



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)**

AMERICAN SAMOA

**REQUEST FOR SEPARATION INFORMATION
RELATED TO PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)**

Employer Name _____ Acct No: _____

Employer Address _____ Date Mailed: _____

City, State, Zip Code: _____ Date Filed; _____

Pandemic Unemployment Assistance (PUA) has become available to individuals whose unemployment was caused by the COVID-19 public health emergency. The PUA program is part of the relief provided under the federally-funded Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020.

A claim for PUA benefits has been filed by the individual below. The Department of Human Resources needs the following information to determine the claimant's eligibility for PUA benefits. Please complete and return the completed form to the address below.

ASG Executive Office Building
Department of Human Resources, 2nd Floor, Room 102
American Samoa Government
Pago Pago, American Samoa 96799

Claimant's Name (Last, First, M)	SSN
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Employer Section-please fill out as completely as possible

Type of Work Performed

Date Started	Last Day Worked	Date Separated
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Reason For Separation: (Check appropriate box. An * indicates reason for separation given by the claimant.)

Laid Off Due to Lack of Work.
 Voluntary Quit. (Details are required below)
 Discharged or Suspended from Work. (Details are required below)
 Directly Involved in Strike, Lockout or Other Labor Dispute.
 Work Available But Honoring Picket Line.
 No Work Available Because of Strike.
 Voluntary Retirement.
 Other. (Explain below)
 Still on Payroll.
 Separated Due to the COVID-19 public health emergency. (Details are required below.)

Explanation:

How much did the claimant earn in gross wages during the dates of employment reported above?
 \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Employer Rep Signature _____ **Date** _____
Print Name/Title _____ **Phone** _____