

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

A. Applicant Information			
First Name	Middle Name	Last Name	Last 4 Digits of SSN
Mailing Address Street		Apt./Unit	Career Center
Mailing Address City		State	Zip
B. Applicant's Request			
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.
- 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 work because a quarantine has been imposed due to COVID-19.
- I have been advised by a health care provider to self-quarantine due 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 not unemployed or partially unemployed or unable to work due to COVID-19.
Enter reason for requesting 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