



DEPARTMENT OF HUMAN RESOURCES
 AMERICAN SAMOA GOVERNMENT
 A.P. Lutali Executive Office Building
 PAGO PAGO, AMERICAN SAMOA
 Telephone: 684/ 633-4485
 Fax: 684/633-5667

**Pandemic Unemployment Assistance (PUA)
 &
 Federal Pandemic Unemployment Compensation (FPUC)**

**REQUEST FOR APPEAL
 or
 RECONSIDERATION**

Claimant's Name	SSN #	Program Type	Br & LO
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INSTRUCTIONS: Please fill out this form with all the required information and submit to the appropriate office. You may submit additional information or supporting documents with this form.

If you are denied benefits and disagree with the issued "Notice of Decision on Pandemic Unemployment Assistance Claim" you may request reconsideration and/or file an appeal to the Department of Human Resources by submitting the Request of Reconsideration and/or Appeal Form and all relevant documents to the appropriate Office.

Reconsideration means that the Department of Human Resources will review its prior determination and consider any new information. Request for reconsideration must be delivered to the Department of Human Resources, Employment & Training Division within ten (10) calendar days after the determination or redetermination was mailed to you.

Requests by reconsideration can be dropped off in person ASG Executive Office Building, Department of Human Resources or delivered by mail Division Employment & Training, American Samoa Government EOB Building, Pago Pago, American Samoa 96799. Appeals means the Administrative Hearing Office will hold an administrative hearing and consider all relevant evidence if the determination was correct.

Appeals must be submitted to the Administrative Hearing Office within ten(10) calendar days after the determination or redetermination was mailed to you. The appeal period may be extended to 30 calendar days by a show of good cause. Appeals may be filed in person at the ASG Executive Office Building; Department of Human Resources, 2nd Floor, Room 102 or electronically mailed to hearingpua@hr.as.gov

Appeal means that the American Samoa Administrative Judge Marie Alailima will hold an administrative hearing and consider all relevant testimony, documents, and evidence to determine if the American Samoa determination was correct.

IMPORTANT NOTICE: If you file a request for reconsideration or appeal, do not stop filing your claim certification.

**REQUEST FOR APPEAL
or
RECONSIDERATION (con't.)**

Claimant's (Last, First, Middle) or Employer's Name (if applicable)	Name of Authorized Representative, Attorney, or Agent for Service of Process (Optional)
SS#	
Mailing Address	Street Address (Physical Location)
Primary Telephone: Please indicate: () Home () Cell () Other Best hours to call:	Secondary Telephone Number: Please indicate () Home () Cell () Other Best hours to call:
Email Address:	Other Contact Information (Optional)

A. CONTACT INFORMATION

B. REQUEST BY: () Employer Appeal () Claimant Appeal

I am requesting (check the appropriate block) () Appeal () Reconsideration () Both for the following reason:

NOTE: If filing a reconsideration or an appeal or both, please attach a copy of the determination or redetermination and any other documents you want to introduce for considering at the hearing.

Name of Employer (if applicable)	Signature and Date
Address: _____ Village: _____	Address: _____ Village: _____
Zip Code: _____ Telephone: _____	Zip Code _____ Telephone: _____

**REQUEST FOR APPEAL
or
RECONSIDERATION (con't.)**

FOR OFFICE USE ONLY

Appeal filed in person _____ Office

Appeal filed by drop box _____

Appeal filed by mail postmarked _____ and received _____

() EMPLOYER APPEAL

() CLAIMANT APPEAL

COMMENTS: _____

CERTIFYING STATEMENT & SIGNATURE

I, certify that the information I have provided in this form, any attachments, and documents related to this form are true and correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain Pandemic Unemployment Assistance (PUA). I understand I may be subject to criminal prosecution for willfully concealing material facts or knowingly making a false statement to obtain PUA to which I am not entitled.

I understand that the above –stated information will serve as the basis for initiating a request for reconsideration or an appeal. I certify there is no frivolous or improper basis for this filing, including but not limited to delay, harassment, or fraud. I understand that I may be contacted by the Department of Human Resources for the purpose of providing further information or comments to substantiate the above-stated information.

Signature _____ **Date:** _____