



CNMI DEPARTMENT OF LABOR



1331 Ascencion Dr., PO Box 10007, Saipan MP, 96950 (670) 664-3291 hearing@dol.gov.mp labor.cnmi.gov

PUA APPEAL FORM

Instructions: To file an appeal, please fill out the following form and submit to the Administrative Hearing Office. If you need additional space, you may submit a separate statement. Your appeal should include a copy of the decision you disagree with, identify why you believe the decision was incorrect, and include any evidence to support your position. Upon receipt, a hearing officer will review your case, schedule the matter for an administrative hearing where you will have the opportunity to present your case, and issue a decision either affirming or reversing the Department’s decision. Appeals must be submitted within ten (10) calendar days after the determination or notice of overpayment was mailed to you. The appeal period may be extended to thirty (30) calendar days by a showing of good cause. Appeals can be hand delivered, mailed, or emailed to the contact information provided above. For more information, please refer to the Benefit Rights Information Handbook, Published FAQs, and other resources on the Department’s website.

A. CLAIMANT INFORMATION

Note: The contact information provided will be used to effectuate service of process for important notices, orders, and decisions. It is your responsibility to ensure the contact information is correct and up to date.

1. Name (First, Middle, Last): _____
2. User ID # (Hiremarianas portal): _____
3. Mailing Address: _____
4. Physical Address: _____
5. Primary Telephone Number: _____ Home Cell Other
6. Secondary Telephone Number: _____ Home Cell Other
7. E-mail Address: _____
8. Other Contact Information (Optional): _____
9. Name & Contact Information for Authorized Representative, Attorney, or Agent for Service of Process (Optional): _____

B. TYPE OF REQUEST

1. I am requesting the following action (s):
 - Appeal of Determination(s) dated: _____
 - Appeal of Notice(s) of Overpayment dated: _____
 - Appeal of Redetermination(s) dated: _____

2. This request is:

- Timely filed within 10 days of each referenced mail date
- Filed within 30 days of each referenced mail date
- Filed beyond 30 days of each referenced mail date

If you are filing an appeal more than ten (10) days from the date of your determination, notice, or redetermination was mailed to you, please justify the reason for delay.

C. BASIS FOR APPEAL

1. Are you contesting *eligibility for benefits*? Yes No

If yes, complete section below for the contested denial period.

a. Which denied weeks are you contesting? _____

b. Did you receive unemployment benefits from any other state or unemployment program? Yes No

If yes, please specify weeks and program: _____

c. Was your claim(s) timely filed? Yes No

If no, please indicate reason for delay? _____

d. Did you timely submit the necessary or requested information for an adjudicator to determine the eligibility of your claim? Yes No

If no, please indicate what was not submitted and why: _____

e. Were you unemployed or reduced gross pay at \$494 or less for each week you were denied? Yes No

f. Was your unemployment a direct result of a qualifying COVID-19 reason(s)? Yes No

If yes, please specify qualifying reason(s) for each week contested: _____

g. Were you a US Citizen, Non-citizen National, or Qualified Alien during the claimed benefit week? Yes No

If yes, specify status and applicable identification numbers: _____

h. Do you have sufficient evidence to prove your immigration status and, if applicable, employment authorization documents? Yes No

i. Were you able, under law, to work during the contested weeks? Yes No

j. Were you available, under law, to work during the contested weeks? Yes No

k. Were you required to submit work search logs for the contested weeks? Yes No

2. Are you contesting an **overpayment**? Yes No

If yes, complete section below for the contested overpaid weeks.

a. Which allegedly overpaid weeks are you contesting? _____

b. Did you meet the above-stated eligibility requirements for each contested week? Yes No
If no, which weeks, if any, was it met? _____

c. Are you contesting the calculated overpayment amount? Yes No
If yes, what amount do you believe is correct and how did you calculate it? _____

d. Are you contesting overpayment deductions made to your benefits?..... Yes No
If yes, how much do you believe you are owed and how did you calculate it? _____

3. Are you contesting eligibility for or amount of overpayment **waiver(s)**? Yes No
If yes, complete section below for waivable weeks.

a. Do you believe you are entitled to a waiver because: (1) the overpayment occurred through no fault of your own; and (2) it would be against equity and good conscience to have to repay the overpaid amount? Yes No
If yes, for which weeks? _____

b. Do you believe you are entitled to a waiver because the overpayment occurred even though you answered “no” or did not respond to inquiries about being unemployed, partially unemployed, or unable or unavailable for work because of a qualifying COVID-19 reason? Yes No
If yes, for which weeks? _____

c. Do you believe you are entitled to a waiver because the overpayment occurred even though you answered “no” or did not respond to inquiries about being able and available to work? Yes No
If yes, for which weeks? _____

d. Do you believe you are entitled to a waiver because you are eligible for a different unemployment benefit program in the CNMI, but through no fault of your own, was incorrectly paid PUA at a higher weekly benefit amount?..... Yes No
If yes, for which weeks? _____

e. Do you believe you are entitled to a waiver because the overpayment occurred after: (1) you complied with instructions to submit proof of earnings in self-employment; however (2) through no fault of your own; (3) the instructions were inadequate or the Department incorrectly processed the calculation for benefits. Yes No
If yes, for which weeks? _____

f. Do you believe you are entitled to a waiver for any other reason? Yes No
If yes, for what reason and which weeks? _____
