

**Georgia Department of Labor**  
**Request for Weekly Pandemic Unemployment Assistance (PUA) Payment**

<b>A. Applicant Information</b>			
First Name	Middle Name	Last Name	Last 4 Digits of SSN
Mailing Address Street		Apt./Unit	Career Center
Mailing Address City		State	Zip
<b>B. Applicant's Request</b>			
1. Were you able, available and actively seeking work during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain.			
2. Did you refuse any work offered this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain.			
3. Did you work or earn wages in employment or self-employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following:  Name of Employer: _____  Gross Earnings Paid: \$_____. ____  Are you still working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, select reason for separation: <input type="checkbox"/> Job Ended <input type="checkbox"/> Still Working <input type="checkbox"/> Discharged <input type="checkbox"/> Quit			
4. Did you apply for and receive unemployment compensation under any type of State or Federal Program during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following: Payment Type: _____ Amount Received: \$_____. ____ Per Unit: _____			
5. Have you received or will you receive any payments for loss of wages due to illness or disability during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following: Payment Type: _____ Amount Received: \$_____. ____ Per Unit: _____			
6. Have you received or will you receive any type of payment from a private income protection insurance plan during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following: Payment Type: _____ Amount Received: \$_____. ____ Per Unit: _____			
7. Have you received any payments from a supplemental unemployment benefit (SUB) plan during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following: Payment Type: _____ Amount Received: \$_____. ____ Per Unit: _____			
8. Have you received payments from any retirement, pension, or annuity under a public or private plan or system during this week? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter the following: Payment Type: _____ Amount Received: \$_____. ____ Per Unit: _____			

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**C. Applicant's Certification**

I certify I am totally or partially unemployed this week because:

- ☐ I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- ☐ A member of my household has been diagnosed with COVID-19.
- ☐ I am providing care to a family member or other individual in my household who has been diagnosed with COVID-19.
- ☐ I am providing care for a child or individual, for whom I have primary caregiving responsibility, who cannot attend school or another facility because of closure due to COVID-19.
- ☐ I am unable to report to my place of employment because a quarantine has been imposed due to COVID-19.
- ☐ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ I was scheduled to start employment, but no longer have a job, or I am unable to reach the job due to COVID-19.
- ☐ I have become the breadwinner or major support for my household because the head of household died as a direct result of COVID-19.
- ☐ I had to quit my job as a direct result of COVID-19.
- ☐ My place of employment is closed as a direct result of COVID-19.
- ☐ I am a self-employed/independent contractor/gig worker and have experienced a significant reduction of my customary or usual services because of COVID-19.
- ☐ I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes, but is not limited to, those related to facial mask wearing, social/physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.
- ☐ I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of changes in the work schedule or partial closures that is directly caused by COVID-19.
- ☐ I am an employee and my hours have been reduced or I was laid off as a direct result of COVID-19.
- ☐ None of the above apply to me; therefore, I am not unemployed or partially unemployed or unable to work due to COVID-19.

Enter reason for requesting PUA payment:

I am requesting a weekly Pandemic Unemployment Assistance (PUA) payment. By my signature, I certify the information provided is true and correct to the best of my knowledge and belief. I understand the law prescribes penalties, possible forfeiture of assistance, and/or criminal prosecution for misrepresentation or concealment of facts in order to obtain or increase assistance for myself or someone else. I understand that I may be required to repay any Pandemic Unemployment Assistance I am not entitled to receive.

Signature

Date