

Oregon Employment Department Appeals Board Application For Review



1. I disagree with the hearing decision mailed on _____. I request a review by the Employment Appeals Board.

2. The case number of the hearing decision is _____.

3. My name is (please print) _____.

4. My address is _____.

5. I am the: Claimant Employer

or, if applicable:

I am the authorized representative for _____.

My name is (please print) _____.

My address is _____.

I can be contacted by e-mail (provide address):
_____.

Note:

If your request for hearing was dismissed because you failed to appear at the hearing, your application for review will be treated as a request to reopen under OAR 471-041-0060(4) (October 26, 2009). You must include a statement explaining why you failed to appear or your request will be dismissed. Unless your statement shows good cause for failing to appear at the hearing, your request will be denied.

Important Information:

I understand that filing an application for review will not mean that I get a new hearing. The Employment Appeals Board will review a transcript of the testimony, and any exhibits that were made part of the record, and issue a written decision. The Employment Appeals Board will NOT accept new information related to my case unless I can show that factors or circumstances beyond my reasonable control prevented me from presenting the information at the time of the hearing.

For additional information visit: www.oregon.gov/EMPLOY/EAB

Signature: _____ Date: _____

This application may be delivered to any office of the Employment Department or mailed to:
Employment Appeals Board, 875 Union St. NE, Salem, OR 97311 or Fax: (503) 378-2129.

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