



Commonwealth of the Northern Mariana Islands
Department of Labor – Office of the Secretary
 1356 Mednilla Avenue | Capitol Hill | P.O. Box 10007 Saipan, MP 96950
 Phone: (670) 664-3196 | Web: www.marianaslabor.net



**VERIFICATION OF PARTIAL UNEMPLOYMENT STATUS PANDEMIC
 UNEMPLOYMENT ASSISTANCE (PUA)**

Employer:

Mail Date:

Name:

Address:

Claimant's Name: _____

SSN: _____

The above claimant has filed a partial claim for Pandemic Unemployment Assistance (PUA) because s/he reported that his/her work hours were temporarily reduced. Please complete and return this form within **ten calendar days** from the mail date above. If the form is not returned, the claimant will have to change his/her status to totally unemployed, register for work, and make three job contacts every week. Please call the office shown below for questions or assistance in completing this form.

1. Prior to the reduction in work hours as a direct result of the COVID-19 public health emergency, was the claimant a full-time worker? Yes ___ No ___ (If "No," stop here and return the form.)
2. Reason the claimant is not working customary hours presently.
 - a) Not enough work due to the COVID-19 public health emergency
 - b) Other _____ If other, or COVID-19 Public Health Emergency, explain:

3. Will the claimant continue to be scheduled/offered reduced hours each week? Yes ___ No ___

4. Is the employer paying medical or paid leave to the claimant to compensate the reduction of hours or inability to work? Yes ___ No ___

- a) If Yes, amount paid weekly \$ _____
- b) If Yes, provide the date, if any, the employer will end medical coverage or stop maintaining the claimant's sick leave or vacation credits: _____ (mm/dd/yy)

5. If "No" to questions 3 and 4, do you plan to call the claimant back to work soon? Yes ____No____
- a) If "Yes," "Definite Return to Work Date" ____/____/____; or,
 - b) If not definite, the expected time period or number of weeks before he/she returns to work _____(Note: The claimant must be converted from partial to totally unemployed claim status if there is no definite or expected return to work date.)

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: _____

Return form via:

In-person: Division of Employment Service, Building #1334, Ascension Drive

Mail: ATTN: Division of Employment Service, PO Box 10007, Saipan MP 96950

Electronic Mail: info@puamarianas.com