

**PUA QUESTIONNAIRE
No Attachment to the Labor Market/Workforce**

In order to determine the claimant's eligibility for [Pandemic Unemployment Assistance \(PUA\)](#), it is requested that you answer the following questions:

Claimant Name _____ Social Security No. _____

Last Employer's Name: _____

Employer's Address: _____

Employer's Telephone No. _____ Employer's FAX No. _____

What was the: first date worked? _____

last date worked? _____

If no base-year wages or no documentation proving self-employment has been provided and/or added to the claim, then read:

READ: I need to advise you all calls to the PUA Call Center are recorded. PUA is only for individuals who are unemployed due to COVID-19 reasons. PUA benefits do not cover individuals without an attachment to the labor market or those who are unemployed for non-COVID-19 reasons. This benefit is only for individuals who would otherwise be working but are unable to work because of the current pandemic. Do you understand this information? Yes No

1. Were you working when COVID-19 impacted Pennsylvania in March of 2020? Yes No

If yes, were you self-employed or working for an employer? (select one below)

Self-employed

Other employer

What was your first day of work? _____

What was your last day of work? _____

If self-employed, please provide proof of employment to your dashboard.

If other employer:

What is the name of the person at the employer's place of business the department may contact to verify you were employed with them when COVID-19 impacted Pennsylvania? _____

What is the phone number? (employer or above contact person) _____
(Advise claimant to upload proof of employment—pay stub, etc.)

If no, did you have a definite job that was intended to begin in Pennsylvania and did NOT due to COVID-19? Yes No

If yes:

Please provide the employer's name and address:

Please provide the employer's phone number:

What was the scheduled first day of work? _____

Did you begin working for this employer on the scheduled first day? Yes No

If no, how were you notified that you would not be starting the job?

In writing (Please upload the document to your dashboard.)

Contacted by phone

By whom: _____
(Please provide the name and phone number of the person that will verify you **were** hired and due to COVID-19 could not begin working.)

Please explain the reason the job did not begin as scheduled:

If yes, how were you notified?

In writing (Please upload the document to your dashboard.)

Contacted by phone

By whom: _____
(Please provide the name and phone number of the person that will verify you **were** hired and due to COVID-19 could not begin working.)

Were you informed that you would begin the new job at a later date? Yes No

If yes, on what date were you informed? _____

What was the start date? _____

If no, please explain: _____

If this date has already passed, did you start to work on that date? Yes No

If yes, are you still employed? Yes No

If no, why didn't you start to work on that date?

2. If you were not working in Pennsylvania at the time COVID-19 impacted the state, or did not have a definite job offer in Pennsylvania that was canceled due to COVID-19, what is the reason you are filing for unemployment benefits on PUA in Pennsylvania? _____

3. Do you want to provide any **additional information** that you feel may have a bearing on your eligibility for unemployment compensation? (If information exceeds provided space, please include additional sheets as attachments.)

- 1. I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.
- 2. All information provided is true, correct and complete to the best of my knowledge and belief.
- 3. I acknowledge that a person who makes a false statement or representation knowing it to be false, or knowingly fails to disclose a material fact to obtain or increase any UC benefits commits a criminal offense under Section 801(a) of the UC Law, 43 P.S. § 871(a), and may be subject to a fine, imprisonment and restitution.

Name: _____ **Date:** _____

Information provided by telephone to UC representative: _____ **On:** _____
(Initials)