. Did the employee receive a pay raise, or a pay deduction at any time during the Pandemic Assistance Period (02/02/2020 – 09/04/2021)?

- a. No
 - b. Yes (if selected, please identify whether it was a Raise or Deduction, and list their new rate)
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11. Did the employee receive Severance Pay, PTO (Paid Time Off), PPP, Leave Payout, or any other unemployment assistance from your company during the Pandemic Assistance Period (02/02/2020 – 09/04/2021)?

- a. No
 - b. Yes (if selected, please list what assistance they received, and the period they received it)
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12. IF applicable, please specify employee's Employment-Status with your company for the period of: 08/01/2021 to 09/04/2021

- a. Full time (under reduced hours)
 - b. Part time
 - c. On call
 - d. Other (if chosen, please specify)
-

What was the employee's Customary Hours (per week)?

_____ Hours per week

Additional Information (to be used if necessary):

I certify that the above information is true and correct, to the best of my knowledge.

Employer / Representative:

Signature: _____

Print Name: _____

Date: _____

Title: _____

Contact Number: _____

Email: _____

**Please note, that a Department of Labor representative will contact you, in order to substantiate/verify this document, and all information given.*