



KANSAS DEPARTMENT OF LABOR

www.dol.ks.gov

PUA REQUEST FOR INFORMATION- WORKED OUTSIDE THE STATE OF KANSAS

K-PUA 730

MAIL: PUA Program
401 SW Topeka Blvd
Topeka, KS 66603

Upload:
www.pua.getkansasbenefits.gov

Claimant Name: _____ Social Security no.: _____

Additional information is required to determine your eligibility for benefits. Complete this form and return it within **seven** days of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.**

You have indicated on your initial claim that you worked outside of the state of Kansas in the last 18 months. In which state(s)—other than Kansas—did you work since October 1st of 2018?

What type of employment was this? For example: self-employment, contract work, regular W2 employment etc.

What was your last day physically worked in any other state other than Kansas? _____

In which state(s)—other than Kansas—did you apply for or receive benefits from? (list all states)

Which program benefits did you apply for or receive?

- | | |
|--|---|
| <input type="checkbox"/> Regular state unemployment | <input type="checkbox"/> Extended benefits |
| <input type="checkbox"/> Pandemic Emergency Unemployment Compensation (PEUC) | <input type="checkbox"/> Pandemic Unemployment Assistance (PUA) |
| <input type="checkbox"/> Other, explain: _____ | |

If you applied for or received unemployment compensation directly from the federal government, explain the program(s):

When did you apply for those benefits (state or federal)? _____

If you are receiving benefits, when did you start receiving them? _____

How much are you receiving per week? \$_____

If you were denied, when was the denial issued to you? _____

You MUST provide a copy of that denial along with this form

Certification: I certify that the information I have provided is correct and complete, and I understand 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 CARES ACT, and such penalties may include repayment of funds, disqualifications for multiple years, and criminal prosecution under federal law.

Signature: _____ Date: _____

Phone Number: _____ Email: _____