



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

AMERICAN SAMOA

NOTICE OF DETERMINATION OF PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)
 OVERPAYMENT

Date Mailed:	SOCIAL SECURITY NO.#:
Type of Notice () Initial () Amended	
Applicant's Name and Mailing Address:	
Name: _____	
Address: _____	
Village: _____	State: _____ Zip Code: _____
Telephone: HM: _____	Cell #: _____

OVERPAYMENT

You are Overpaid Disaster Unemployment Assistance Benefits (DUA) in the amount of \$ _____
 for the weeks ending _____ through _____ because it was determined that

A: AMERICAN SAMOA Paying Claim:	B. Federal Pandemic Unemployment Compensation Weekly Benefit Amount: \$	C. PUA Weekly Benefit Amount: \$
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APPEAL RIGHTS

If you are denied full payment for this week and you disagree with this decision, you have the right to request a reconsideration or any appeal. Your appeal or request for reconsideration must be in writing on a department form or by letter, and filed in person or by mail. You must state the reasons you disagree with this decision. If you request reconsideration, the Department of Human Resources will review its prior decision and consider any new information you provide. If you wish to request reconsideration, you must submit the request within 15 days after the date this notice was delivered or mailed. If you request an appeal, a hearing will be scheduled with an appeals referee from the Department of Human Resources has been designated to hear your case.

The Department of Human Resources will forward all claim records to the referee. The appeal must be submitted within 15 days from the date this notice was mailed. The Administrative Law Judge will send you additional information on the hearings process.

Either request should be directed to: Marie A. Alailima, Administrative Law Judge, Tolu Street, Lions Park Road, Nu'uuli, American Samoa 96799

Agency Representative NAME: _____ TITLE: _____	SIGNATURE:	DATE (Month/Day/Year)
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