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.
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](#).
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.
To submit a week of benefits, please select **CLAIM A WEEK OF BENEFITS**.
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**.
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.
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.
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.

Answer NO if you are assisting a family member who is able to adequately care for themselves.
Have you been diagnosed with COVID–19, or are you experiencing symptoms of COVID–19 and seeking a medical diagnosis?

Answer **YES** if 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.

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>14. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis?</td>
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<td>15. Has a member of your household been diagnosed with COVID-19?</td>
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<td>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?</td>
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<td>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?</td>
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<td>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?</td>
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<td>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?</td>
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<td>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?</td>
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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.
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.
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.
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.

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
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.

- 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.
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 your weekly request for PUA.
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/