

Certification Questions: Pandemic Unemployment Assistance (PUA)

The Rhode Island Department of Labor and Training has made changes to the questions asked by UI Online in order to comply with federal regulations. We have added descriptions and help text for most questions, to assist claimants with the weekly certification process.

Please be sure to carefully read the help text following each certification question, which provides additional guidance on how to best answer the questions.

Question Text	Help Text
Did you work during the week of MM/DD to MM/DD?	<ul style="list-style-type: none"> If you worked for wages or other earnings this week, answer “Yes” to this question regardless of whether you worked full-time or part-time. If you did not work for wages or other earnings, answer “No”.
Did you return to full-time work during the week of MM/DD to MM/DD?	<ul style="list-style-type: none"> If you returned to work and expect to work full-time going forward, answer "Yes" to this question. If you are a small-business owner or independent contractor and reasonably expect to resume working a similar number of hours to the number of hours you worked prior to COVID-19 going forward, answer “Yes”. If you returned to work but will not be guaranteed full-time hours going forward, answer "No" to this question. If you worked full-time or part-time prior to COVID-19 and your hours are now reduced due to COVID-19, answer “No” to this question.
Enter the date on which you returned to full-time work.	<p>Provide the date on which you returned to full-time work and were guaranteed full-time hours, going forward.</p> <ul style="list-style-type: none"> If you are a small-business owner or independent contractor, enter the date you began working a similar number of hours to the number of hours you worked prior to COVID-19. If you are not guaranteed full-time hours going forward, you did not officially return to full-time work and should change your answer to the previous question.
Did you work full-time or part-time during the week of MM/DD to MM/DD?	<ul style="list-style-type: none"> If you considered yourself a full-time worker prior to COVID-19 and during the last week you worked a similar number of hours to the number of hours you worked prior to COVID-19, answer “full-time”. If you worked fewer hours than you normally would have prior to COVID-19, answer “part-time”.
Earnings (amount)	<p>Enter your total gross wages or other earnings for last week, before any tax deductions. If you earned no wages or other earnings last week, enter 0. Please make sure to round up to the nearest whole dollar. For example, if you earned 103 dollars and 52 cents, enter 104 dollars.</p> <p>Earnings do not include:</p> <ul style="list-style-type: none"> UI Benefit Payments Social Security Payment Cash Assistance

<p>Were you able and available to work full-time?</p>	<ul style="list-style-type: none"> • Even if your place or places of employment are closed or you have reduced hours, answer “Yes” if you could have worked full-time hours if they had been offered to you. For example, if your employer had been open and you had been offered full-time hours for the week, could you have worked them? • If you are unable to work because of childcare issues or qualified health issues due to COVID-19, you can answer “Yes” to this question. • If the number of hours you could work has been reduced due to COVID-19, you can answer “Yes” to this question. <p>You must be able and available for full-time work to claim benefits for last week.</p>
<p>Are you actively looking for suitable work?</p>	<ul style="list-style-type: none"> • If you are a small-business owner or independent contractor and reasonably expect to resume working a similar number of hours to the number of hours you worked prior to COVID-19, answer “Yes”. • If you have reasonable assurance that your former employer will rehire you, you can answer “Yes” to this question.
<p>Are you out of work due to COVID-19?</p>	<p>Answer “Yes” if one (or more) of the following applies to you:</p> <ol style="list-style-type: none"> 1. You have been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis. 2. A member of your household has been diagnosed with COVID-19. 3. You are providing care for a family member or a member of your household who has been diagnosed with COVID-19. 4. A child or other person in your household, for whom you have primary caregiving responsibility, cannot attend school or another facility that is closed due to COVID-19 and such school or facility care is required for you to work. 5. You are unable to reach your place of employment because of a quarantine imposed as a direct result of COVID-19. 6. 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. 7. You were scheduled to start work and no longer have a job or are unable to reach your job as a direct result of COVID-19. 8. You have become the bread-winner or major support for a household because the former head of the household died as a direct result of COVID-19. 9. You had to quit your job as a direct result of COVID-19. 10. Your place of employment is closed as a direct result of COVID-19. <p>Even your place or places of employment are still open, if you were laid off or have reduced hours due to COVID-19, you can answer “Yes” to this question.</p>
<p>Did you refuse any offer of suitable work?</p>	<p>“Suitable work” is any work that someone in your occupation would typically perform, that is located within a reasonable distance of your home or last place of work, and is not detrimental to your health or safety. Please note: You cannot refuse a genuine offer of suitable work and claim unemployment benefits.</p> <ul style="list-style-type: none"> • If you have reasonable assurance that your former employer will rehire you, you can answer “No” to this question. • If you are a small-business owner or independent contractor and reasonably expect to resume working a similar number of hours to the number of hours you worked prior to COVID-19, answer “No”.
<p>Did you apply for worker’s compensation insurance, sick pay, or disability pay?</p>	<p>Answer “Yes” to this question only if you <u>applied</u> for worker’s compensation insurance, for disability pay or Temporary Disability Insurance, or you <u>applied</u> to your employer to receive sick pay for the week.</p>

Did you receive a pension payment?	If you received a pension payment last week, answer “yes” to this question.
Did your pension payment amount change?	If your pension amount changed last week, answer “yes” to this question.
Earnings Certification	I certify that I have reported all gross wages and earnings, bonuses, and commissions earned between MM/DD and MM/DD and that the information presented in this weekly certification is correct to the best of my knowledge.
Attestation	I understand that I am responsible for any inaccurate or false information provided and that I am liable for all benefits paid using my Personal Identification Number (PIN).