



**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) ELIGIBILITY	Social Security No.
	Type of Notice: <input type="checkbox"/> Initial <input type="checkbox"/> Amended
	Date Mailed:
Applicant's Name and Mailing Address:	
___ Initial Application filed on ___ For week(s) ending ___	

A. ENTITLED

<p>1. You are eligible for Pandemic Unemployment Assistance (PUA) provided that you meet all of the requirements that apply to an unemployed worker or an unemployed self-employed individual as defined at 20 CFR §625.2 and the unemployment was caused by the COVID-19 pandemic.</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Farmer <input type="checkbox"/> Fisherman <input type="checkbox"/> Business <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Other (Explain)</p> <p>_____</p> <p>_____</p>		
a. PUA claim effective date 02/02/20	b. AMERICAN SAMOA	c. PUA Weekly Benefit Amount \$ 182.00
<p>YOUR RIGHTS TO REVIEW OF THIS DETERMINATION IN THE NEXT PAGE</p>		

B. NOT ENTITLED

You are not eligible for Pandemic Unemployment Assistance (PUA) because:

- You are not a citizen, national, or qualified alien in American Samoa.
- You are not a U.S. citizen, national, or qualified alien (8 U.S.C. 1641)
- Your unemployment, partial unemployment or your inability to work or engage in self-employment is not because of the COVID-19 public health emergency (CARES Act Section 2102(a)(3))
- You are re-employed in suitable work beginning on _____
(20 CFR §625.13 (b)(1))
- You refused without good cause to apply for or to accept suitable work.
(20 CFR §625.4 (h); 625.13 (b)(2))
- Your unemployment was not caused by the COVID-19 public health emergency (CARES Act Section 2102(a)(3) because: _____
- OTHER

Agency Representative NAME: _____ TITLE: _____	SIGNATURE: _____	DATE (Month/ Day/Year)
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C. APPEAL RIGHTS

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

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