

AMENDED WEEKLY CLAIM FOR PANDEMIC UNEMPLOYMENT ASSISTANCE BENEFITS

PLEASE NOTE: Use this form only if you were directed by the Department of Economic Security (DES) to file an **AMENDED** Weekly Claim for Pandemic Unemployment Assistance (PUA) Benefits. Otherwise, use the standard Weekly Claim for Pandemic Unemployment Assistance (PUA) Benefits, form number UIB-1245A.

Name: _____

Social Security Number: _____ Week Ending Date (MM/DD/YYYY): _____

To qualify for PUA, you must self-certify that you are otherwise able to work and available for work, except that you are unemployed, partially unemployed, unable to work or unavailable for work due to at least one of the following categories listed in the CARES Act. You may select more than one reason, if multiple reasons apply to you. You may also select a different reason from previous weeks or from your initial application, if a different reason now applies to your circumstances. I hereby self-certify that my unemployment is due to the following circumstance(s):

You have been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.

A child or other person in your household for which you are the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work.

You are unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 Public health emergency.

You are unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

You were scheduled to commence employment and do not have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency.

If so, what date were you supposed to start working (MM/DD/YYYY)? _____

You have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

You quit your job as a direct result of COVID-19.

Your place of employment is closed as a direct result of the COVID-19 public health emergency.

You were denied continued unemployment benefits because you 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, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

You provide services to an educational institution or educational service agency and are unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

You are an employee and your hours have been reduced or you were laid off as a direct result of the COVID-19 public health emergency.

You are self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.

None of the above apply to you.

I certify that the information I have provided above, which will be used to determine my eligibility for Pandemic Unemployment Assistance, is correct to the best of my knowledge. I understand that I am subject to administrative penalties, including the penalties for perjury, or legal action if it is determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.

Signature: _____

Date: _____

Please complete both pages of this weekly certification.

Guidance for answering the following questions is located on page 3 of this form.

1. Except for the COVID-19 reason(s) you selected, were you able to work each regular workday? Yes No
2. Except for the COVID-19 reason(s) you selected, were you available for work each regular workday? Yes No
3. Did you look for work? Yes No

On or after benefit week ending May 29, 2021, you must complete four qualifying work search activities on four different days of the week in order to be eligible for PUA benefits.

Date	Name of Employer/Company/Union and Address (City, State and Zip Code) or (Web URL, email address)	Name of person contacted	Method (In person, Internet, mail)	Type of work sought	Action taken on the date of contact

4. Did you refuse any job offer or referral to work? Yes No
5. Did you work or earn any money, including part-time work? Yes No

DES regularly matches hiring information with employer records. Failure to report earnings may result in prosecution and payment of restitution. **(If YES, you must answer 5a. and 5b.)**

5a. What were your gross earnings before deductions? \$ _____

5b. Are you still working? Yes No

(If NO, check reason for separation, and answer 5b1 and 5b2 below.)

Lack of work Quit Fired or Discharged Labor Dispute

5b1. Name of company you separated from: _____

5b2. What was your last day of work (MM/DD/YYYY)? _____

6. Have you returned to full-time work which will not require you to file any further weekly claims at this time? Yes No
- Failure to disclose that you have returned to work may result in prosecution and payment of restitution.
7. Did you begin attending any type of school or training this week? Yes No

I am claiming benefits for the calendar week that ended on Saturday midnight, as shown above. The above statements are true and correct to the best of my knowledge. I have reported all changes in writing. I understand that the law provides penalties for false statements made in connection with this claim and if any issues arise from my answers above, the department will contact me. I understand that the CARES Act self-certification made on this form is under penalty of perjury and that any intentional misrepresentation in self certifying that I fall into the COVID-19 category listed above is fraud. I understand that if I am found to have committed fraud I may be subject to criminal prosecution.

Claimant's Signature: _____ Date: _____

When completed, fax to:
 (888) 417-3638 (Toll-Free)
 (602) 362-5389 (Phoenix)

You may also mail to: Arizona Department of Economic Security
 ATTN: PUA Processing MD 5895
 P.O. Box 29225
 Phoenix AZ 85038-9225

Instructions for Completing Weekly Claim for PUA Benefits

You must file a weekly claim each week. A determination will not be made until you file a weekly claim. All weekly claims are for a calendar week which starts at 12:01 a.m. Sunday and ends at 12:00 midnight on the following Saturday. Weekly claims cannot be filed until after the calendar week has ended.

Below is a brief explanation for each of the questions you will be required to answer each week.

- 1. Except for the COVID-19 reason(s) you selected on page 1, were you able to work each regular workday?**
 Able to work - You are able to work if you have no mental or physical condition that prevents you from working or accepting work.
- 2. Except for the COVID-19 reason(s) you selected on page 1, were you available for work each regular workday?**
 Available for work - You are available for work if you do not have any restrictions that would prevent you from looking for or accepting full-time work when offered.
- 3. Did you look for work?**
 Prior to benefit week ending May 29, 2021, DES temporarily suspended the “actively seeking work” requirement due to COVID-19. Your answer to question 3 will not be used to determine your eligibility prior to benefit week ending May 29, 2021. On or after benefit week ending May 29, 2021, individuals filing a claim for benefits are required to actively seek work by completing four qualifying work search activities on four different days of the week.
- 4. Did you refuse any job offer or referral to work?**
 Refusing a job offer or referral to work – you turned down work that was offered to you or you did not report to an employer that you were referred to from the Employment Service office.
- 5. Did you work or earn any money, including part-time work?**
 DES regularly matches hiring information with employer records. Failure to report earnings may result in prosecution and payment of restitution. (If YES, you must answer 5a. and 5b.)
 - 5a. What were your gross earnings before deductions?**
 If you performed any work or earned any money you must report it on your weekly claim. You must report the total amount earned before deductions. Wages must be reported the week in which the work is performed even if you have not been paid yet.
 - 5b. Are you still working?**
NO – Lack of work or a Reduction in force – laid off, no more work was available
 Quit – Voluntarily left employment
 Fired, discharged or Let go – Misconduct
 Labor Dispute – A dispute or disagreement which results in a strike or lockout at the place of employment.
 The department will confirm that a labor dispute exists.
- 6. Have you returned to full-time work which will not require you to file any further weekly claims at this time?**
 Failure to disclose that you have returned to work may result in prosecution and payment of restitution.
YES – you are working and earning an income in excess of your weekly benefit amount and do not have to file a weekly claim.
NO – you are still unemployed and wish to continue filing a weekly claim.
- 7. Did you begin attending any type of school or training this week?**
 Answer “Yes “ if you started a new term or new class during this week. This includes attending school as a full time student and a part time student.