



**GOVERNMENT OF PUERTO RICO**  
**Department of Labor and Human Resources**



PR-SD-589 F  
 REV. 5/20

**APPLICATION FOR PANDEMIC EMERGENCY UNEMPLOYMENT COMPENSATION (PEUC) COVID-19  
 FOR WEEKS BEGINNING ON MARCH 29, 2020 AND ENDING ON DECEMBER 26, 2020**

<b>A. PERSONAL INFORMATION (Please answer all questions.)</b>				
1. Claimant's Name (Last Names, Name, Middle Initial):		2. Social Security Number:	3. Date (m/d/y):	
4. If your Postal Address has changed since July 1, 2019, provide the new one (number, street, municipality or city, country, zip code):		5. E-mail:		
		6. Phone Number(s):		
<b>B. EMPLOYMENT INFORMATION (Please answer all questions.)</b>				
7. Did you work in Puerto Rico after having exhausted all rights to regular unemployment compensation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Did you work in any other State in the last 18 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Did you work in the federal civil service, active military service or in the United States during the last 18 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Did you receive vacation or sick leave pay after having exhausted all rights to regular unemployment compensation?.... <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Did you receive or apply for unemployment compensation in any other State in the last 18 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate in what state and the date in which you filed (m/d/y):				
12. Are you receiving compensation under the Unemployment Compensation (UC) law of Canada?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Are you able and available for work, and actively seeking work? Answer YES if you are able and available for work, but have been unable to do so due to the COVID-19 emergency. .... <input type="checkbox"/> Yes <input type="checkbox"/> No -If you answered NO, explain why.				
<p>IF YOU ANSWERED YES TO ANY OF THE QUESTIONS FROM #7 TO #9, PLEASE COMPLETE THE NEXT SECTION ON EMPLOYMENT HISTORY.        IF YOU ANSWERED NO TO ALL QUESTIONS FROM #7 TO #9, SKIP TO THE APPLICANT'S CERTIFICATION AND DO NOT PROVIDE EMPLOYMENT HISTORY.</p>				
<b>C. EMPLOYMENT HISTORY: Indicate your most recent employer during the last 18 months prior to this application, including federal civil service, active military service and employment in the United States.</b>				
14. Employer's Name and Address (number, street, municipality or city, country, zip code):		15. Occupation:	16. Hours Worked Weekly:	
17. Employment Start Date (m/d/y):		18. Employment End Date (m/d/y):		<b>DO NOT WRITE IN THIS SPACE</b>
				Employer Number
19. Duties Performed:		20. Reason for Unemployment:		Industrial Classif.
				Legal Entity
				S N A
				Separation Code
				Industrial State
<p><b>CLAIMANT'S CERTIFICATION: I certify under penalty of perjury that the information I have provided here is correct. I have volunteered it for the purpose of obtaining Pandemic Emergency Unemployment Compensation (PEUC) for COVID-19. I am aware that the law provides civil and criminal penalties, including prosecution, for offering false or fraudulent information or hiding material facts for the purpose of obtaining payments of benefits to which I am not entitled.</b></p>				
Applicant's Signature		Interviewer's Signature		
<b>DO NOT WRITE ON THIS PSACE – FOR USE OF LOCAL OFFICE ONLY</b>				
DATE REGISTERED IN SABEN:	REGISTERED IN SABEN BY:	SUPERVISOR'S SIGNATURE		