Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **7**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0621
Week End Date
12/26/2020

Confirmation Code
C191348
Benefit Year End
06/12/2021

Name
WRIGHT, SHAMIESE
File Date/Time
12/27/2020 09:40 PM

Mailing Address
907 [redacted] CHARLESTON, WV 25301
Balance Amount
$3,406.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
50.110.150.7 (/Admin/SystemSettings/ActivitySearch.aspx?ip=50.110.150.7)

Phone Number
[redacted]1146
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **7**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0621
Week End Date
01/02/2021

Confirmation Code
C191387
Benefit Year End
06/12/2021

Name
WRIGHT, SHAMIESE
File Date/Time
01/11/2021 10:21 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301
Balance Amount
$3,406.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
172.58.207.40 (/Admin/SystemSettings/ActivitySearch.aspx?ip=172.58.207.40)

Phone Number
[redacted]1146
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

- Congratulations on your return to full-time work. Depending upon when you returned to work, the number of hours worked and the earnings reported you may be eligible for partial payment. If you returned to work during this week and failed to report earnings when filing, contact your local office.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts	**7**
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**Yes**
Total Earnings	**$80.00**
Number of Hours	**8**
Did you work all the hours of work available to you?	**Yes**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**Yes**
Work Return Date	**01/04/2021**

View Claim Certification.

SSN
[redacted]0814
Week End Date
06/19/2021

Confirmation Code
C191304
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
06/27/2021 09:48 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
67.241.156.153 (/Admin/SystemSettings/ActivitySearch.aspx?ip=67.241.156.153)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **5**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0814
Week End Date
06/26/2021

Confirmation Code
C191395
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
07/04/2021 10:08 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
172.58.235.217 (/Admin/SystemSettings/ActivitySearch.aspx?ip=172.58.235.217)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **10**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0814
Week End Date
07/03/2021

Confirmation Code
C191343
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
07/05/2021 07:23 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
72.224.48.181 (/Admin/SystemSettings/ActivitySearch.aspx?ip=72.224.48.181)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **10**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0814
Week End Date
07/10/2021

Confirmation Code
C191353
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
07/18/2021 10:02 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
72.224.48.181 (/Admin/SystemSettings/ActivitySearch.aspx?ip=72.224.48.181)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**No**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **10**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0814
Week End Date
07/17/2021

Confirmation Code
C191364
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
07/25/2021 10:35 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
72.224.48.181 (/Admin/SystemSettings/ActivitySearch.aspx?ip=72.224.48.181)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **10**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

View Claim Certification.

SSN
[redacted]0814
Week End Date
07/24/2021

Confirmation Code
C191331
Benefit Year End
08/05/2023

Name
WRIGHT, SHAMIESE
File Date/Time
08/01/2021 06:46 AM

Mailing Address
907 [redacted] CHARLESTON, WV 25301-2530
Balance Amount
$0.00

Email Address
SHAMIESEWRIGHT93@GMAIL.COM
Client Identifier
172.58.203.215 (/Admin/SystemSettings/ActivitySearch.aspx?ip=172.58.203.215)

Phone Number
[redacted]0523
Proxy Detection Results
The request was aborted: Could not create SSL/TLS secure channel.

Work Srch Ind
Y
Proc Flag Ind
N

Sch Att Ind
N
Sch Rpt Due

Pens Recv Ind
N
NBP Pens Ind
N

IC Earn Ind
N

Pri Earn Ind
N

No errors for this claim.

Questions And Answers

Were you unemployed or partially unemployed due to disruptions caused by COVID-19?	**Yes**
Were you able to work and available for work each day of the week?	**Yes**
Did you actively seek full-time work during the week?	**Yes**
Number of Job Contacts **10**	
Did you refuse any work or refuse or fail to report for a job interview?	**No**
Did you attend school or training?	**No**
Did you apply for a pension, retirement pay, or social security benefits?	**No**
Are you receiving a pension, retirement pay, or social security benefits?	**No**
Did you work during the week, including self employment?	**No**
Did you quit or were fired from a job during this week?	**No**
Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?	**No**
Have you returned to full time work?	**No**

Appeals Profile

Appeal Summary

Appeal Management

Appealable Determinations

Appeal Correspondence

Appeal Case Notes

End of Folder Tree View Navigation

General Information **Background** **Activities** **Memo** **Documents**

Staff Information

Staff Information

No records found

[Add Verification]

Registration Date:	07/28/2020	(MM/DD/YYYY)2 digit month / 2 digit day / 4 digit year
Registration Source:	Direct - Self Service Entry	
* Assigned LWIA:	West Virginia PUA	
* Assigned Office:	Putnam	
Registration Office:	Putnam	
Registration IP Location:	Blacksburg, Virginia US	
Registration IP Address:	99.203.80.117	
Account Reset:	Reset account	
Unlock User's Login:	Unlock User's Login	
	Last Successful Login: 9/22/2021 9:13:55 AM	
	Verification Successful	
Most Recent IP Location:	Charleston, West Virginia US	
Most Recent IP Address:	75.108.151.154	
Social Security Number:	View / Edit SSN Opens in new window	
Indicators:		

Identity Verification Issues

Identity Verification Issues

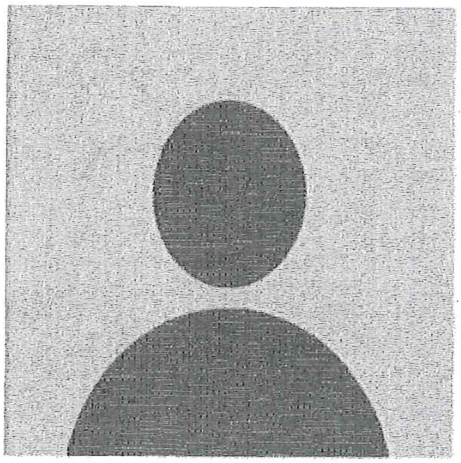
* Identity Verification:	None Selected
* Method of Verification:	None Selected
* Identity Verification Details:	

Individual Audit History:	View individual history
Date of Birth:	View / Edit DOB Opens in new window
Restrictions:	View Restrictions

[Potential Duplicate Accounts]

Name

Name



Edit

* First Name:	Shamiese
Middle Initial:	L
* Last Name:	Wright

If you have worked under a different name than what has been entered, Go here if you have worked under a different name.

Confirm To Unlock Personal Information

Are you sure you want to unlock the claimant's personal information?

○ Yes ○ No

Login Information

Login Information

Login Name: SHAMIESEW
Change User Name

Password: Change password Opens in new window

Last Changed: 2/22/2021 12:22:01 PM, Shamiese Wright

* Security Question: What is your mother's maiden name?

* Security Question Response: ••••••

Special characters are not allowed.

E-mail Address

E-mail Address

Primary E-mail: shamiesewright93@gmail.com

Confirm Primary E-mail Address: shamiesewright93@gmail.com

Residential Address

Residential Address

This is where you live.

* Address Line 1 : 907[redacted]

Address Line 2:

Apt #, Lot #, Building #, Suite #

* Zip Code: 25301 Find zip code Opens in new window

* City: Charleston

* State: West Virginia

* County / Borough / Parish: Kanawha County

* Country: United States

Mailing Address

Mailing Address

This is where you receive your mail.

☐ Use residential address

* Address Line 1 :	907 [redacted]
Address Line 2:	
	Apt #, Lot #, Building #, Suite #
* Zip Code:	25301
* City:	Charleston
* State:	West Virginia
* Country:	United States

Phone Numbers

Phone Numbers

* Primary Phone:	[redacted] 0523	Extension:
* Primary Phone Type:	Cell/Mobile Phone	
Alternate Phone:	[redacted] 0523	Extension:
Alternate Phone Type:	Cell/Mobile Phone	
Text Message Cell Phone Number:	- -	

Only certain communications such as Virtual Recruiter Alerts can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.

Fax: - -

Preferred Notification Method

Preferred Notification Method

* Please select a method in which you prefer to receive your notifications:	Internal Message with Email Notification

Welcome Notifications

Welcome Notifications

Appears when first logging in:

☑ Message Center

☐ Upcoming Events

Demographic Information

Demographic Information

Age: 31

* Gender: ◉ Female ○ Male

Have you registered with the Selective Service? Not Applicable

[Selective Services web site Opens in new window]

Dependents

Dependents

* Do you have dependents? ○ Yes ◉ No

Dependents Disclosure: A dependent can be a legally married spouse who lives with you, children under the age of 18 or children older than 18 with a mental or physical infirmity.

Citizenship

Citizenship

* Citizenship: Citizen of U.S. or U.S. Territory

Disability

Disability

Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law.

* Do you wish to disclose a disability?
○ Yes, I have a disability I wish to disclose.
◉ No, I do not have a disability.
○ I do not wish to answer.

Child Support Deductions

Child Support Deductions

* Do you make or owe child support payments? ○ Yes ◉ No

Education Information

Education Information

* Your Highest Education Level Achieved:
High School Diploma

If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.

* Are you attending school?
None Selected

Employment Information

Employment Information

* Current Employment Status: Not Working

Job Title

Job Title

Please enter a job title below. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

What is your desired job title? Caregiver

Your desired job and occupation titles can be changed at any time after registration.

Job Occupation

Job Occupation

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s): Home Health Aides

[Search for an occupation Opens in new window]

Occupation Title:	**Home Health Aides**
Occupation Code:	**31112100**

Ethnic Origin

Ethnic Origin

*Are you of Hispanic or Latino heritage? ◉ Yes ○ No ○ Information Not Provided

Race

Race

*Race - Please check all that apply:
- ☑ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ I do not wish to answer.

Spouse or Caregiver of a U.S. Military Member

Spouse or Caregiver of a U.S. Military Member

Spouse or family caregiver of a Military member or Veteran may be entitled to State and Federal benefits. Please answer the following questions.

*Are you the Spouse or Caregiver of an active U.S. Military member or a Veteran? ○ Yes ○ No

Military Service

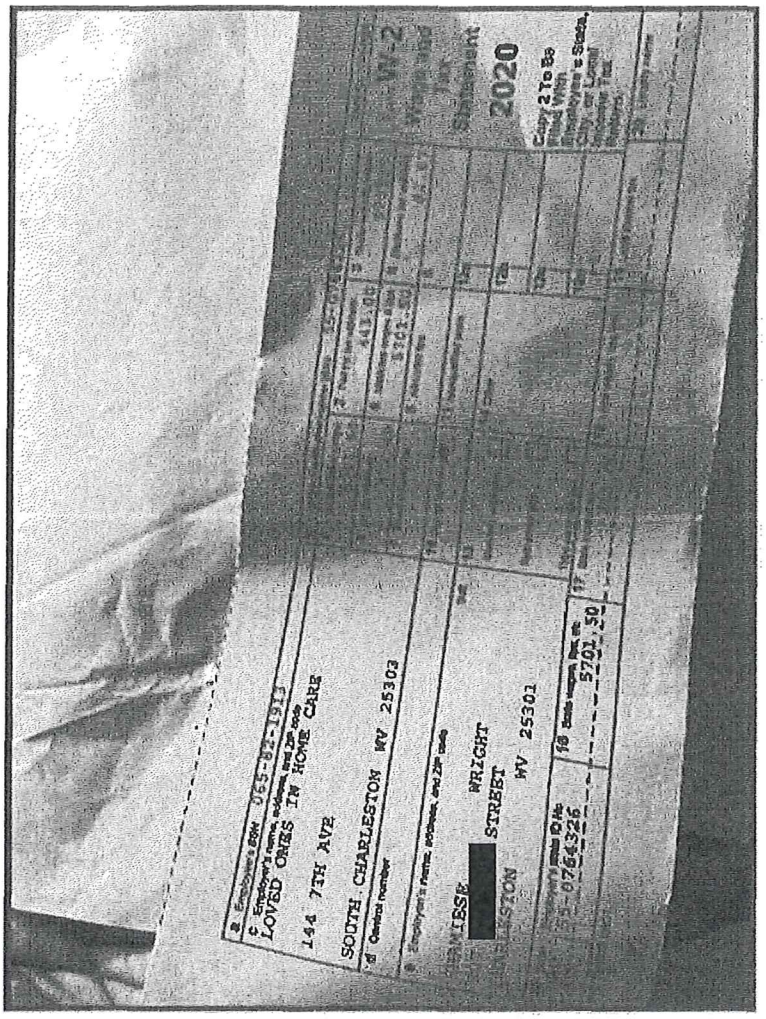
Military Service

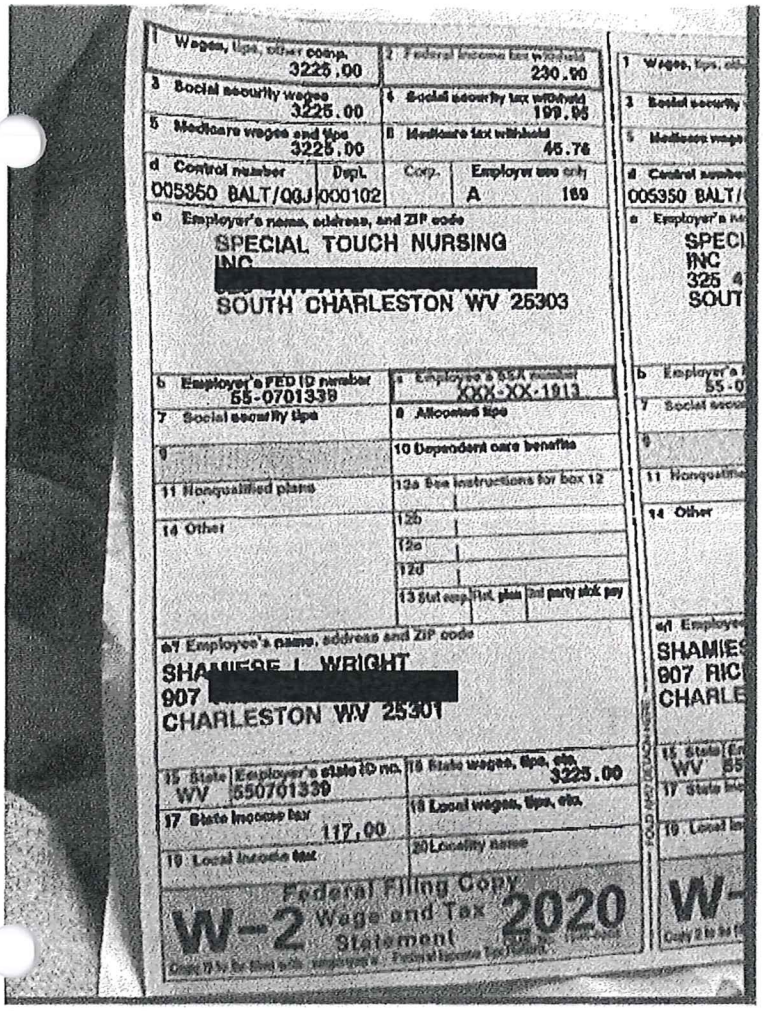
Veterans may be entitled to additional State and Federal benefits. Please answer the following questions.

*Did you ever serve over 180 consecutive days in active duty for the US military? ○ Yes ◉ No

*Have you been classified as a disabled veteran? No

Save Information Cancel Information


W-2
2020
LOVED ONES IN HOME CARE
144 7TH AVE
SOUTH CHARLESTON WV 25303
WRIGHT
STREET
WV 25301
5701.30



1 Wages, tips, other comp. 3225.00	2 Federal income tax withheld 230.90		
3 Social security wages 3225.00	4 Social security tax withheld 199.95		
5 Medicare wages and tips 3225.00	6 Medicare tax withheld 46.76		
d Control number 005350 BALT/QGJ	Dept. 000102	Corp.	Employer use only A 189

e Employer's name, address, and ZIP code
SPECIAL TOUCH NURSING
INC [redacted]
SOUTH CHARLESTON WV 25303

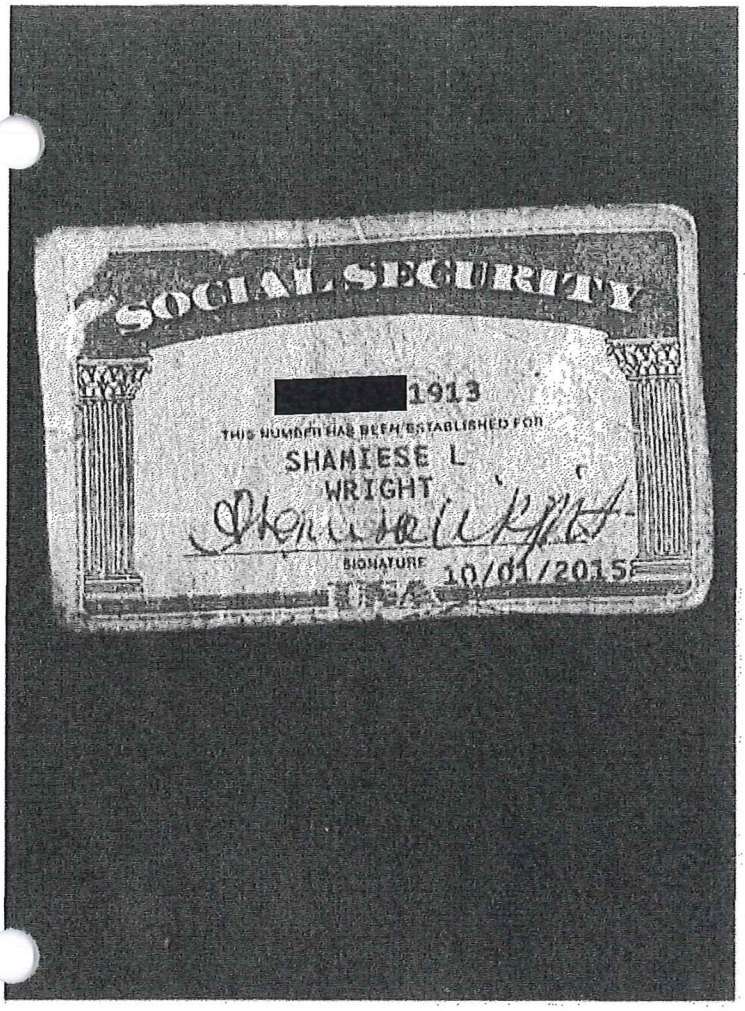
b Employer's FED ID number 55-0701339	c Employee's SSA number XXX-XX-1913
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

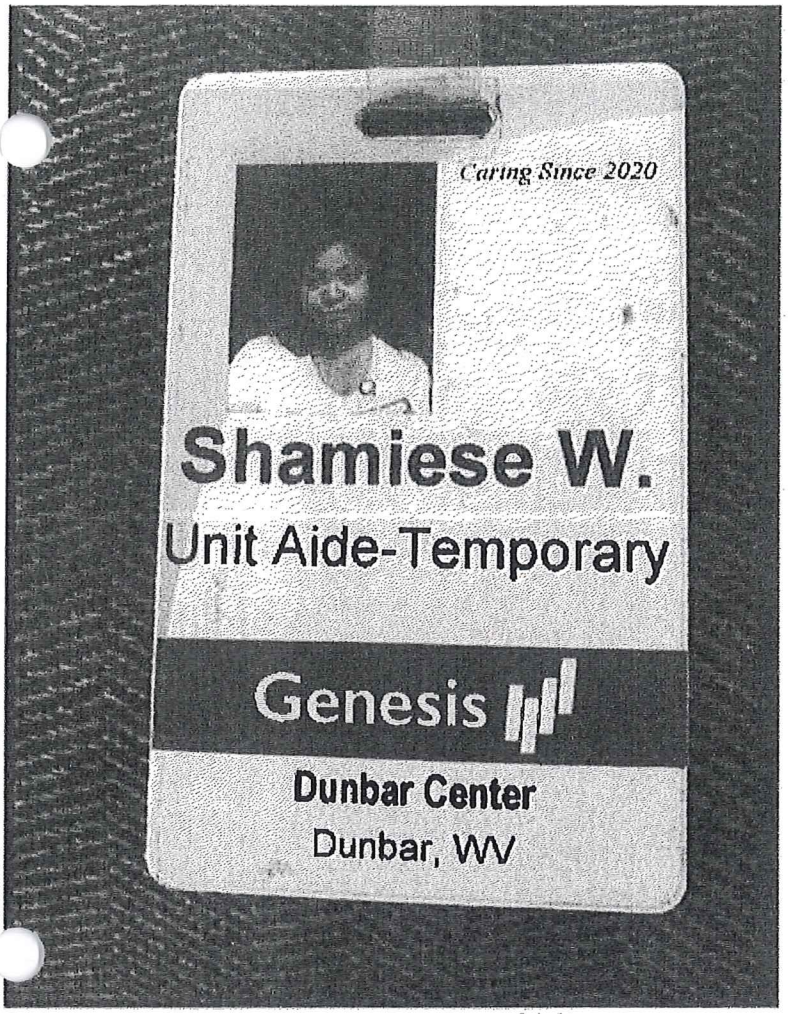
e/f Employee's name, address and ZIP code
SHA[redacted] WRIGHT
907 [redacted]
CHARLESTON WV 25301

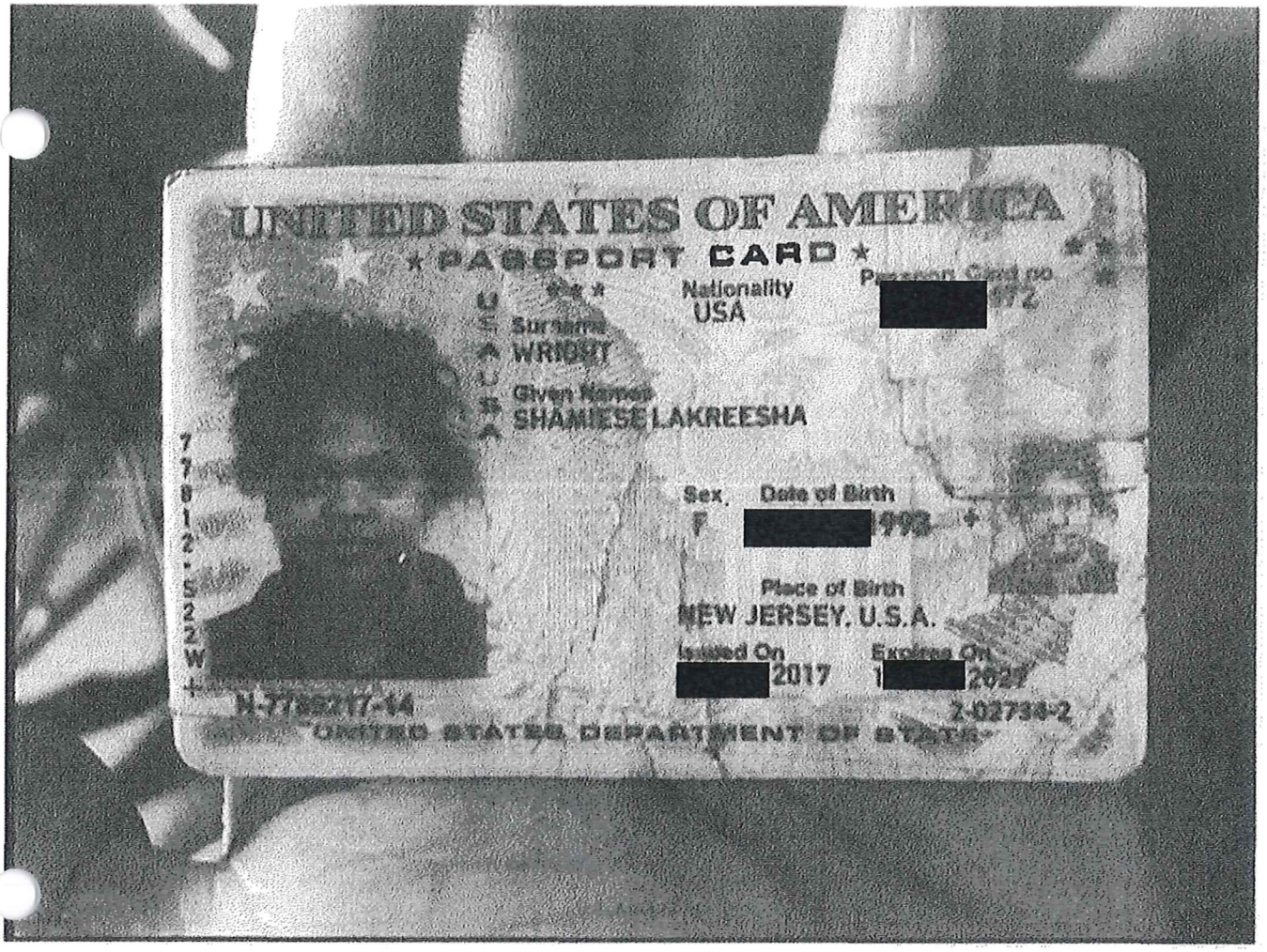
15 State WV Employer's state ID no. 550701339	16 State wages, tips, etc. 3225.00
17 State income tax 117.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2020

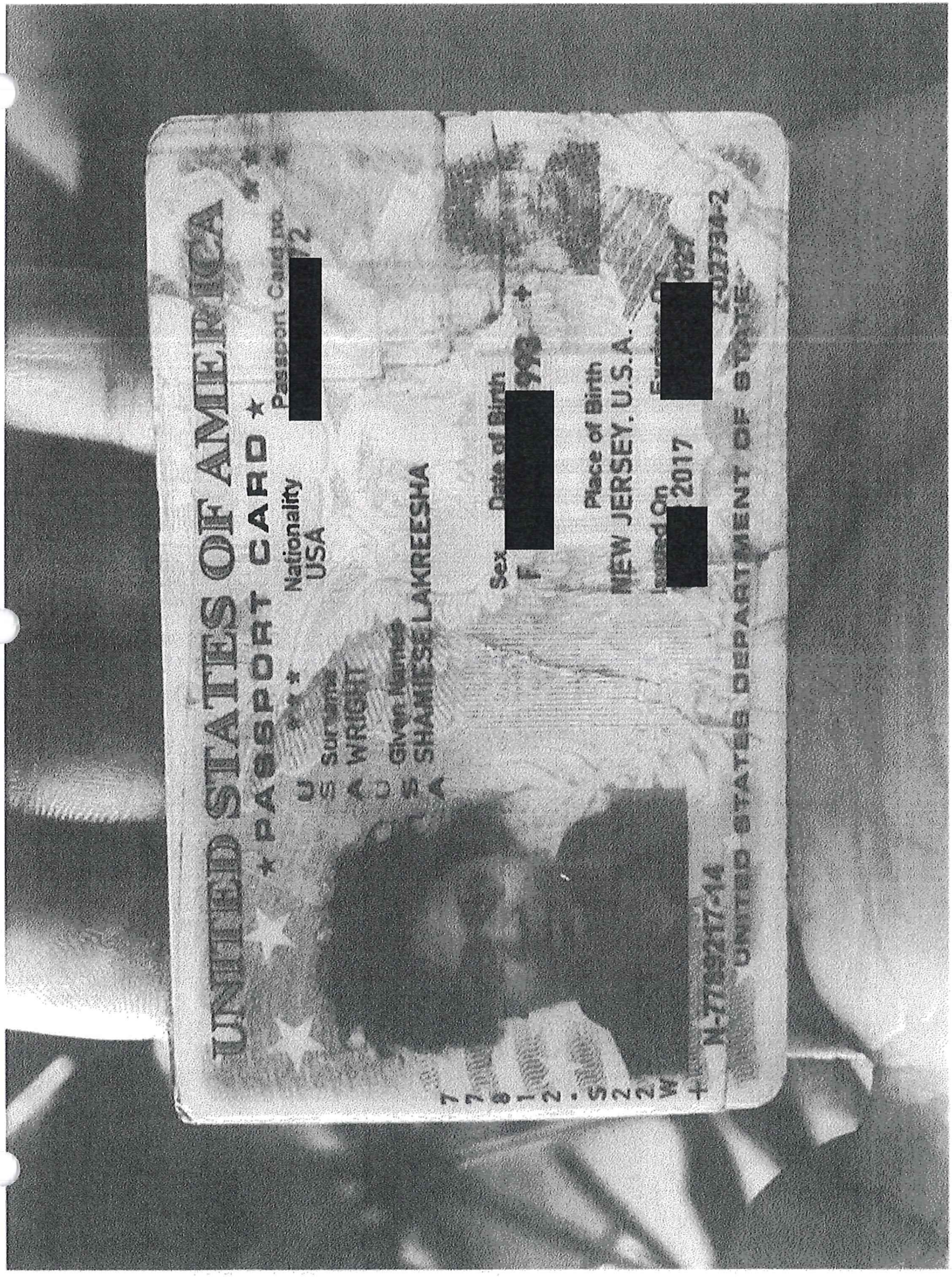
USAO-00007640


SOCIAL SECURITY
[redacted]1913
THIS NUMBER HAS BEEN ESTABLISHED FOR
SHAMIESE L
WRIGHT
SIGNATURE
10/01/2015


Caring Since 2020
Shamiese W.
Unit Aide-Temporary
Genesis
Dunbar Center
Dunbar, WV


UNITED STATES OF AMERICA
PASSPORT CARD
Nationality
USA
Surname
WRIGHT
Given Names
SHANIESE LAKREESHA
Sex
F
Date of Birth
Place of Birth
NEW JERSEY, U.S.A.
Issued On
2017
Expires On
2027
UNITED STATES DEPARTMENT OF STATE


UNITED STATES DEPARTMENT OF STATE
Passport Card
IPUSAC1426417 27<<05<25<B05<
[redacted]4228F2704184USA<<2816966274
WRIGHT<<SHAMIESE<LAKREESHA<<<<


UNITED STATES OF AMERICA
PASSPORT CARD
Passport Card No.
Nationality
USA
Surname
WRIGHT
Given Names
SHAMEESE LAKREESHA
Sex
F
Date of Birth
Place of Birth
NEW JERSEY, U.S.A.
Issued On
2017
UNITED STATES DEPARTMENT OF STATE

Application Snapshot

Wright, Shamiese

App ID	Date Filed	Effective Date	Program	Subclaim Id	Claim Type
247764	7/28/2020	7/26/2020	UI	254774	New

Social Security Number

Social Security Number (SSN): *****
Re-enter Social Security Number: *****

Eligibility Questions

Have you been determined monetarily ineligible or disqualified for regular unemployment compensation since January 5, 2020 **Yes**

Login Information

User Name: **SHAMIESEW**
Password: *****
Confirm Password: *****
Security Question: ****
Security Question Response: ****
Type the code from the image **WI1UN**

Primary Location Information

Country: **United States**
Please enter your zip code: **25301**

E-mail Address

Primary E-mail: **shamiesewright93@gmail.com**
Confirm Primary E-mail Address: **Shamiesewright93@gmail.com**

Demographic Information

Date of Birth: **04[redacted]1993**
Gender: **Female**
Have you registered with the Selective Service? **Not Applicable**

Name worked under (If different than above)

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Residential Address

Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Mailing Address

Use residential address **Yes**
Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301-1431**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Phone Numbers

Primary Phone **7164650754**
Ext:
Primary Phone Type: **Cell/Mobile Phone**
Alternate Phone
Alternate Phone Type: **None Selected**
Fax

Preferred Notification Method

Please select a method in which you prefer to receive your notifications: **Internal Message with Email Notification**

Citizenship

Citizenship: **Citizen of U.S. or U.S. Territory**

Disability

Do you wish to disclose a disability? **No, I do not have a disability.**

Child Support Deductions

Do you make or owe child support payments? **No**

Education Information

Your Highest Education Level Achieved: **High School Diploma**

Employment Information

Current Employment Status: **Not Working**

Employment - Status

If offered a job, are you able and available to accept it? **Yes**
Are you self-employed, or the owner, or operator of a business or farm? **No**
Are you in an elected, appointed or in a major policy making position? **No**

Major Disaster Information

Are you unemployed as a direct result of a pandemic or major disaster? **Yes**
In what state were you affected? **West Virginia**

Self Certification

What was the major disaster? **COVID-19**
Are you self employed, business owner, worked with a religious entity, or a gig worker whose employment was affected by the COVID-19 virus?If you are affiliated with a non-profit or a religious organization that does not pay contributions, you may be eligible for PUA. **No**
Did your employer offer you the ability to telework? **No**
Are you receiving sick leave pay or other paid leave benefits that are equal to your normal pay? **No**
When was your last day of work? **06/12/2020**
Did you quit your job because of COVID-19? **No**
Are you laid off due to a lack of work after a business closure caused by COVID-19? **No**
Has your employer reduced your hours due to COVID-19? **No**
Were you to start working but was unable to due to the closure of the business caused by COVID-19? **No**
Did you do any type of non W-2 or self employed work in the last 18 months? **No**

Acknowledgement

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. **Yes, I understand**

Ethnic Origin

Are you of Hispanic or Latino heritage? **Yes**
Race - Please check all that apply: **African American/Black**

Payment Information

What type of benefit payment would you like to receive? **Debit Card**

Payment Deductions

Do you want Federal Tax withheld?(If yes, it would be 10.00 % of the weekly benefit amount): **No**

Monetary Information

Please select the appropriate option below to indicate whether the employers and wages above are shown correctly: **I agree that these are all of the employers and wages I had between 4/1/2019 and 3/31/2020.**

Important Agreement

Certification acknowledgement: By submitting this application I certify thatâ€¦ All information submitted is true and complete, I am responsible to read the UC Handbook and any other official written material provided to me regarding any benefit program; and I acknowledge that any false statements in this document are punishable pursuant to WV Code 21A-6-3(13), and to CFR 625.14 referenced in Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain UC or other benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. **Yes, I want to file this claim.**

What You Must Do to Request Weekly Pandemic Unemployment Assistance Benefits

To be eligible for benefits each week you MUST be able to go to work each day. If you were offered a job today, you must be able to accept it. **Yes**
You MUST report ANY earnings for the week you work, even if you've not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions. **Yes**
If your contact information changes, inform the UC service center (www.uc.workforcewv.org) and the United States Postal Service immediately, even if you are not filing for benefits at that time. **Yes**
You MUST read and understand the Pandemic Unemployment Compensation Handbook, which explains these requirements in more detail. Please click here here to download and view the PUA Handbook. **Yes**
I certify that the information that I have provided is correct and that I have supplied the information voluntarily in order to obtain Pandemic Unemployment Assistance. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of facts in order to obtain assistance payments to which I am not entitled to receive under the CARES Act of 2020. **Yes**

Application Snapshot

Wright, Shamiese

App ID	Date Filed	Effective Date	Program	Subclaim Id	Claim Type
247769	2/8/2021	2/7/2021	UI	438744	Reopen

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Login Information

Security Question: ****
Security Question Response: ****
PIN ID: ****

E-mail Address

Primary E-mail: **shamiesewright93@gmail.com**
Confirm Primary E-mail Address: **shamiesewright93@gmail.com**

Demographic Information

Date of Birth: **04/[redacted]/1993**
Gender: **Female**
Have you registered with the Selective Service? **Not Applicable**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Residential Address

Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Mailing Address

Use residential address **No**
Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Phone Numbers

Primary Phone **3046101146**
Ext:
Primary Phone Type: **Cell/Mobile Phone**
Alternate Phone **7168309315**
Alternate Phone Type: **Cell/Mobile Phone**
Text Message Cell Phone Number
Fax

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Preferred Notification Method

Please select a method in which you prefer to receive your notifications: **Internal Message with Email Notification**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Citizenship

Citizenship: **Citizen of U.S. or U.S. Territory**

Disability

Do you wish to disclose a disability? **No, I do not have a disability.**

Child Support Deductions

Do you make or owe child support payments? **No**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Education Information

Your Highest Education Level Achieved: **High School Diploma**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Employment Information

Current Employment Status: **Not Working**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Employment - Status

If offered a job, are you able and available to accept it? **Yes**
Are you self-employed, or the owner, or operator of a business or farm? **No**
Are you in an elected, appointed or in a major policy making position? **No**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Major Disaster Information

Are you unemployed as a direct result of a pandemic or major disaster? **Yes**
In what state were you affected? **West Virginia**

Self Certification

What was the major disaster? **COVID-19**
Are you able to telework with at least the same hours and pay? **No**
Are you receiving or will you receive paid sick leave or other paid leave benefits? **No**
To qualify for PUA, you must self-certify that you are otherwise able to work and available for work, except that you are unemployed, partially unemployed, unable to work or unavailable for work due to at least one of the following categories listed in the CARES Act. I hereby self-certify that my unemployment is due to the following circumstance(s):Select all that apply. **I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.**
Are you self-employed, a business owner, or a gig worker, or a worker for a religious organization whose unemployment was a direct result of COVID-19?If you are affiliated with a non-profit or a religious organization that does not pay contributions, you may be eligible for PUA. **No**
When was your last day of actual work?IMPORTANT ! List the day in which you first experienced reduced hours or the day you were laid off for lack of work. Pay special attention to this date as it will affect the effective date of your claim. Errors WILL affect your ability to claim previous weeks. **02/08/2021**
Does your business have a name? **No**
What was your gross earnings for the 1st quarter of 2020? **$ 0.00**
What was your gross earnings for the 2nd quarter of 2020? **$ 0.00**
What was your gross earnings for the 3rd quarter of 2020? **$ 0.00**
What was your gross earnings for the 4th quarter of 2020? **$ 0.00**

Acknowledgement

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. **Yes, I understand**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Ethnic Origin

Are you of Hispanic or Latino heritage? **Yes**
Race - Please check all that apply: **African American/Black**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Payment Information

What type of benefit payment would you like to receive? **Direct Deposit**

New Account Info Verification

Routing Transit Number: ****
Confirm Routing Transit Number: ****
Account Type: **Checking**
Account Number: ****
Confirm Account Number: ****
Financial Institution Phone Number:

Payment Deductions

Do you want Federal Tax withheld?(If yes, it would be 10.00 % of the weekly benefit amount): **No**

Important Agreement

Certification acknowledgement: By submitting this application I certify thatâ€¦ All information submitted is true and complete, I am responsible to read the UC Handbook and any other official written material provided to me regarding any benefit program; and I acknowledge that any false statements in this document are punishable pursuant to WV Code 21A-6-3(13), and to CFR 625.14 referenced in Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain UC or other benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. **Yes, I want to file this claim.**

What You Must Do to Request Weekly Pandemic Unemployment Assistance Benefits

To be eligible for benefits each week you MUST be able to go to work each day. If you were offered a job today, you must be able to accept it. **Yes**
You MUST report ANY earnings for the week you work, even if you've not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions. **Yes**
If your contact information changes, inform the UC service center (www.uc.workforcewv.org) and the United States Postal Service immediately, even if you are not filing for benefits at that time. **Yes**
You MUST read and understand the Pandemic Unemployment Compensation Handbook, which explains these requirements in more detail. Please click here here to download and view the PUA Handbook. **Yes**
I certify that the information that I have provided is correct and that I have supplied the information voluntarily in order to obtain Pandemic Unemployment Assistance. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of facts in order to obtain assistance payments to which I am not entitled to receive under the CARES Act of 2020. **Yes**

Application Snapshot

Wright, Shamiese

App ID	Date Filed	Effective Date	Program	Subclaim Id	Claim Type
247769	2/22/2021	2/21/2021	UI	445937	Reopen

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Login Information

Security Question: ****
Security Question Response: ****
PIN ID: ****

E-mail Address

Primary E-mail: **shamiesewright93@gmail.com**
Confirm Primary E-mail Address: **shamiesewright93@gmail.com**

Demographic Information

Date of Birth: **04/[redacted]/1993**
Gender: **Female**
Have you registered with the Selective Service? **Not Applicable**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Residential Address

Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Mailing Address

Use residential address **No**
Address Line 1 : **907** [redacted]
Address Line 2:
Zip Code: **25301**
City: **Charleston**
State: **West Virginia**
Country: **United States**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Phone Numbers

Primary Phone **3046101146**
Ext:
Primary Phone Type: **Cell/Mobile Phone**
Alternate Phone [redacted]**0523**
Alternate Phone Type: **Cell/Mobile Phone**
Text Message Cell Phone Number
Fax

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Preferred Notification Method

Please select a method in which you prefer to receive your notifications: **Internal Message with Email Notification**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Citizenship

Citizenship: **Citizen of U.S. or U.S. Territory**

Disability

Do you wish to disclose a disability? **No, I do not have a disability.**

Child Support Deductions

Do you make or owe child support payments? **No**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Education Information

Your Highest Education Level Achieved: **High School Diploma**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Employment Information

Current Employment Status: **Not Working**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Employment - Status

If offered a job, are you able and available to accept it? **Yes**
Are you self-employed, or the owner, or operator of a business or farm? **No**
Are you in an elected, appointed or in a major policy making position? **No**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Major Disaster Information

Are you unemployed as a direct result of a pandemic or major disaster? **Yes**
In what state were you affected? **West Virginia**

Self Certification

What was the major disaster? **COVID-19**
Are you able to telework with at least the same hours and pay? **No**
Are you receiving or will you receive paid sick leave or other paid leave benefits? **No**
To qualify for PUA, you must self-certify that you are otherwise able to work and available for work, except that you are unemployed, partially unemployed, unable to work or unavailable for work due to at least one of the following categories listed in the CARES Act. I hereby self-certify that my unemployment is due to the following circumstance(s):Select all that apply. **I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.,A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.**
Are you self-employed, a business owner, or a gig worker, or a worker for a religious organization whose unemployment was a direct result of COVID-19?If you are affiliated with a non-profit or a religious organization that does not pay contributions, you may be eligible for PUA. **No**
When was your last day of actual work?IMPORTANT ! List the day in which you first experienced reduced hours or the day you were laid off for lack of work. Pay special attention to this date as it will affect the effective date of your claim. Errors WILL affect your ability to claim previous weeks. **06/15/2020**
Does your business have a name? **No**
What was your gross earnings for the 1st quarter of 2020? **$ 0.00**
What was your gross earnings for the 2nd quarter of 2020? **$ 0.00**
What was your gross earnings for the 3rd quarter of 2020? **$ 0.00**
What was your gross earnings for the 4th quarter of 2020? **$ 0.00**

Acknowledgement

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. **Yes, I understand**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Ethnic Origin

Are you of Hispanic or Latino heritage? **Yes**
Race - Please check all that apply: **African American/Black**

Name

First Name: **Shamiese**
Middle Initial: **L**
Last Name: **Wright**

Payment Information

What type of benefit payment would you like to receive? **Direct Deposit**

New Account Info Verification

Routing Transit Number: ****
Confirm Routing Transit Number: ****
Account Type: **Checking**
Account Number: ****
Confirm Account Number: ****
Financial Institution Phone Number:

Payment Deductions

Do you want Federal Tax withheld?(If yes, it would be 10.00 % of the weekly benefit amount): **No**

Important Agreement

Certification acknowledgement: By submitting this application I certify thatâ€¦ All information submitted is true and complete, I am responsible to read the UC Handbook and any other official written material provided to me regarding any benefit program; and I acknowledge that any false statements in this document are punishable pursuant to WV Code 21A-6-3(13), and to CFR 625.14 referenced in Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain UC or other benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. **Yes, I want to file this claim.**

What You Must Do to Request Weekly Pandemic Unemployment Assistance Benefits

To be eligible for benefits each week you MUST be able to go to work each day. If you were offered a job today, you must be able to accept it. **Yes**
You MUST report ANY earnings for the week you work, even if you've not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions. **Yes**
If your contact information changes, inform the UC service center (www.uc.workforcewv.org) and the United States Postal Service immediately, even if you are not filing for benefits at that time. **Yes**
You MUST read and understand the Pandemic Unemployment Compensation Handbook, which explains these requirements in more detail. Please click here here to download and view the PUA Handbook. **Yes**
I certify that the information that I have provided is correct and that I have supplied the information voluntarily in order to obtain Pandemic Unemployment Assistance. I know that federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of facts in order to obtain assistance payments to which I am not entitled to receive under the CARES Act of 2020. **Yes**

Top

Update Payment Method

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below.

Payment Information

Payment Information

Last Updated: 9/14/2020 12:49:08 PM

* What type of benefit payment would you like to receive?

- (●) Direct Deposit
- ( ) Debit Card
- ( ) Paper Check

*	Routing Transit Number:	*****4161
*	Confirm Routing Transit Number:	*****4161
	Bank Name:	UNITED BANK
*	Account Type:	Checking
*	Account Number:	[redacted]9761
*	Confirm Account Number:	[redacted]9761

How do I locate my bank routing number and bank account number?

Financial Institution Phone Number:

Change History

Change History

Date / Time	Claim	Payment Type	Requested Change
07/28/2020 09:37	247769	Debit Card	Wright, Shamiese
07/28/2020 10:10	247769	Debit Card	SYSTEM
09/14/2020 12:49	247769	Direct Deposit	Wright, Shamiese

Page 1 of 1

Rows: 100

Appeal Summary

Appeal Management

Appealable Determinations

Appeal Correspondence

Appeal Case Notes

End of Folder Tree View Navigation

Claim Summary **Monetary** **Non Monetary** **Payments** **Overpayments** **Employer Charges**

Shamiese L Wright **User ID:** 13288877 **SSN:** ###-##-1913 **Phone:** [redacted]0523 **DOB:** 4/[redacted]/1993 **Address:** 907 [redacted] Charleston, WV 25301 **Last Successful Login:** Wednesday, 09/22/2021 09:13 AM

⊞ Show Claims Summary Table

Claim Details

Claim Details

Claim Date Range:
◉ Last 12 Months ○ All Claims

– PUA (COVID-19) Claim #247769; Reopen Effective Date 2/21/2021; BYE Date 6/19/2021 (Open Issues) (Open Investigations)

Claimant | Claim | Employment | Employer | Communication | Payments | Interfaces | Other

Payment Details
Payment Summary

Payment Summary

Below are the details on how each weekly payment was determined.

#	Week Ending	WBA	Earnings Claimed	Dependent Allowance	Total Deductions	Payment Amount	Pay Type	Trans Number
29	12/26/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
28	12/19/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
27	12/12/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
26	12/05/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
25	11/28/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable

24	11/21/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
23	11/14/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
22	11/07/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
21	10/31/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
20	10/24/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
19	10/17/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
18	10/10/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
17	10/03/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
16	09/26/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
15	09/19/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
14	09/12/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
13	09/05/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
12	08/29/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
11	08/22/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
10	08/15/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
9	08/08/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
8	08/01/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
7	07/25/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
6	07/18/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
5	07/11/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
4	07/04/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
3	06/27/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
2	06/20/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable
1	06/13/2020	$158.00	$0.00	$0.00	$0.00	$0.00	Active Issues	Not applicable

Page 1 of 1
Rows: 100

Based on the policy of your financial institution it may take up to three days for funds to appear in your account.

Previous Employment Deductions Earning Deductions Earnings Notification Lost/Missing Payment

Payment Register

Payment Register

Below are the details of payments issued to the claimant.

No records found

Cancel Payment Reissue Payment

Payment Exceptions

Payment Exceptions

No records found

Overpayment Summary
Overpayment Summary

Overpayment Summary

Overpayment Amount Summary

Overpayment Amount Summary

Below is a summary of overpayments to your benefit claim. An overpayment results when more funds were dispersed than you were eligible for.

Total Overpaid Amount:
$0.00 (Principal: $0.00, Penalty: $0.00, Interest: $0.00, Fees: $0.00)

Total Amount Recovered: $0.00 (Offset: $0.00, Reimbursement: $0.00)

Total Amount Cancelled: $0.00

Total Amount Waived: $0.00

Total Amount Written Off: $0.00

Total Amount Refunded / Pending: $0.00 / $0.00

Total Outstanding Balance:
$0.00 (Principal: $0.00, Penalty: $0.00, Interest: $0.00, Fees: $0.00)

Total Assessed Balance:
$0.00 (Principal: $0.00, Penalty: $0.00, Interest: $0.00, Fees: $0.00)

Total Number of Overpaid Weeks: 0

Next Statement Mail Date (Run Date): Not Applicable

Overpayment Cases

Overpayment Cases

No records found

Overpayment Determinations

Overpayment Determinations

No records found

Overpayment Penalty Determinations

Overpayment Penalty Determinations

No records found

Overpayment Correspondence

Overpayment Correspondence

No records found

Print Payment Coupon
Overpayments Repayments Refund

Overpayments Repayments Refund

No records found

Weekly Certifications

Weekly Certifications Review

Weekly Certifications Review

Below are the weeks for which you have completed certifications to continue your unemployment benefits.

#	Week Ending	Certification Filing Date	Benefit Pay Date	Payment Number	Benefit Amount	Federal Withholding	Payment Amount
29	12/26/2020	12/27/2020 10:00:21 PM	In Progress	N/A	$158.00	$0.00	$0.00
28	12/19/2020	12/27/2020 9:51:59 PM	In Progress	N/A	$158.00	$0.00	$0.00
27	12/12/2020	12/15/2020 10:06:37 AM	In Progress	N/A	$158.00	$0.00	$0.00
26	12/05/2020	12/15/2020 10:02:20 AM	In Progress	N/A	$158.00	$0.00	$0.00
25	11/28/2020	11/30/2020 7:33:33 AM	In Progress	N/A	$158.00	$0.00	$0.00
24	11/21/2020	11/30/2020 7:31:48 AM	In Progress	N/A	$158.00	$0.00	$0.00
23	11/14/2020	11/21/2020 8:09:09 PM	In Progress	N/A	$158.00	$0.00	$0.00
22	11/07/2020	11/21/2020 8:06:54 PM	In Progress	N/A	$158.00	$0.00	$0.00
21	10/31/2020	11/21/2020 8:05:15 PM	In Progress	N/A	$158.00	$0.00	$0.00

20	10/24/2020	11/21/2020 8:03:46 PM	In Progress	N/A	$158.00	$0.00	$0.00
19	10/17/2020	11/21/2020 8:02:00 PM	In Progress	N/A	$158.00	$0.00	$0.00
18	10/10/2020	11/21/2020 8:00:03 PM	In Progress	N/A	$158.00	$0.00	$0.00
17	10/03/2020	10/4/2020 9:34:59 AM	In Progress	N/A	$158.00	$0.00	$0.00
16	09/26/2020	9/27/2020 12:43:40 PM	In Progress	N/A	$158.00	$0.00	$0.00
15	09/19/2020	9/20/2020 12:00:41 PM	In Progress	N/A	$158.00	$0.00	$0.00
14	09/12/2020	9/13/2020 12:05:18 PM	In Progress	N/A	$158.00	$0.00	$0.00
13	09/05/2020	9/7/2020 3:58:22 PM	In Progress	N/A	$158.00	$0.00	$0.00
12	08/29/2020	8/30/2020 6:27:40 PM	In Progress	N/A	$158.00	$0.00	$0.00
11	08/22/2020	8/24/2020 3:30:44 AM	In Progress	N/A	$158.00	$0.00	$0.00
10	08/15/2020	8/16/2020 8:07:21 AM	In Progress	N/A	$158.00	$0.00	$0.00
9	08/08/2020	8/9/2020 2:27:34 PM	In Progress	N/A	$158.00	$0.00	$0.00
8	08/01/2020	8/5/2020 3:55:01 PM	In Progress	N/A	$158.00	$0.00	$0.00
7	07/25/2020	8/5/2020 3:51:48 PM	In Progress	N/A	$158.00	$0.00	$0.00
6	07/18/2020	8/4/2020 5:50:26 PM	In Progress	N/A	$158.00	$0.00	$0.00
5	07/11/2020	8/4/2020 5:47:04 PM	In Progress	N/A	$158.00	$0.00	$0.00
4	07/04/2020	8/4/2020 5:39:25 PM	In Progress	N/A	$158.00	$0.00	$0.00
3	06/27/2020	8/4/2020 5:28:00 PM	In Progress	N/A	$158.00	$0.00	$0.00
2	06/20/2020	8/4/2020 5:25:02 PM	In Progress	N/A	$158.00	$0.00	$0.00
1	06/13/2020	8/4/2020 5:20:12 PM	In Progress	N/A	$158.00	$0.00	$0.00

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Rows: 100

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Eligibility Review
Eligibility Review

Eligibility Review

Eligibility Review Date					Action
7/12/2020	Not applicable	Not applicable	Not applicable	Not applicable	Delete

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Payments Case Notes
Transferred Weeks

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Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

WARNING: FURNISHING FALSE INFORMATION OR WITHHOLDING ANY MATERIAL INFORMATION MAY RESULT IN DISQUALIFICATION FROM RECEIVING PANDEMIC UNEMPLOYMENT INSURANCE BENEFITS IN West Virginia AND MAY RESULT IN CRIMINAL PROSECUTION FOR FRAUD.

Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, June 7, 2020 and ending Saturday, June 13, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, June 7, 2020 and ending Saturday, June 13, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, June 7, 2020 and ending Saturday, June 13, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

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Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, June 14, 2020 and ending Saturday, June 20, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

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No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, June 14, 2020 and ending Saturday, June 20, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, June 14, 2020 and ending Saturday, June 20, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, June 21, 2020 and ending Saturday, June 27, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

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I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, June 21, 2020 and ending Saturday, June 27, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, June 21, 2020 and ending Saturday, June 27, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, June 28, 2020 and ending Saturday, July 4, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, June 28, 2020 and ending Saturday, July 4, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, June 28, 2020 and ending Saturday, July 4, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, July 5, 2020 and ending Saturday, July 11, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

☐

A member of my household has been diagnosed with COVID-19.

☐

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

☐

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

☐

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

☐

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

☐

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

☐

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

☐

I had to quit my job as a direct result of COVID-19.

☐

My place of employment is closed as a direct result of the COVID-19 public health emergency.

☐

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

☐

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I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

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I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

☐

None of the above apply to me.

☐ ☐

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Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
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Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, July 5, 2020 and ending Saturday, July 11, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, July 5, 2020 and ending Saturday, July 11, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, July 12, 2020 and ending Saturday, July 18, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

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Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, July 12, 2020 and ending Saturday, July 18, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, July 12, 2020 and ending Saturday, July 18, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, July 19, 2020 and ending Saturday, July 25, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, July 19, 2020 and ending Saturday, July 25, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, July 19, 2020 and ending Saturday, July 25, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

WARNING: FURNISHING FALSE INFORMATION OR WITHHOLDING ANY MATERIAL INFORMATION MAY RESULT IN DISQUALIFICATION FROM RECEIVING PANDEMIC UNEMPLOYMENT INSURANCE BENEFITS IN West Virginia AND MAY RESULT IN CRIMINAL PROSECUTION FOR FRAUD.

Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, July 26, 2020 and ending Saturday, August 1, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, July 26, 2020 and ending Saturday, August 1, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, July 26, 2020 and ending Saturday, August 1, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, August 2, 2020 and ending Saturday, August 8, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, August 2, 2020 and ending Saturday, August 8, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, August 2, 2020 and ending Saturday, August 8, 2020.

Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, August 9, 2020 and ending Saturday, August 15, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, August 9, 2020 and ending Saturday, August 15, 2020:

Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, August 9, 2020 and ending Saturday, August 15, 2020.

Did you work (full or part-time) or earn wages during the week?
No

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Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

Summary of COVID-19 Public Health Emergency Information

How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, August 16, 2020 and ending Saturday, August 22, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

☐

A member of my household has been diagnosed with COVID-19.

☐

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

☐

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

☐

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

☐

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

☐

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

☐

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

☐

I had to quit my job as a direct result of COVID-19.

☐

My place of employment is closed as a direct result of the COVID-19 public health emergency.

☐

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

☐

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

☐

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

☐

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

☐

None of the above apply to me.

☐

Other than for reasons that were the direct result of the COVID-19 Public Health Emergency, were you able and available to go to work during the week?
Yes
Did you receive workers' compensation?
No
Did you receive or apply for private income protection for loss of wages including illness or disability?
No
Did you receive a supplemental unemployment benefit pursuant to a collective bargaining agreement?
No
Did you begin receiving a veteran's administration allowance, an employer pension or any other pension (excluding Social Security benefits)?
No
Were you attending school or a training program?
No
Were you still unemployed as a direct result of this COVID-19 Public Health Emergency?
Yes

Summary of Job Offers Refused

Summary of Job Offers Refused

During the week beginning Sunday, August 16, 2020 and ending Saturday, August 22, 2020:
Did you refuse any job offers?
No

Summary of Earned Money

Summary of Earned Money

Listed below are the jobs that have earnings associated with them during the week beginning Sunday, August 16, 2020 and ending Saturday, August 22, 2020.
Did you work (full or part-time) or earn wages during the week?
No

Top

Weekly Certification

Currently Managing Currently Managing, WRIGHT, SHAMIESE Please review the information below. Click *Next* to continue.

Record Source: Web

Claimant Name: Shamiese Wright User ID: 13288877 Application ID: 247769

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Summary of COVID-19 Public Health Emergency Information

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How did the COVID-19 Public Health Emergency cause your unemployment?
A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud.
Yes, I understand.

Summary of Eligibility Review Answers

Summary of Eligibility Review Answers

During the week beginning Sunday, August 23, 2020 and ending Saturday, August 29, 2020:

COVID-19 Public Health Emergency Information

COVID-19 Public Health Emergency Information

How has the COVID-19 Public Health Emergency caused your unemployment or partial unemployment? Check all that still applies at this time:

I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.

A member of my household has been diagnosed with COVID-19.

I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.

A child or other person in my household for which I have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.

I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

I am unable to reach my place of employment because I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.

I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

I had to quit my job as a direct result of COVID-19.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

I am self-employed, an independent contractor, or a gig worker and have experienced a significant decrease of services because of the COVID-19 public health emergency, even if there has not been a suspension of services.

I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.