



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)**

VERIFICATION OF PARTIAL UNEMPLOYMENT STATUS

Employer: _____

Name: _____

Address: _____ Village: _____

Mail Date: _____

Claimant's Name: _____ SSN#: _____

The above claimant has filed a partial claim for Pandemic Unemployment (PUA) because the he/she reported that his/her hours were temporarily reduced. Please complete and return this form within the five (5) calendar day 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 results 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 maintain the claimant's sick leave or vacation credits: _____(mm/dd/yr)
5. If "No" to question 3 & 4, do you plan to call the claimant back to work soon? () Yes () No
- a. If "YES" Definite Return to Work" _____/_____/_____ 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: _____

Title: _____

Date: _____

Contact Number: _____ Cell: _____

Return Form to:

Department of Human Resources
Employment & Training Division
PUA/FPUC Office
A.P. Lutali Executive Office Building
American Samoa Government
Pago Pago, American Samoa 96799