<<[data.getMailedDate()]>>

**NOTICE OF AGENCY DETERMINATION**

<<[data.getFirstName()]>> <<[data.getLastName()]>>

<<[data.getAddressLine1()]>> <<[data.getAddressLine2()]>>

<<[data.getCity()]>>, <<[data.getState()]>> <<[data.getZip()]>>

Application ID: <<[data.getApplicationId()]>>

**FINDING OF FACTS:** <<[data.getFactFindingSummary()]>>

**DECISION:** Disqualified beginning <<[data.getDisqualificationStartDate()]>>

**PERIOD OF DISQUALIFICATION:** <<[data.getDisqualificationPeriod()]>>

**LAW:** Section 2102(h) of the CARES Act (PL 116-136) provides that the regulations in Title 20 of the Code of Federal Regulations (CFR) Part 625 shall apply to the PUA program “except as otherwise provided in this section or to the extent there is a conflict” between section 2102 and 20 CFR Part 625. These regulations “shall apply to this section as if (1) the term ‘COVID-19 public health emergency’ were substituted for the term ‘ major disaster’ each place it appears in such 20 CFR Part 625; and (2) the term ‘pandemic’ were substituted for the term ‘disaster’ each place it appears in 20 CFR Part 625.”

As applicable to Pandemic Unemployment Assistance (PUA) 20 CFR §625.14 provides that any individual who, with respect to a COVID-19 public health emergency, makes or causes another to make a false statement or misrepresentation of a material fact, knowing it to be false, or knowingly fails or causes another to fail to disclose a material fact, in order to obtain for the individual or any other person a payment of PUA to which the individual or any other person is not entitled, shall be disqualified. If the false statement, misrepresentation, or nondisclosure (pertaining to an initial application for PUA) was made on behalf of another individual, and was known to such other individual to be a false statement, misrepresentation, or nondisclosure, such other individual shall be disqualified from the receipt of any PUA with respect to that COVID-19 public health emergency.

**APPEAL RIGHTS:** PL 116-136 and ACA §11-10-524(a) provide that a party entitled to this notice may file an appeal within twenty (20) calendar days after the mailing of the notice to his last known address. An appeal may be filed by either completing a written appeal form (which may be obtained from any Arkansas Workforce Center) or at http://dws.arkansas.gov/src/files/ARK-AT-213\_PETITION\_FOR\_APPEAL\_L-static.pdf or by writing to the Arkansas Appeal Tribunal, PO Box 8013, Little Rock, AR 72203. Please attach a copy of this form to the appeal letter and continue to file weekly claims to protect your benefit rights. All correspondence relating to an appeal should include the claimant’s Social Security Number. More information regarding the unemployment insurance program may be found in the handbook at [www.dws.arkansas.gov](http://www.dws.arkansas.gov) or your local Arkansas Workforce Center.