



**Commonwealth of the Northern Mariana Islands**  
**Department of Labor** – Pandemic Unemployment Assistance Program  
 1356 Mednilla Avenue | Capitol Hill | P.O. Box 10007 Saipan, MP 96950  
 Phone: (670) 664-3196 | Web: www.labor.cnmi.gov



## PUA REQUEST FOR RECONSIDERATION FORM

**Instructions:** To file a request for reconsideration, please fill out the following form and submit to the **Administrative Services Office, Building No. 1356 on Mednilla Avenue, Capitol Hill.**

Your request should identify why you believe the decision was incorrect and include any new evidence to support your position. Upon receipt, the PUA staff will review its prior decision, consider any new information provided, and issue a redetermination either affirming or reversing its prior decision. Requests for reconsideration must be submitted within ten (10) calendar days after the determination or notice of overpayment was mailed to you. Requests can be hand delivered or mailed 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 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):
  - Reconsideration of Determination(s) dated: \_\_\_\_\_
  - Reconsideration of Notice(s) of Overpayment 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 the request for reconsideration or appeal more than ten (10) days from the date of your determination or notice, please justify the reason for delay.

**C. BASIS FOR RECONSIDERATION**

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 above 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 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? \_\_\_\_\_

4. If you have any other reason for contesting the determination, notice, or redetermination, please use the space below to explain.

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**D. CERTIFYING STATEMENT & SIGNATURE**

*I certify that the information I have provided in this form, and any attachments or documents submitted with this form, are true and correct to the best of my knowledge and belief. I understand that the above-stated information will serve as the basis for initiating the PUA reconsideration process and it is my burden to prove my claim by providing evidence and responding to Department inquiries.*

*I understand that I may be contacted by the Department of Labor for resolving this reconsideration and consent to service of process through any available means. I certify there is no frivolous or improper basis for this filing, including but not limited to delay, harassment, or fraud. I understand I may be subject to criminal prosecution for willfully concealing material facts or knowingly making a false statement to obtain PUA to which I am not entitled.*

\_\_\_\_\_  
Name [Print and Sign]

\_\_\_\_\_  
Date

**This space is for internal use only**

Documents attached w/ Reconsideration:

- Determination(s)
- Notice of Overpayment(s)
- Government Identification(s)
- Employment Record(s)
- Financial Record(s)
- Immigration Record(s)
- Employment Authorization Document(s)
- Additional Statement(s)
- Other Supporting Documents: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_