

Filing
Weekly Certification Reports
for
Pandemic Unemployment
Assistance

Pandemic Unemployment Assistance

Pandemic Unemployment Assistance (PUA) is a program under the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020.

PUA provides unemployment assistance to workers who are **not eligible** for regular Unemployment Insurance (UI) compensation.

After you have filed your new PUA claim application, you will begin submitting your **weekly claim reports** for each week you are requesting benefits. This document will help you navigate the **weekly claim report**.

This guidance applies to **anyone** who has submitted a PUA application.

To submit your weekly certification reports, please visit our [online claim system](#) and select Pandemic Unemployment Assistance.



Have questions about filing your unemployment insurance claim and potential benefits? Please review our [COVID-19](#) page for information, including frequently asked questions and video tutorials. If you still have questions please send a detailed message to [Get help](#) and we will respond as soon as possible.
 ¿Tiene preguntas acerca de cómo presentar su reclamo de desempleo y beneficios potenciales? Por favor vea nuestra página de información del COVID-19 en español que incluye preguntas frecuentes y tutoriales en video.

If you want to learn more about or apply for Pandemic Unemployment Assistance (PUA) program, visit [here](#).

Welcome to Your Online Claim System		Español
File Your New Claim	Establish a new claim for Oregon unemployment benefits. Help If you are filing due to COVID-19, please watch this training video .	
Claim a Week of Benefits	Claim a week of unemployment benefits once your claim is established. Just like claiming by phone but easier! * Please see notes below. Help If you completed your New Claim this week, please wait until Sunday to Claim a Week of Benefits. If you are out of work due to COVID-19, please read the FAQs prior to claiming a week of benefits.	
Pandemic Unemployment Assistance	Pandemic Unemployment Assistance (PUA) Intake and Weekly Claims. Help For customers who wish to file their claim or weekly certifications in languages other than English, OED will be providing this online form in other languages soon. In the meantime, please call Worksystem at 1-503-606-6969 for free assistance in other languages.	
Extension (PEUC)	Pandemic Emergency Unemployment Compensation (PEUC) Intake and Weekly Claims. Help	
Status of Weekly Report	See the status of your current weekly claim report (if claimed by Internet or phone) Help Please note: This system is only updated once per day. Please wait until the next business day before checking again.	
Status of Your Claim and Weekly Reports	View your weekly payment details, claim balance and expiration date, work search records, and UI Basics Review results. Please note: This system is only updated once per day. Please wait until the next business day before checking again. IMPORTANT: The status of your claim will not be available until your claim has been processed. Help	

A new, easy to use Pandemic Unemployment Assistance (PUA) online system has been created. To file your PUA initial or weekly claim using the new online system, select "Yes" below.

To opt out of the new PUA online system and go back to the Secure Upload, select "No" below.

Would you like to use the new PUA online system?

For customers who wish to file their claim or weekly certifications in languages other than English, OED will be providing this online form in other languages soon. In the meantime, please call Worksystem at 1-503-606-6969 for free assistance in other languages.



Please note: The Internet Explorer browser is not supported for this new PUA application.

To use the new PUA online system, please select **YES**.

If you choose **NO**, you will be taken to the old PUA secure upload.

NOTE: For instructions on how to use secure upload, [click here](#).

⚠ Please call Worksystem at [1-503-606-6969](tel:1-503-606-6969) for free assistance in other languages.

The Pandemic Unemployment Assistance (PUA) program provides unemployment benefits to self-employed, contract, and other workers who cannot get regular Unemployment Insurance (UI).

If you were laid off by your employer, you likely qualify for regular UI. Please file initial or weekly claims for regular benefits using our [Online Claim System](#).

Have questions about filing your PUA claim and potential benefits? Please review our [COVID 19](#) page for PUA information, including frequently asked questions and video tutorials.



Sign in



[Don't have an account? Sign Up](#)

If you already have a login for the online claim system, please use your login credentials to log into the PUA online system.

If you have not used the online claim system, please register by selecting the **Sign Up link** below the **SIGN IN** button.



Welcome to your online claim system

FILE YOUR NEW CLAIM

Establish a new claim for Oregon Pandemic Unemployment Assistance.



CLAIM A WEEK OF BENEFITS

If you have filed a claim application, you still need to submit a weekly claim in order to request benefits. For each week you want to file for weekly benefits, you must certify that you meet the eligibility requirements. Until you claim at least one week of benefits, NO payments or decisions will be made on your claim. If you completed your New Claim this week, please wait until Sunday to claim a week of benefits.

To submit a week of benefits,
please select
CLAIM A WEEK OF BENEFITS.



Weekly Request For Pandemic Unemployment Assistance (PUA)

i APPLICANT INFORMATION

Please use name on file with the Social Security Administration

Claimant First Name *

Claimant Middle Name

Claimant Last Name *

Customer ID Number or Social Security Number *

●●●-●●-●●●9

Week Claimed Beginning (Sunday)

Week Claimed Ending (Saturday)

You are claiming benefits for the "week claimed" (shown above). You may be eligible for PUA if you are unemployed, unable to work, or unavailable for work as a direct result of the COVID-19 public health emergency.

Please answer the following questions by checking the appropriate box(es) and or providing the additional information requested.

BACK

NEXT

A SELF EMPLOYMENT

B EMPLOYMENT

C WEEKLY ELIGIBILITY

D ADDITIONAL DOCUMENTS (OPTIONAL)

E APPLICANT CERTIFICATION

Please enter your name, and the beginning day of the week you wish to claim. Your answer will auto populate the week ending date.

When you are done, select **Next**.



Missing one or more required field



Weekly Request For Pandemic Unemployment Assistance (PWA)

i APPLICANT INFORMATION

Please use name on file with the Social Security Administration

Claimant First Name *

Claimant Middle Name

Claimant Last Name *

Value is required

Value is required

Customer ID Number or Social Security Number *

●●●-●●-●●●9

Week Claimed Beginning (Sunday) 📅

Week Claimed Ending (Saturday) 📅

Value is required

You are claiming benefits for the "week claimed" (shown above). You may be eligible for PUA if you are unemployed, unable to work, or unavailable for work as a direct result of the COVID-19 public health emergency.

Please answer the following questions by checking the appropriate box(es) and or providing the additional information requested.

BACK

NEXT

A SELF EMPLOYMENT

B EMPLOYMENT

C WEEKLY ELIGIBILITY

D ADDITIONAL DOCUMENTS (OPTIONAL)

E APPLICANT CERTIFICATION

IMPORTANT: Required fields are marked with an asterisk.

You will not be able to proceed without completing all required fields on the form.

Did you perform any normal self-employment work during this week?

Answer **YES** if the work you performed was related to your self-employment.

GROSS Payment Received, whether services were performed during the week or not.

If you answered **YES** to the question above, provide your GROSS pay for this week, whether services were performed during the week or not.

For example, GROSS pay could be for payments received that week for previous work completed.

Was this work performed in an effort to RESUME your normal self-employment activity?

Answer **YES** if you performed your regular self-employment job duties.

Answer **NO** if you engaged in any other self-employment activities not related to the normal or regular self-employment work you had been performing.

For example, you are self-employed as a barber, but have decided to make hand made masks at this time.

OREGON.GOV Pandemic Unemployment Assistance

ENGLISH

Weekly Request For Pandemic Unemployment Assistance (PUA)

✓ APPLICANT INFORMATION

A SELF EMPLOYMENT

5. Did you perform any work related to your normal self-employment during this week?
 Yes No

5a. GROSS Payment Received, whether services were performed during the week or not

6. Was this work performed in an effort to RESUME your normal self-employment activity?
 Yes No

BACK NEXT

B EMPLOYMENT

C WEEKLY ELIGIBILITY

D ADDITIONAL DOCUMENTS (OPTIONAL)

E APPLICANT CERTIFICATION

If you were not self-employed, did you do other work during the week claimed?

Answer **YES** if you performed work unrelated to self-employment. This could include work as an employee of a business or gig economy work.

Number of Hours Worked

Enter the **total hours you worked** during the week in which you are requesting benefits.

If you do not have a set schedule, you will need to **keep track of the hours you work** so you can accurately report it on your weekly claim.

GROSS Amount Earned, whether payment has been received.

If **you are employed as an employee**, report any earnings you will receive from work performed during the week, regardless of whether you have received the pay.

For example, if you earn \$150 in gross pay each week, but you are paid at the beginning of each month, you will report \$150 on your weekly claim.

OREGON.GOV Pandemic Unemployment Assistance

ENGLISH

Weekly Request For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ SELF EMPLOYMENT
- B** EMPLOYMENT
- C WEEKLY ELIGIBILITY
- D ADDITIONAL DOCUMENTS (OPTIONAL)
- E APPLICANT CERTIFICATION

7. If you were not self-employed, did you do other work during the week claimed?

Yes No

7a. Number of Hours Worked

7b. GROSS Amount Earned, whether payment has been received or not

BACK NEXT

The first question in Section C has four sub questions.

If you answered **YES** to any of the sub questions, please provide the type of payment and period you received the payment for.

Were you able and available for work during this week based on our state requirements?

Answer **YES** if you were able and available for work based on the Oregon Employment Department's current [temporary rules](#).

Not sure? Select the blue hyperlink above to review current rules.

Were you caring for a family member or a member of your household who has been diagnosed with COVID-19?

Answer **YES** if the care requires such ongoing and constant attention that your ability to perform other work functions is severely limited.

Answer **NO** if you are assisting a family member who is able to adequately care for themselves.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

C WEEKLY ELIGIBILITY

Did you apply for or receive:

8. Any insurance payments for loss of wages due to illness or disability?
 Yes No

9. Any payments from private income protection insurance?
 Yes No

10. Any payments of a supplemental unemployment benefit?
 Yes No

11. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019?
 Yes No

12. Were you able and available for work during this week based on our state requirements?
 Yes No

13. Were you caring for a family member or a member of your household who has been diagnosed with COVID-19?
 Yes No

14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?
 Yes No

15. Has a member of your household been diagnosed with COVID-19?

Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?

Answer **YES** you have been diagnosed with COVID-19 by a qualified medical professional.

Answer **YES** if you are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis.

Answer **NO** if you are not experiencing symptoms or if you are experiencing symptoms, but you are not seeking a medical diagnosis.

Has a member of your household been diagnosed with COVID-19?

Answer **YES** if a member of your household has been diagnosed as having COVID-19 by a qualified medical professional.

Answer **YES** if a member of your household has tested positive for COVID-19 and you are unable to work as a result.

Answer **NO** if a member of your household is experiencing symptoms but has not yet been diagnosed with COVID-19.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?
 Yes No

15. Has a member of your household been diagnosed with COVID-19?
 Yes No

16. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?
 Yes No

17. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?
 Yes No

18. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?
 Yes No

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?
 Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?
 Yes No

Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?

Answer **YES** if you are required to remain at home to provide care for the child or other person in the household.

Answer **YES** if your job allows for telework, but the amount care requires such ongoing and constant attention that it is not possible for you to perform work at home.

Answer **NO** if the child or other person is able to adequately care for themselves.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?
 Yes No

15. Has a member of your household been diagnosed with COVID-19?
 Yes No

16. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?
 Yes No

17. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?
 Yes No

18. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?
 Yes No

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?
 Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?
 Yes No



14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?

Yes No

15. Has a member of your household been diagnosed with COVID-19?

Yes No

16. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?

Yes No

17. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?

Yes No

18. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?

Yes No

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?

Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Yes No

Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID-19?

Answer **YES** if the head of household previously contributed the majority of financial support, has died as a direct result of COVID-19, and you are now the person in the household expected to provide financial support.

Are you 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?

Answer **YES** if you have been advised by a qualified medical professional that you may be infected with the coronavirus and that you should self-quarantine.

Answer **YES** if you had direct contact with another person who has tested positive for the coronavirus or been diagnosed with COVID-19 by a qualified medical professional, and have been advised by a health care provider to self-quarantine to prevent further possible spread of the virus. Such circumstances would make you unable to reach your place of employment.

Answer **YES** if your immune system is compromised because of a serious health condition and you have been advised by a health care provider to self-quarantine in order to avoid the greater-than-average health risks that you might face if you were to become infected by the coronavirus.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?
 Yes No

15. Has a member of your household been diagnosed with COVID-19?
 Yes No

16. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?
 Yes No

17. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?
 Yes No

18. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?
 Yes No

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?
 Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?
 Yes No



14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?

Yes No

15. Has a member of your household been diagnosed with COVID-19?

Yes No

16. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19?

Yes No

17. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19?

Yes No

18. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19?

Yes No

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?

Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Yes No

Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your place of employment because doing so would require the violation of the Stay Home. Save Lives. order.

Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID-19 public health emergency?

Answer **YES** if you are unable to reach your job because doing so would require the violation of the Stay Home. Save Lives. order, or the employer has closed the place of employment.

Answer **YES** if you do not have a job because the employer postponed the job offer as a direct result of the COVID-19 public health emergency.

Answer **YES** if you do not have a job because the employer rescinded the job offer as a direct result of the COVID-19 public health emergency.

Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?

Answer **YES** if your employer shut down or reduced their hours due to an emergency declaration or due to necessary social distancing protocols.

OREGON.GOV Pandemic Unemployment Assistance ENGLISH

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?
 Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?
 Yes No

21. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID-19 public health emergency?
 Yes No

22. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?
 Yes No

23. Did you quit work as a direct result of the COVID 19 public health emergency
 Yes No

24. Did you refuse any work during this week?
 Yes No

BACK NEXT



Did you quit work as a direct result of the COVID-19 public health emergency?

Answer **YES** if you have been diagnosed with COVID-19 by a qualified medical professional or were experiencing symptoms and seeking a diagnosis, but your employer was unable to accommodate your situation by allowing you to work from home or take time off and you had to leave work.

Answer **YES** if you had to care for another individual either because they were ill or because their normal care facility was closed (such as daycare/school or eldercare), and you had to quit work because your employer could not accommodate your situation by allowing you to work from home or take time off.

Did you refuse any work during any of the weeks claimed above?

Answer **YES** if an employer offered you work but you refused, regardless of the reason.

19. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19?

Yes No

20. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?

Yes No

21. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID-19 public health emergency?

Yes No

22. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?

Yes No

23. Did you quit work as a direct result of the COVID 19 public health emergency

Yes No

24. Did you refuse any work during this week?

Yes No

[BACK](#)[NEXT](#)



Weekly Request For Pandemic Unemployment Assistance (PUA)

✓ APPLICANT INFORMATION

✓ SELF EMPLOYMENT

✓ EMPLOYMENT

✓ WEEKLY ELIGIBILITY

D ADDITIONAL DOCUMENTS (OPTIONAL)

If you are found to be eligible for PUA we will establish a minimum claim of \$205. If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for tax year 2019. To be considered for a higher claim amount you must have earnings in excess of \$16,480 for the year 2019. To see how much you may be eligible to receive based on your earnings, [click here](#).

Documents are not required if previously submitted.

 Choose a file or drag it here

BACK

NEXT

E APPLICANT CERTIFICATION

Additional Documents

This section is optional, but you may provide your proof of income for tax year 2019 to have us evaluate your claim for an increased weekly benefit amount.

You can provide your proof of income by dragging it into the section below.



Weekly Request For Pandemic Unemployment Assistance (PUA)

- ✓ APPLICANT INFORMATION
- ✓ SELF EMPLOYMENT
- ✓ EMPLOYMENT
- ✓ WEEKLY ELIGIBILITY
- ✓ ADDITIONAL DOCUMENTS (OPTIONAL)

E APPLICANT CERTIFICATION

25. I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

I Understand

I certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain PANDEMIC UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release the information TO ANY SOURCE for purposes authorized under Employment Department law.

I Certify

BACK

SUBMIT

Applicant Certification

To submit your weekly requests for PUA, you must read the applicant certification and certify that the information supplied in the form is accurate to the best of your knowledge and is under penalty of perjury.

Select **SUBMIT** to submit you weekly request for PUA.



Weekly Claim Completed

Your form has been successfully submitted!

Time remaining before sign out: 50

[RETURN TO THE SIGN IN PAGE](#)

Congratulations!

Your weekly request for PUA has been submitted.

The **preferred method** to submit your weekly certifications is through the **PUA Online System**.

If you are unable to submit your weekly certifications through the PUA online System, you may also submit it by fax or mail.

Mail: You can mail your PUA weekly certifications to Oregon Employment Department at P.O. Box 14165, Salem, OR 97311.

Fax: We have several fax machines linked to the 503-371-2893 fax number for your PUA application and weekly certifications.

IMPORTANT: Make sure you claim your benefits each week you wish to receive payment.

Find more information about our Pandemic Unemployment Assistance Program by visiting our webpage:

<https://unemployment.oregon.gov/>

