

OREGON



Frances Online Tutorial for Employees/Claimants

List of Tutorials

- ➡ • How to submit an Initial Claim
- ➡ • How to submit a Weekly Claim
- ➡ • How to submit an Additional Claim



How Employees Establish Unemployment Insurance Claims

- Employees will need to Submit Initial Claims using Frances Online
 - The date the Initial Claim is submitted determines the start date of the claim
 - Until the claim is established, the claimant is not eligible for benefits
 - Initial Claims that are submitted prior to the approval of a Work Share plan will initially be administered as regular unemployment
 - If a regular UI claim has previously established, the claim will automatically tie to the Work Share Plan when the employer adds the employee to the Work Share plan, they are then eligible for Work Share benefits



After logging into Frances Online, if the claimant does not have a current claim, the claimant will have an option to “File an Unemployment Claim” or “File a Paid Leave Claim”.

If the claimant has a claim history within the past 4 years, the previous claims will be displayed below this tile.

To start an Initial Claim, click on
“File an Unemployment Insurance
Claim”



PAM BEESLEY
***-**-4825
13000 NW OLD GERMANTOWN RD
PORTLAND OR 97231-2773

Welcome, Pam Beesley
[Manage My Profile](#)

Home

Action Center

Settings

I Want To...

Filter

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13000 NW OLD GERMANTOWN RD
PORTLAND OR 97231-2773

Claimant Services

> File an Unemployment Insurance claim

> File a Paid Leave Oregon Claim

Claimant will need to verify their identity by entering their SSN.

A disclaimer is included detailing the need for truthful and accurate information. Upon agreeing to these statements, click on the check box under “Disclaimer”.

Click “Next” to continue.

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File a Benefit Claim

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Identity

You must enter your Social Security Number to verify your identity. Protecting your personal information is important to us.

***-**-4825

You must tell the truth on this application

It is very important that you provide true and accurate information on your application. There may be additional penalties if you intentionally make a false statement or purposefully do not report true and accurate information so you can receive benefits.

What could happen if I do not provide accurate information?

- Our work on your claim may be delayed, which could delay your benefits.
- Your claim can be denied, and you will not receive benefits.
- Your claim can be overpaid, and you will have to repay benefits.
- If you knowingly give us false information, you may have to complete a number of penalty weeks on your claim. This means you can claim these weeks and be eligible for benefits, but you will not be paid for these weeks.
- You can be prosecuted for a crime and be forced to pay penalties and serve time in jail.

Disclaimer

☒ By checking this box, I certify that all statements provided are true and accurate. I understand that these statements are made under the penalty of perjury and that any intentional misrepresentation is considered fraud. If I am found to have committed fraud, I understand that I may be subject to prosecution.

Cancel

< Previous

Next >



This screen details the information needed to complete the Initial Claim including:

- Employer names
- Employer addresses
- Employer phone numbers
- Start and end dates of your employment for each employer
- Any self-employment
- If electing for direct deposit, bank account and routing numbers are needed

When ready to continue, click “Next”



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Regular Unemployment Insurance Claim

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***-**-4825

Gather Materials

Unemployment Insurance Oregon Application for Benefits

Before filing your claim, **please gather and be prepared to provide the following information:**

- Your work history for the last 18 months, including
 - Dates of employment
 - Your employers' business names, addresses, and phone numbers. If you worked for the federal government, but were not in the military, you may find this information on an SF-8 or SF-50 form.
 - Your salary from each employer.
- If you are not a citizen of the United States, you will need your Worker Authorization number, or information from your Visa, I-94, or Passport.
- Verify that your listed phone number is where we can reach you during normal business hours (8:00 a.m. – 5:00 p.m. Pacific time).

In order to be eligible for benefits:

- You must be able to work, be available for work, and be actively seeking work each week you claim. It is your responsibility to keep track of your work-seeking activities.
- You must look for work in your labor market and normal occupation. You must stay in the area of your permanent residence for more than half the week. If you are seeking work outside your labor market for more than half the week, you must be willing to relocate to the area where you sought work.
- You must be willing to work all days and hours or shifts normal for your occupation.
- You must be available for full-time, part-time, and temporary work. If you are limited to part-time work because of a permanent or long-term disability, you may still be eligible for benefits.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number will also be used as a record for processing your claim, for statistical purposes, to register you in our electronic job matching system and will be shared with WorkSource Partners for One-Stop services. **The number may be used for state agency debt collection activities** and may be sent to U.S. Bank to issue you a ReliaCard VISA card if you select ReliaCard for your benefit payments.

Cancel

Save Draft

< Previous

Next >

Verify if the claimant may have been known by another name during employment (maiden name, legal name change, nickname, hyphenated vs non-hyphenated names, etc.).

If another name was used, select “Yes” and provide the name.

If no other names were used, select “No”.

When ready to continue, click “Next”



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Regular Unemployment Insurance Claim

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Progress bar: Gather Materials (checked), Other Name (active)

Other Name(s)

Claimant Legal Name
PAM BEESLEY

Do your current or past employers know you by a different name? *

If the employer did know the claimant as a different name, please provide that information on this screen.

If “No” was selected, this screen will not appear.

When ready to continue, click “Next”

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***-**-4825

✓

➤

Gather Materials

Other Name

Other Name(s)

Claimant Legal Name
PAM BEESLEY

Do your current or past employers know you by a different name?

Yes

No

Updated Other Name

First Name *

Required

Middle

Last Name *

Required

Title

Suffix

Cancel

Save Draft

< Previous **Next >**



Make sure current contact information is correct.

If claimant had a previous claim, contact information from that claim will be listed instead of asking for new information.

If detailed voice messages are acceptable, click the checkbox next to the statement.

Finally, secondary phone information is an option.

When complete, click “Next” to continue.

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Regular Unemployment Insurance Claim

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✓ Gather Materials

✓ Other Name

➤ Contact

Contact

Please provide your contact information.

Updated Contact

Email Address *
Required

Primary Phone Country
USA

Primary Phone Type *
Required

Primary Phone Number *
Required

☐ I give the Oregon Employment Department permission to leave a detailed message or questions regarding my claim.

Do you have a second phone number you wish to provide? *

Yes No

Cancel

Save Draft

< Previous

Next >



Confirm the Physical Address on record is correct.

If accurate, click “Yes”.

If not correct, click “No” and make necessary corrections.

When complete, click “Next” to continue.

<

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Regular Unemployment Insurance Claim

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***-**-4825

✓

Gather Materials

✓

Other Name

✓

Contact

➤

Physical Address

Physical Address

Address

13000 NW OLD GERMANTOWN RD PORTLAND OR 97231-2773

Is your physical address correct? *

Yes

No

Cancel

Save Draft

< Previous

Next >



Confirm the Mailing Address is the same as the Physical Address on record.

If they are the same, click “Yes”.

If they are different, click “No” and enter the correct Mailing Address.

When complete, click “Next” to continue.

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Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825

✓

✓

✓

✓

➤

Gather Materials

Other Name

Contact

Physical Address

Mailing Address

Mailing Address

Address
13000 NW OLD GERMANESWILL RD PORTLAND OR 97231-2773

Is your mailing address the same as your physical address? *

Cancel

Save Draft

< Previous

Next >



Confirm the preferred Mail Delivery Option and preferred Primary Language are as desired.

If they are correct, click “Yes.

If they are those options are incorrect, click “No” and make corrections.

When complete, click “Next” to continue.

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Regular Unemployment Insurance Claim

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***_**-4825

✓

✓

✓

✓

✓

➤

MaterialsOther NameContactPhysical AddressMailing AddressMail Delivery

Mail Delivery Option

Your mail delivery options will determine how you receive correspondence and what your language preference is. You can change your preferences at any time through Frances Online.

Mail Delivery Option
Electronic

Primary Language
English

Are your mail delivery options correct? *

Yes

No

Cancel

Save Draft

< Previous

Next >



Information concerning recent claim history in a state other than Oregon is needed to determine eligibility for an Oregon unemployment claim.

Additional Wage Information is required concerning wages earned outside of Oregon, wages earned from the federal government and military wages.

After all questions have been answered and details provided, click “Next” to continue.

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Progress bar: Name (checked), Contact (checked), Physical Address (checked), Mailing Address (checked), Mail Delivery (checked), Wage Type (active)

Wage Type

In the last 12 months, have you filed a claim or applied for benefits from **any state other** than Oregon? *

What state did you file in?

Between April 1, 2024 and March 31, 2025 did you:

Work outside the state of Oregon? *

Work for the federal government? *

Perform any active military service of 180 days or more, other than training with a National Guard or reserve unit? *

< Previous **Next** >



All employment history must be accounted for on an Initial Claim.

Enter employment history by clicking “+ Add Employer” to identify an employer.

This process is to be repeated until all employers during the applicable time period are identified.

This screen will also be used to collect information on any additional recent employment history.

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✓

ntact

✓

Physical Address

✓

Mailing Address

✓

Mail Delivery

✓

Wage Type

➔

Work History

Employment History

We have retrieved your known employment since January 6, 2024.

To complete your employment history:

1. Select each employer's name below to answer questions about your employment.

2. If you do not see an employer that you have worked for since January 6, 2024, add that employer with the Add Employer link.

3. After you have added all employers and answered questions about all the jobs you have had since January 6, 2024, use the Next button to continue.

Employers

Name	Address	Employer Type	
There are no employer records.			

+ Add Employer

Cancel

Save Draft

< Previous

Next >

The logo for Work Share, featuring the word "Work" in black, a green circular icon with two stylized human figures, and the word "Share" in green.

Work Share is an Oregon Employment Department Program

If available, a list of previous and/or current employers will appear. Select the employer by clicking on the employer's name.

If the employer is listed, skip the next three pages or [click here](#) to continue the tutorial.

If an employer is not listed, follow the next three pages to add the employer manually.

2. If you do not see an employer that you have worked for since January 7, 2024, add that employer with the Add Employer link.

Claim Filing

Previous Employers

Show Older Employers

Name	Address	Type
DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer

Cancel

Add a New Employer



Manually Add Employer

If no previous employers were available, the screen will prompt the claimant to add an employer.

Click “+ Add Employer” to add the employer to the claim.

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Provide the following information to help decide how to proceed.

Use the Add Employer link to add an employer you worked for since **January 1, 2022**. *

You only need to add one employer at this time. You will be asked to provide the details of your recent employment history on a different screen.

[+ Add Employer](#)

Cancel

< Previous **Next** >



Select the Employer Type as
“In-State Employer”.

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Regular Unemployment Insurance Claim

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✓ Contact ✓ Physical Address ✓ Mailing Address ✓ Mail Delivery ✓ Wage Type > Work History

Employment History

We have retrieved your known employment since January 6, 2024.

To complete your employment history:

1. Select each employer's
2. If you do not see an em
3. After you have added a

Employers

Name
There are no employer records found.

+ Add Employer

Claim Filing

Select Employer Type

- In-State Employer
- Self-Employed Individual

Cancel Save Draft < Previous Next >



Identifying the employer can be done by either providing an Employer's FEIN or BIN or by searching for the Employer by name. The most accurate method is by providing the BIN or FEIN.

The employer's FEIN or BIN can be found on a paystub or W-2. To choose this option, click on "ID", enter the number in the text box and click "Search"

If using the Employer name, be aware there may be several employers with similar names. Please ensure the correct Employer name is selected. To choose this option, click on "Name", enter the name in the text box and click "Search".

Click the "X" in the upper right corner when complete.



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File a Benefit Claim

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Provide the following information to help decide how to proceed.

Use the Add Employer link to add an employer you worked for since **January 1, 2022**. *

You only need to add one employer at this time. You will be asked to provide the details of your recent employment history on a different screen.

+ Add Employer

Select a Claim

Search for Employer

Search By

Name ID

Name

Search

Results

X

Provide employment history details concerning the Employer.

Provide the first day worked for the employer.

For the Work Share Employer, ensure that the claimant has indicated they are still working for the employer.

For the Work Share Employer, enter the current date for “What was the last day of work for this employer”. For non-Work Share Employers, indicate the actual last day worked.

Select “Search for Occupation” to provide information concerning the occupation held with the employer.



All Questions ? ×

DUNDER MIFFLIN PAPER CO
3385 CENTER ST NE SALEM OR 97301-4609

What was your first day of work for this employer? *

Required

Are you still working for this employer? *

Yes ☐ No ☐

What was your last day of work for this employer? *

Required

Your Occupation

You must provide your occupation. Click the button Search for Occupation to find your occupation.

Search for Occupation

⚠ You have not yet searched for your occupation *

What was your **frequency** of pay with this employer? *

Required

What was your **amount** of pay with this employer? *

Required

What was your job title? *

Required

What were your job duties?

Was the work you did for this employer seasonal? *

Yes ☐ No ☐

Cancel Remove OK

Using a keyword search, type in the job title or industry standard equivalent of the position held with the Employer.

Click “Search” to bring up a list of possible matches

The screenshot displays a web application interface for 'Work Share'. In the foreground, an 'Activity Code Search' modal is open. The modal has a 'Search' section on the left with a 'Keyword' input field (marked as 'Required') and a blue 'Search' button. The 'Search' button is circled in red. To the right of the 'Search' section is a 'Results' section with the text 'Enter a keyword to search.' and a 'Cancel' button at the bottom right. In the background, a form for 'DUNDER MIFFLIN PAPER CO' is visible. It includes fields for 'What was your first day of work for this employer?' (07-May-2018) and 'When did you last work for this employer?' (03-Jul-2025). There are also buttons for 'Yes' and 'No' to the question 'Are you still working for this employer?'. The background form also shows a 'Work History' section and a 'Next' button.



Select the best match from the list by clicking on the “Code” next the most appropriate title

Regular Unemployment

DUNDER MIFFLIN PAPER CO

PAM BEESLEY

3385 CENTER ST NE SALEM OR 97301-4609

***-**-4825

What was your first day of work for this employer?

Activity Code Search

Search

Keyword

office manager

Search

Results

< Page 1 of 2 >


Filter

Code	Title
11-3012	Administrative Services Managers
11-3031	Financial Managers
11-3061	Purchasing Managers
11-9151	Social and Community Service Managers
11-3021	Computer and Information Systems Managers
11-3071	Transportation, Storage, and Distribution Managers
11-9111	Medical and Health Services Managers
13-1075	Labor Relations Specialists
15-1299	Computer Occupations, All Other
55-1011	Air Crew Officers

Cancel



This screen will pop up to give some details about the code selected. If the code selected is not a good match, click “No” to try again. If the code is correct, click “Yes” to continue.

 Are you sure you want to select this code?

11-3012 - Administrative Services Managers

Plan, direct, or coordinate one or more administrative services of an organization, such as records and information management, mail distribution, and other office support services. Medical records administrators are included in “Medical and Health Services Managers” (11-9111). Excludes “Facilities Managers” (11-3013) and “Purchasing Managers” (11-3061).

Business Office Manager; Business Unit Manager; Records and Information Manager; Records Management Director; University Registrar



Continuing providing information about this employer, frequency and amount of pay is needed.

Provide the Job Title held with the employer and provide a description of the duties of this position.

Identify if the work performed was on a seasonal basis.

The following question asks for the situation of employment. For the Work Share Employer, claimants should indicate “**Still Working – Reduction in hours**” as their situation.

All Questions

DUNDER MIFFLIN PAPER CO
3385 CENTER ST NE SALEM OR 97301-4609
What was your first day of work for this employer? *
Required
Are you still working for this employer?
Yes No
What was your last day of work for this employer? *
Required

Your Occupation
You must provide your occupation. Click the button Search for Occupation to find your occupation.
Search for Occupation
⚠ You have not yet searched for your occupation *

What was your frequency of pay with this employer? *
Required
What was your amount of pay with this employer? *
Required
What was your job title? *
Required
What were your job duties?
Was the work you did for this employer seasonal? *
Yes No

Cancel Remove OK

Was the work you did for this employer seasonal? *

Yes No

Which of these describes your situation? *

Required

Leave of Absence
Still Working - No reduction in hours
Still Working - Reduction in hours
Strike or Lockout
Suspended

or



After providing the description of “Still Working – Reduction in hours”, new questions will appear.

“When did your reduction of hours begin?”

This question is relevant to the condition that drove the creation of this unemployment claim. Work Share claims are established due to a possible reduction in hours so that condition is current. The current date should be entered.

“When do you expect to return to work full-time?” This question is relevant to the period the condition may apply to. For the Work Share claim, the claim will be valid for 52 weeks so the best date to enter is 52 weeks or one year from the current date.

Click “OK” to continue



Was the work you did for this employer seasonal?

Which of these describes your situation?

Still Working - Reduction in hour ▼

You are performing services for this employer, with a reduction in hours.

When did your reduction of hours begin?

11-Mar-2024

When do you expect to return to work full-time?

07-Mar-2025

After being added, the employer appears under the heading “Employers”.

If a triangle is next to the employer’s, it indicates that information is still needed about that employer. To correct this error, click on the employer’s name to return to the questions and complete the form.

If no error is present, a “pencil” icon will be present next to the employer name.

If additional employers are to be provided, repeat the previous add employer steps. You can [click here](#) to go back to that process to add additional employers.

If all employers have been provided, select “Next” to continue.



Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825



Employment History

We have retrieved your known employment since January 7, 2024.


To complete your employment history:

1. Select each employer's name below to answer questions about your employment.
2. If you do not see an employer that you have worked for since January 7, 2024, add that employer with the Add Employer link.
3. After you have added all employers and answered questions about all the jobs you have had since January 7, 2024, use the Next button to continue.

Some employers have multiple names and addresses. For the most accurate results, search for your employer using their identification number (ID). Enter your employer's Business Identification Number (BIN) or Federal Employer Identification Number (FEIN). To find this number, check your Form W-2 (Box b) or paystub. If you can't find this number, and you are still employed, ask your employer.

Choosing the wrong employer will cause delays in your claim.

Employers


Name	Address	Employer Type	
 DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer	Remove

+ Add Employer

Cancel Save Draft

< Previous Next >

Employers

Name	Address	Employer Type	
 DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer	Remove

+ Add Employer

Cancel Save Draft

< Previous **Next** >

The position held with the Work Share Employer may differ from the Primary Occupation of the claimant.

Click “Search for Primary Occupation” to determine this information.

✓

✓

✓

✓

✓

➤

AddressMailing AddressMail DeliveryWage TypeWork HistoryEligibility

Primary Occupation

What was your primary occupation during the last 18 months? Click the Search for Primary Occupation button to find your primary occupation.

Search for Primary Occupation

⚠ You have not yet searched for your primary occupation.

Are you seeking and willing to accept this type of work now? *

Yes

No

Were you working for a staffing agency, temporary agency, or Professional Employee Organization (PEO) at the time of your most recent separation? *

Yes

No

Eligibility

Are you willing to accept the same rate of pay for future work? *

Yes

No

Did you turn down any work since you last worked? *

Yes

No

Are you attending school? *

Yes

No

Are you a United States citizen? *

Yes

No

Cancel

Save Draft

< Previous

Next >



Using a keyword search, enter the title or commonly used term for the claimant's Primary Occupation. The click "Search"

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Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825

Address Mailing Address Mail Delivery Wage Type Work History Eligibility

Primary Occupation

What was your primary occupation during the last 18 months? Click the Search for Primary Occupation button to find your primary occupation.

Search for Primary Occupation

Activity Code Search

Search

Keyword *

Required

Search

Results

Enter a keyword to search.

Cancel

Are you attending school? *

Yes No

Are you a United States citizen? *

Yes No

Cancel Save Draft

< Previous Next >



Select the best match from the list by clicking on the “Code” next the most appropriate title

Regular Unemployment

DUNDER MIFFLIN PAPER CO

PAM BEESLEY

3385 CENTER ST NE SALEM OR 97301-4609

***-**-4825

What was your first day of work for this employer?

Activity Code Search

Search

Keyword

office manager

Search

Results

< Page 1 of 2 >

Filter

Code	Title
11-3012	Administrative Services Managers
11-3031	Financial Managers
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11-9111	Medical and Health Services Managers
13-1075	Labor Relations Specialists
15-1299	Computer Occupations, All Other
55-1011	Air Crew Officers

Cancel



This screen will pop up to give some details about the code selected. If the code selected is not a good match, click “No” to try again. If the code is correct, click “Yes” to continue.

<

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Regular Unemployment Insurance Claim

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***-**-4825

✓

✓

✓

✓

✓

>

Address

Mailing Address

Mail Delivery

Wage Type

Work History

Eligibility

?

Are you sure you want to select this code?

11-1011 - Chief Executives

Determine and formulate policies and provide overall direction of companies or private and public sector organizations within guidelines set up by a board of directors or similar governing body. Plan, direct, or coordinate operational activities at the highest level of management with the help of subordinate executives and staff managers.

Admiral; CEO; Chief Executive Officer; Chief Financial Officer; Chief Operating Officer; Chief Sustainability Officer; Commissioner of Internal Revenue; COO; County Commissioner; Government Service Executive; Governor; Mayor; School Superintendent; University President

No

Yes

Eligibility

Are you willing to accept the same rate of pay for future work? *

Yes

No

Did you turn down any work since you last worked? *

Yes

No



The next questions should reflect the intent to return to the claimant’s normal schedule with the Work Share employer.

“Are you seeking and willing to accept this type of work now?” should be answered “Yes” to indicate the claimant is seeking more hours from their employer.

“Are you willing to accept the same rate of pay for future work?” should be answered “Yes” to indicate the claimant is willing to continue to work for their employer.

Remaining questions are to be answered as applicable to the claimant.

When complete, click “Next” to continue.



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PAM BEESLEY

Frances Rollout Testing

Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825

Address

✓

Mailing Address

✓

Mail Delivery

✓

Wage Type

✓

Work History

Eligibility

Primary Occupation

What was your primary occupation during the last 18 months? Click the Search for Primary Occupation button to find your primary occupation.

Search for Primary Occupation

11-1011 - Chief Executives

Are you seeking and willing to accept this type of work now?

Yes

No

Were you working for a staffing agency, temporary agency, or Professional Employee Organization (PEO) at the time of your most recent separation?

Yes

No

Eligibility

Are you willing to accept the same rate of pay for future work?

Yes

No

Did you turn down any work since you last worked?

Yes

No

Are you attending school?

Yes

No

Are you a United States citizen?

Yes

No

Cancel

Save Draft

<

Previous

Next

>

Additional Questions should be answered as if seeking to work for the Work Share Employer.

“Do you intend to seek work in Oregon?” Click “Yes”.

Remaining questions are to be answered as applicable to the claimant.

When all answers have been provided, click “Next” to continue.



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Regular Unemployment Insurance Claim

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***-**-4825



Additional Questions

Do you intend to seek work in Oregon?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

In the last 18 months, did you live in another state and frequently commute to Oregon to work?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Were you employed as a professional athlete during the last 18 months?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Did you work as a U.S. Merchant Marine mariner since October 1, 2022?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Were you unable to work because of illness or injury during most of any of the calendar quarters between October 1, 2022 and September 30, 2023?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Are you a member of a union that dispatches you to all your work?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Cancel

Save Draft

< Previous

Next >

Voluntary Disclosures are requested and are required to be answered.

Click on “Next” to continue

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✓

Delivery

✓

Wage Type

✓

Work History

✓

Eligibility

✓

Additional Questions

➤

Voluntary Disclosures

Voluntary Disclosures

Your answers will not be used to make decisions about your claim. To help us better understand the different communities we serve, we encourage you to answer the demographics questions below. You can choose the option 'prefer not to say' for any question.

What is the highest degree or level of school you have completed?

☐ No school

☐ Less than high school

☐ Some high school, no diploma

☐ High school graduate, including GED or equivalent

☐ Technical, trade or vocational school

☐ Some undergraduate education or associate degree

☐ Bachelor's degree

☐ Postgraduate degree

☒ Prefer not to say

Do you have a disability?

You would be considered to have a disability if you have a physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have a history or record of a disability or medical condition. This also includes if you are regarded as having a disability.

☐ Yes

☐ No

☒ Prefer not to say

What is your veteran or military status?

☐ I am a Veteran of the U.S. Armed Forces, Military Reserves, or National Guard

☐ I am active U.S. Armed Forces, Military Reserves, or National Guard

☐ I am not a veteran or I do not have a military status

☒ Prefer not to say

Cancel

Save Draft

< Previous

Next >

The logo for Work Share, featuring the word "Work" in a dark blue font, followed by a circular icon containing three stylized human figures in green and blue, and then the word "Share" in a green font.

Work Share is an Oregon Employment Department Program

Voluntary Disclosures are requested and are required to be answered.

Click on “Next” to continue

< PAM BEESLEY

Regular Unemployment Insurance Claim

PAM BEESLEY

***-**-4825



Voluntary Disclosures

Your answers will not be used to make decisions about your claim. To help us better understand the different communities we serve, we encourage you to answer the demographics questions below. You can choose the option 'prefer not to say' for any question.

Which of the following best describes you? Please choose all that apply.

- ☐ American Indian, Native American or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino/a/x
- ☐ Native Hawaiian, Pacific Islander
- ☐ White
- ☐ Middle Eastern/North African
- ☐ Choose to self-describe
- ☒ Prefer not to say

Are you Hispanic, Latino/a/x or Spanish? (Choose one answer)

- ☐ Yes, I am Hispanic, Latino/a/x or Spanish
- ☐ No, I am not Hispanic, Latino/a/x or Spanish
- ☒ Prefer not to say
- ☐ Not sure

What is your primary language spoken at home?

Cancel

Save Draft

< Previous

Next >



Voluntary Disclosures are requested and are required to be answered.

Click on “Next” to continue



History

Eligibility

Additional Questions

Voluntary Disclosures

Voluntary Disclosures

Voluntary Disclosures

Voluntary Disclosures

Your answers will not be used to make decisions about your claim. To help us better understand the different communities we serve, we encourage you to answer the demographics questions below. You can choose the option 'prefer not to say' for any question.

What is your sex?

☐ Woman/Female

☐ Man/Male

☒ Prefer not to say

Are you transgender?

☐ Yes

☐ No

☐ Questioning/Exploring

☒ Prefer not to say

☐ I don't know what this question is asking

What is your gender? (Check all that apply)

☐ Agender/No gender

☐ Non-Binary

☐ Woman/girl

☐ Man/boy

☐ Another gender not listed.

☐ Questioning/Exploring

☒ Prefer not to say

☐ I don't know what this question is asking

How do you describe your sexual orientation or sexual identity? (check all that apply)

☐ Asexual

☐ Bisexual

☐ Gay

☐ Lesbian

☐ Pansexual

☐ Queer

☐ Questioning/Exploring

☐ Same-gender loving

☐ Same-sex loving

☐ Straight (attracted mainly to or only to other gender(s) or sex(s))

☐ Another sexual orientation not listed.

☒ Prefer not to say

☐ I don't know what this question is asking

Cancel

Save Draft

< Previous

Next >

Taxes from benefit payments can be elected to be withheld for federal and/or state taxes

Once selected, click on “Next” to continue

< PAM BEESLEY

Regular Unemployment Insurance Claim

PAM BEESLEY

***-**-4825



Tax Withholding

How would you like us to handle tax withholding on your future payments? *

- ☐ I want both 10% for my federal and 6% for my state personal income taxes withheld from my benefit payments.
- ☐ I want only 10% of my benefit payments withheld for federal personal income taxes.
- ☐ I want only 6% of my benefit payments withheld for state personal income taxes.
- ☐ I do not want taxes withheld from my benefit payments.

Cancel

Save Draft

< Previous

Next >



The claimant must read and agree to the Certification statements by entering their name in the box provided.

Additionally, they must read and agree to the Work Share requirements by clicking the checkbox provided.

Once selected, click on “Next” to continue



< PAM BEESLEY

Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825

Disclosures

Voluntary Disclosures

Voluntary Disclosures

Payment

Tax Withholding

Certification

Certification

I certify under penalty of perjury that I am a citizen of the United States or was legally authorized to work in the United States during the weeks I am claiming benefits.

I understand the questions I have been asked. My answers are true to the best of my knowledge.

I understand the law provides penalties for making false statements in order to obtain benefits from the Unemployment Insurance Program.

By submitting this application, I hereby register for work and request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provided for administering unemployment insurance and employment service activities.

I certify that I understand that it is my responsibility to know the information in both the [Unemployment Insurance Claimant Handbook](#) and [Work Share Claimant Handbook](#). More information is on the [Work Share website](#).

By entering your name in the box below, you are certifying the above information. *

Required

Eligibility Notice: Your Work Share Requirements

Your weekly hours must be reduced between 10% and 50%.
You must be available for all work offered through your Work Share employer.
You must remain in contact with your Work Share employer.
You must not be a seasonal worker.

For each week you claim benefits, you must be:

- Able to work;
- Available for full-time, part-time, and temporary work during all of the days and hours typical for your type of work.

The following situations are not common:

You may be considered temporarily unemployed if your hours are reduced more than 50% for four weeks in a row. You must resume work-seeking activities after five consecutive weeks of being considered temporarily unemployed.

☐ I agree to the above statements. *

Cancel

Save Draft

< Previous

Next >



A Summary is provided for review of all claim information provided.

When ready to submit the Initial Claim for completion, click “Submit”



<

PAM BEESLEY

Regular Unemployment Insurance Claim

PAM BEESLEY

***-**-4825

Disclosures

Voluntary Disclosures

Payment

Tax Withholding

Certification

Summary

Summary

You are not yet done. Review the information below, then click Submit when ready.

Regular Unemployment Insurance Claim

Social Security Number : ***-**-4825

Payment Method : Debit Card (ReliaCard)

Withholding Taxes : Withhold federal and state taxes

Contact Information

Other Name Updated : PAM BEESLEY

Email : pambeesley@paper.com

Phone : +1 (503) 187-8613

Physical Address : 13000 NW OLD GERMANTOWN RD PORTLAND OR 97231-2773

Mailing Address : 13000 NW OLD GERMANTOWN RD PORTLAND OR 97231-2773

Mail Delivery Options : Electronic, English

Employment

Name	Separation Reason	Employer Type	First Day Worked	Last Day Worked	Separation Date
DUNDER MIFFLIN PAPER CO		In-State Employer	07-May-2018	11-Mar-2024	

Wage Type

Worked in Another State : No

Worked for Federal Government : No

Worked for Military : No

Eligibility

Primary Occupation : Administrative Services Managers

Seeking and Willing : Yes

Accept Future Pay Rate : Yes

Turned Down Work : No

Attending School : No

United States Citizen : Yes

Attachments

Name	Type	Employer	Size (kB)
There are no attachments.			

Cancel

Save Draft

< Previous

Submit



How Employees File Weekly Claims

- Employees will need to submit Weekly Claims using Frances Online
 - Claims must be filed during the week (Sunday – Saturday) immediately following the week being claimed.
 - If hours are reduced this week, the weekly claim should be filed between Sunday-Saturday of next week
 - All weeks can be claimed regardless of if they are eligible for benefits
 - If not eligible for benefits, it is simply not paid
 - If reduction is outside of 10%-50% range, the claim will default to Regular UI rules, but can still be claimed
 - If there is a break between weeks claimed, an “Additional Claim” will need to be filed before weekly claiming can resume



After logging in, navigate to the “Current Unemployment Insurance Benefits” tile and look for the week to be claimed and the status of “Ready to File”. If this is present, click on “File Now” to start the weekly claim.

If “Ready to File” is not present or the only week visible is “Not Filed” and “Restart My Claim” is visible in the bottom of the UI Benefits tile, an “Additional Claim” is required. In this case, please refer to the guide for submitting an Additional Claim.



ISAAC MCADOO
***-**-8510
6250 BONITA RD
LAKE OSWEGO OR 97035-2256

Home Action Center Settings I Want To...

Filter

ISAAC MCADOO
***-**-8510
6250 BONITA RD
LAKE OSWEGO OR 97035-2256

Claimant Services

> File a Paid Leave Oregon Claim

Current Unemployment Insurance Benefits
Benefit Begin: 11-May-2025
Eligibility Through: 09-May-2026

Claim for Week of 05-Jul-2025
File your weekly claim in order to receive benefits.
Status
Ready to File

Claim for Week of 28-Jun-2025
This week has not received a weekly claim filing.
Status
Not Filed

Benefit Details
\$812.00 per week from 11-May-2025 to 09-May-2026

> View Week History
> View or Change Benefit Details
> Update Benefit Payment Method

Restart My Claim

> Reopen or File an Additional Claim

Welcome, Isaac mcadoo
[Manage My Profile](#)

A red arrow pointing from the left towards the "Ready to File" status text in the "Claim for Week of 05-Jul-2025" section.

A red circle highlighting the "File Now" button in the "Claim for Week of 05-Jul-2025" section.

Work Share is an Oregon Employment Department Program

The first question asked is whether the claimant was temporarily laid off by their Work Share Employer.

Temporary Layoff (TLO):

- 0 hours of work offered
- \$0 paid
- Employer still paying for benefits at same level as normal
- Employee still accruing leave at same rate as normal

*If claimant is TLO for more than 4 consecutive weeks, they will need to begin performing work searches until they return to work.

After selection, click “Next” to continue



< LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025

Regular Unemployment Insurance Benefits

000-0477501

LESLIE HIGGINS

Introduction Work Share

Work Share

Were you temporarily laid off by your Work Share employer last week? *

The first question on this screen is whether the claimant failed “to accept any offer of work last week”. Another way of asking this is, “was there a missed work opportunity?”

“Missed Work”

- When the employer offers a reasonable opportunity for work and the employee does not accept it (i.e. out for vacation, sick, bereavement, Jury Duty, etc.)

Not “Missed Work”

- Paid Holidays
- Accrued leave solely used to increase hours paid and not due to absence

Missed Work may be allowed if accrued leave is used to cover it completely and is “for the purposes of serving jury duty, the employee being sick, caring for immediate family member who is sick or in response to a declared emergency as defined by OAR 471-030-0071 and the entire week is not “missed”.



< LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025

Regular Unemployment Insurance Benefits

000-0477501

LESLIE HIGGINS

Introduction Work Share Job Offerings and Separations

Job Offerings and Separations

Did you fail to accept any offer of work last week? *

Yes No

Did you quit a job last week? *

Yes No

Were you fired from a job last week? *

Yes No

Were you suspended from a job last week? *

Yes No

Cancel

< Previous Next >

Remaining questions should be answered truthfully.

After selection, click “Next” to continue

< LESLIE HIGGINS

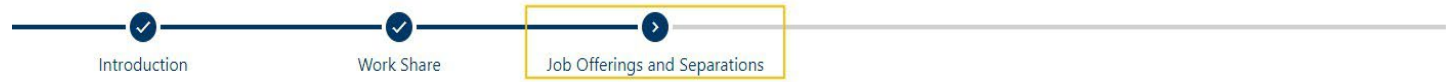
UI Weekly Claim

05-Jul-2025

Regular Unemployment Insurance Benefits

000-0477501

LESLIE HIGGINS



Job Offerings and Separations

Did you fail to accept any offer of work last week? *

Yes	No
-----	----

Did you quit a job last week? *

Yes	No
-----	----

Were you fired from a job last week? *

Yes	No
-----	----

Were you suspended from a job last week? *

Yes	No
-----	----

Cancel

< Previous **Next** >



Provide information regarding Work Share Employer hours and earnings.

“Hours Worked” is combination of actual hours work, paid holidays, and any accrued leave taken.

“Earnings” is a combination of pay from actual hours work, paid holidays, and any accrued leave taken.

“Other Pay” is a reflection of earnings not associated with hours worked. Examples include bonuses, commissions, tips, etc.

After entry, click “Next” to continue



< LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025
Regular Unemployment Insurance Benefits
000-0477501
LESLIE HIGGINS



Work Share Earnings

What are the total gross hours and earnings through the Work Share employer including earnings from leave, bonus, commissions, paid holidays, etc. for the week ending July 5, 2025?

Employer Name	Hours Worked	Earnings	Other Pay	Total
AFC RICHMOND	0	0.00	0.00	0.00

Cancel

< Previous **Next** >

Provide information regarding possible payment from Workers Compensation.

Provide information regarding possible changes to retirement/pension/annuity payments.

After entry, click “Next” to continue

<

LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025

Regular Unemployment Insurance Benefits

000-0477501

LESLIE HIGGINS

Introduction

Work Share

Job Offerings and Separations

Work Share Earnings

Other Benefits

Other Benefits

Did you apply or receive workers' compensation for an on the job injury? *

Yes

No

Other than social security, did you apply for or have a change in retirement plan, pension, or annuity not previously reported? *

Yes

No

Cancel

<

Previous

Next>



Provide information regarding earnings from other/secondary employment. If there were secondary earnings, click “yes”, else “no”

“Hours Worked” is combination of actual hours work, paid holidays, and any accrued leave taken.

“Earnings” is a combination of pay from actual hours work, paid holidays, and any accrued leave taken.

“Other Pay” is a reflection of earnings not associated with hours worked. Examples include bonuses, commissions, tips, etc.

After entry, click “Next” to continue



<

LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025

Regular Unemployment Insurance Benefits

000-0477501

LESLIE HIGGINS

duction

Work Share

Job Offerings and Separations

Work Share Earnings

Other Benefits

Earnings

Earnings

Did you have earnings outside your Work Share employer?

Yes

No

Employers

[Add Employer](#)

	Employer Name	Hours Worked	Earnings	Other Pay	Total

Cancel

<

Previous

Next>

To ensure claim information remains accurate, indicate if there is any change to the claimant’s address.

After entry, click “Next” to continue

< LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025
Regular Unemployment Insurance Benefits
000-0477501
LESLIE HIGGINS



Address Verification

It is very important that you keep us informed of your current mailing address, as forms mailed by the Employment Department are not forwarded. Before you claim your week of benefits, please review the mailing address we have for you.

14980 SW DIVISION ST BEAVERTON OR 97007-2731

Is your mailing address correct? *

Yes	No
-----	----

Cancel

< Previous **Next** >



This screen offers an opportunity to review all answers to questions provided prior to submission.

If all answers are accurate, click “Submit” to continue



< LESLIE HIGGINS

UI Weekly Claim

05-Jul-2025
Regular Unemployment Insurance Benefits
000-0477501
LESLIE HIGGINS



Review

- Were you temporarily laid off by your Work Share employer last week?
No
- Did you fail to accept any offer of work last week?
No
- Did you quit a job last week?
No
- Were you fired from a job last week?
No
- Were you suspended from a job last week?
No
- Did you have earnings outside your Work Share employer?
No
- Did you apply or receive workers' compensation for an on the job injury?
No
- Other than social security, did you apply for or have a change in retirement plan, pension, or annuity not previously reported?
No

Confirm

☐ By checking this, I certify this claim is true and correct and is filed under penalty of false swearing. *

Cancel

< Previous Submit

This screen offers an opportunity to print all answers to questions provided.

If desired, click “Printable View”.

When ready to finish, click “OK”.

< LESLIE HIGGINS

Confirmation

Your weekly claim for the week of July 5, 2025 has been sent.

Your confirmation number is: **0-000-181-506**

Question	Answer
Did you fail to accept an offer of work last week?	No
Did you quit a job last week?	No
Were you fired from a job last week?	No
Were you suspended from a job last week?	No
Did you have earnings outside your Work Share employer?	No
Did you apply to receive workers' compensation for an on the job injury?	No
Other than social security, did you apply for or have a change in retirement plan, pension, or annuity not previously reported?	No

Printable View

OK





After submission, the claim should reflect:

“Processing”: no issue with the submission, claim should release payment on the following 1-2 days

“In Suspense”: submission has at least one item that requires adjudication

“Denied”: claim will not pay due to issues such as an adjudication decision, excess hours worked (40 or more) or excess earnings.



LESLIE HIGGINS

***-**-6548

14980 SW DIVISION ST
BEAVERTON OR 97007-2731

Welcome, leslie higgins

[Manage My Profile](#)

[Home](#) [Action Center](#) [Settings](#) [I Want To...](#)

Filter

LESLIE HIGGINS

***-**-6548

14980 SW DIVISION ST
BEAVERTON OR 97007-2731

Claimant Services

> [File a Paid Leave Oregon Claim](#)

Current Unemployment Insurance
Benefits

Benefit Begin: 11-May-2025

Eligibility Through: 09-May-2026

Claim for Week of 05-Jul-2025

The week is currently processing.

Status

Processing

Benefit Details

\$812.00 per week from 11-May-2025 to 09-May-2026

> [View Week History](#)

> [View or Change Benefit Details](#)

> [Update Benefit Payment Method](#)

Restart My Claim

> [Reopen or File an Additional Claim](#)



Additional Claims

- Frances is intended to look and feel the same as much as possible regardless of the program (Regular UI claim, Work Share, SEA, etc.), therefore some items will seem new and odd to claimants
- Additional Claims are a requirement when there is a break in claiming (weeks have not been claimed)
- “Additional Claims” are not something familiar to Work Share employees, but will be a part of the new claiming process



Additional Claims?

- When a claimant establishes their claim, they must meet these two criteria:
 - Have sufficient work history over the previous 5 completed quarters to support a claim
 - Unemployment situation created through no fault of their own (i.e. did not voluntarily quit, not fired due to violation of policy, etc.)
- If those criteria are met, the unemployment insurance claim that is established will be assessed against the employer who is responsible for the unemployment condition



Why are there Additional Claims?

- If a claimant stops claiming, the assumption is that is due to the claimant returning to work or being hired by a new employer
- If the claimant then resumes claiming, then an assessment is needed to determine:
 - if the claimant is again out of work through no fault of their own
 - And who the employer is that is responsible for the unemployment
- The Additional Claim collects the information to determine if the claimant is still permitted to claim weekly benefits and who is the employer to be assessed for those benefits



When the claimant has logged in and views the “Current Unemployment Benefits”, if the tile does not reflect an opportunity to file a weekly claim, an Additional Claim is required to allow the claimant to resume submitting weekly claims again.

To file the Additional Claim, click “Reopen or File an Additional Claim”

[Home](#) [Action Center ²](#) [Settings](#) [I Want To...](#)

Filter

COLIN HUGHES

***-**-3908

21217 NW SAUVIE ISLAND RD
PORTLAND OR 97231-1319

Claimant Services

> [File a Paid Leave Oregon Claim](#)

Current Unemployment Insurance Benefits

Benefit Begin: 30-Mar-2025
Eligibility Through: 28-Mar-2026
[Action Center Items ²](#)

Benefit Details

\$812.00 per week from 30-Mar-2025 to 28-Mar-2026

> [View Week History](#)

> [View or Change Benefit Details](#)

> [Update Benefit Payment Method](#)

Restart My Claim

> [Reopen or File an Additional Claim](#)

The logo for Work Share, featuring the word "Work" in a dark blue font, a circular icon with two stylized human figures in blue and green, and the word "Share" in a green font.

Work Share is an Oregon Employment Department Program

Claimant will need to verify their identity by entering their SSN.

A disclaimer is included detailing the need for truthful and accurate information. Upon agreeing to these statements, click on the check box under “Disclaimer”.

Click “Next” to continue.

< PAM BEESLEY

File a Benefit Claim

PAM BEESLEY
***-**-4825

Identity

You must enter your Social Security Number to verify your identity. Protecting your personal information is important to us.

***-**-4825

You must tell the truth on this application

It is very important that you provide true and accurate information on your application. There may be additional penalties if you intentionally make a false statement or purposefully do not report true and accurate information so you can receive benefits.

What could happen if I do not provide accurate information?

- Our work on your claim may be delayed, which could delay your benefits.
- Your claim can be denied, and you will not receive benefits.
- Your claim can be overpaid, and you will have to repay benefits.
- If you knowingly give us false information, you may have to complete a number of penalty weeks on your claim. This means you can claim these weeks and be eligible for benefits, but you will not be paid for these weeks.
- You can be prosecuted for a crime and be forced to pay penalties and serve time in jail.

Disclaimer

☒ By checking this box, I certify that all statements provided are true and accurate. I understand that these statements are made under the penalty of perjury and that any intentional misrepresentation is considered fraud. If I am found to have committed fraud, I understand that I may be subject to prosecution.

Cancel

< Previous

Next >



The Additional Claim is seeking information about any employment during the period that was not claimed.

Work Share claimants should answer “Yes” to working for an employer during the period that was not claimed.

Work Share claimants should answer “No” to working as an independent contractor or self-employment during the period that was not claimed as that would not be relevant to their Work Share claim.

Click “Next” to continue.



[<](#) ISAAC MCADOO

File a Benefit Claim

ISAAC MCADOO
***-**-8510

Provide the following information to help decide how to proceed.

Have you worked for an employer since June 22, 2025?

YesNo

Have you worked as an independent contractor or been self-employed since June 22, 2025?

YesNo

Cancel

[<](#) PreviousNext [>](#)

The Additional Claim is seeking information about any employment during the period that was not claimed.

Work Share claimants should answer the questions as applicable to their situation.

Click “Next” to continue.

< ISAAC MCADOO

File a Benefit Claim

ISAAC MCADOO

***-**-8510

Earnings Last Week

During the week of June 29, 2025 through July 5, 2025, did you have gross earnings of \$812 or more? *

Yes

No

During the week of June 29, 2025 through July 5, 2025, did you work 40 hours or more? *

Yes

No

Cancel

< Previous

Next >



This screen details the information needed to complete the Additional Claim including:

- Employer names
- Employer addresses
- Employer phone numbers
- Start and end dates of your employment for each employer
- Any self-employment
- If electing for direct deposit, bank account and routing numbers are needed

When ready to continue, click “Next”



< ISAAC MCADOO

Additional Unemployment Insurance Claim

ISAAC MCADOO

***_**-8510

Gather Materials

Unemployment Insurance Oregon Application for Benefits

Please gather and be prepared to provide the following information:

- Your work history for the last 18 months, including
 - Dates of employment
 - Your employers' business names, addresses, and phone numbers. If you worked for a Federal employer that was not the military, you may find this information on an SF-8 or SF-50.
 - Your salary from each employer.

Before restarting your claim, **please review some of the eligibility requirements.**

- You must be able to work, be available for work, and be actively seeking work each week you claim. It is your responsibility to keep track of your work search efforts.
- You must look for work in your labor market and normal occupation. You must stay in the area of your permanent residence for the major portion of the week unless you are seeking work elsewhere.
- You must be willing to work all days and shifts normal for your occupation.
- You must be available for full-time, part-time, and temporary work. If you are limited to part time work because of a permanent or long-term disability, you may still be eligible for benefits.

Cancel

Save Draft

< Previous

Next >

All employment history during the period that was not claimed must be accounted for.

Enter employment history by clicking “+ Add Employer” to identify an employer.

This process is to be repeated until all employers during the applicable time period are identified.

This process will be very similar to the process used for filing an Initial Claim.

Additional Unemployment Insurance Claim

ISAAC MCADOO
***-**-8510

✓

✓

➤

Gather MaterialsSubsequent EmploymentWork History

Employment History Since Your Previous Claim

We have retrieved your known employment since your last active claim.

To complete your employment history:

1. Select each employer's name below to answer questions about your employment.

2. If you do not see an employer that you have worked for since June 22, 2025, add that employer with the Add Employer link.

3. After you have added all employers and answered questions about all the jobs you have had since June 22, 2025, use the Next button to continue.

Employers

Name	Address	Employer Type	
There are no employer records.			

➤ + Add Employer

CancelSave Draft

< PreviousNext >



If available, a list of previous and/or current employers will appear. Select the employer by clicking on the employer's name.

If the employer is listed, skip the next three pages or [click here](#) to continue the tutorial.

If an employer is not listed, follow the next three pages to add the employer manually.

2. If you do not see an employer that you have worked for since January 7, 2024, add that employer with the Add Employer link.

Claim Filing

Previous Employers

Show Older Employers

Name	Address	Type
DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer

Cancel

Add a New Employer



Manually Add Employer

If no previous employers were available, the screen will prompt the claimant to add an employer.

Click “+ Add Employer” to add the employer to the claim.

< PAM BEESLEY

File a Benefit Claim

PAM BEESLEY
***-**-4825

Provide the following information to help decide how to proceed.

Use the Add Employer link to add an employer you worked for since **January 1, 2022**. *

You only need to add one employer at this time. You will be asked to provide the details of your recent employment history on a different screen.

[+ Add Employer](#)

Cancel

< Previous **Next** >



Select the Employer Type as
“In-State Employer”.

< PAM BEESLEY

Regular Unemployment Insurance Claim

PAM BEESLEY
***_**-4825

✓

✓

✓

✓

✓

>

ntactPhysical AddressMailing AddressMail DeliveryWage TypeWork History

Employment History

We have retrieved your known employment since January 6, 2024.

To complete your employment history:

1. Select each employer's
2. If you do not see an em
3. After you have added a

Employers

Name
There are no employer records.

?

×

Claim Filing

Select Employer Type

In-State Employer

Self-Employed Individual

+ Add Employer

Cancel

Save Draft

< Previous

Next >



Identifying the employer can be done by either providing an Employer's FEIN or BIN or by searching for the Employer by name. The most accurate method is by providing the BIN or FEIN.

The employer's FEIN or BIN can be found on a paystub or W-2. To choose this option, click on "ID", enter the number in the text box and click "Search"

If using the Employer name, be aware there may be several employers with similar names. Please ensure the correct Employer name is selected. To choose this option, click on "Name", enter the name in the text box and click "Search".

Click the "X" in the upper right corner when complete.



< PAM BEESLEY

File a Benefit Claim

PAM BEESLEY
***-**-4825

Provide the following information to help decide how to proceed.

Use the Add Employer link to add an employer you worked for since **January 1, 2022**. *

You only need to add one employer at this time. You will be asked to provide the details of your recent employment history on a different screen.

+ Add Employer

Select a Claim

Search for Employer

Search By

Name ID

Name

Search

Results

X

Provide employment history details concerning the Employer.

Provide the first day worked for the employer.

For the Work Share Employer, ensure that the claimant has indicated they are still working for the employer.

For the Work Share Employer, enter the current date for “What was the last day of work for this employer”. For non-Work Share Employers, indicate the actual last day worked.

Select “Search for Occupation” to provide information concerning the occupation held with the employer.



All Questions ? ×

DUNDER MIFFLIN PAPER CO
3385 CENTER ST NE SALEM OR 97301-4609

What was your first day of work for this employer? *

Required Required

Are you still working for this employer? *

Yes No

What was your last day of work for this employer? *

Required

Your Occupation

You must provide your occupation. Click the button Search for Occupation to find your occupation.

Search for Occupation

⚠ You have not yet searched for your occupation *

What was your **frequency** of pay with this employer? *

Required

What was your **amount** of pay with this employer? *

Required

What was your job title? *

Required

What were your job duties?

Was the work you did for this employer seasonal? *

Yes No

Cancel Remove OK

Using a keyword search, type in the job title or industry standard equivalent of the position held with the Employer.

Click “Search” to bring up a list of possible matches

The screenshot displays the Work Share application interface. In the background, a form for 'DUNDER MIFFLIN PAPER CO' is visible, with fields for 'What was your first day of work for this employer?' (07-May-2018), 'Are you still working for this employer?' (Yes/No), and 'When did you last work for this employer?' (03-Jul-2025). Overlaid on this is the 'Activity Code Search' dialog box. The dialog box has a 'Search' section with a 'Keyword' field (marked as 'Required') and a 'Search' button (also marked as 'Required'). The 'Results' section on the right contains the text 'Enter a keyword to search.' and a 'Cancel' button at the bottom right. A red circle highlights the 'Search' button in the dialog box.



Select the best match from the list by clicking on the “Code” next the most appropriate title

Regular Unemployment

DUNDER MIFFLIN PAPER CO

PAM BEESLEY

3385 CENTER ST NE SALEM OR 97301-4609

***-**-4825

What was your first day of work for this employer?

Activity Code Search

Search

Keyword

office manager

Search

Results

< Page 1 of 2 >


Filter

Code	Title
11-3012	Administrative Services Managers
11-3031	Financial Managers
11-3061	Purchasing Managers
11-9151	Social and Community Service Managers
11-3021	Computer and Information Systems Managers
11-3071	Transportation, Storage, and Distribution Managers
11-9111	Medical and Health Services Managers
13-1075	Labor Relations Specialists
15-1299	Computer Occupations, All Other
55-1011	Air Crew Officers

Cancel



This screen will pop up to give some details about the code selected. If the code selected is not a good match, click “No” to try again. If the code is correct, click “Yes” to continue.

 Are you sure you want to select this code?

11-3012 - Administrative Services Managers

Plan, direct, or coordinate one or more administrative services of an organization, such as records and information management, mail distribution, and other office support services. Medical records administrators are included in “Medical and Health Services Managers” (11-9111). Excludes “Facilities Managers” (11-3013) and “Purchasing Managers” (11-3061).

Business Office Manager; Business Unit Manager; Records and Information Manager; Records Management Director; University Registrar



Continuing providing information about this employer, frequency and amount of pay is needed.

Provide the Job Title held with the employer and provide a description of the duties of this position.

Identify if the work performed was on a seasonal basis.

The following question asks for the situation of employment. For the Work Share Employer, claimants should indicate “**Still Working – Reduction in hours**” as their situation.

All Questions

DUNDER MIFFLIN PAPER CO
3385 CENTER ST NE SALEM OR 97301-4609
What was your first day of work for this employer? *
Required
Are you still working for this employer?
Yes No
What was your last day of work for this employer? *
Required

Your Occupation
You must provide your occupation. Click the button Search for Occupation to find your occupation.
Search for Occupation
⚠ You have not yet searched for your occupation *

What was your frequency of pay with this employer? *
Required
What was your amount of pay with this employer? *
Required
What was your job title? *
Required
What were your job duties?
Was the work you did for this employer seasonal? *
Yes No

Cancel Remove OK

Was the work you did for this employer seasonal? *

Yes No

Which of these describes your situation? *

Required

Leave of Absence
Still Working - No reduction in hours
Still Working - Reduction in hours
Strike or Lockout
Suspended

or



After providing the description of “Still Working – Reduction in hours”, new questions will appear.

“When did your reduction of hours begin?”

This question is relevant to the condition that drove the creation of this unemployment claim. Work Share claims are established due to a possible reduction in hours so that condition is current. The current date should be entered.

“When do you expect to return to work full-time?” This question is relevant to the period the condition may apply to. For the Work Share claim, the claim will be valid for 52 weeks so the best date to enter is 52 weeks or one year from the current date.

Click “OK” to continue



Was the work you did for this employer seasonal?

Which of these describes your situation?

Still Working - Reduction in hour ▼

You are performing services for this employer, with a reduction in hours.

When did your reduction of hours begin?

11-Mar-2024

When do you expect to return to work full-time?

07-Mar-2025

After being added, the employer appears under the heading “Employers”.

If a triangle is next to the employer’s, it indicates that information is still needed about that employer. To correct this error, click on the employer’s name to return to the questions and complete the form.

If no error is present, a “pencil” icon will be present next to the employer name.

If additional employers are to be provided, repeat the previous add employer steps. You can [click here](#) to go back to that process to add additional employers.

If all employers have been provided, select “Next” to continue.



Regular Unemployment Insurance Claim

PAM BEESLEY
***-**-4825



Employment History

We have retrieved your known employment since January 7, 2024.


To complete your employment history:

1. Select each employer's name below to answer questions about your employment.
2. If you do not see an employer that you have worked for since January 7, 2024, add that employer with the Add Employer link.
3. After you have added all employers and answered questions about all the jobs you have had since January 7, 2024, use the Next button to continue.

Some employers have multiple names and addresses. For the most accurate results, search for your employer using their identification number (ID). Enter your employer's Business Identification Number (BIN) or Federal Employer Identification Number (FEIN). To find this number, check your Form W-2 (Box b) or paystub. If you can't find this number, and you are still employed, ask your employer.

Choosing the wrong employer will cause delays in your claim.

Employers

Name	Address	Employer Type	
 DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer	Remove

+ Add Employer


Cancel

Save Draft

< Previous

Next >

Employers

Name	Address	Employer Type	
 DUNDER MIFFLIN PAPER CO	3385 CENTER ST NE SALEM OR 97301-4609	In-State Employer	Remove

+ Add Employer

Cancel

Save Draft

< Previous

Next >

The claimant must read and agree to the Certification statements by entering their name in the box provided.

Additionally, they must read and agree to the Work Share requirements by clicking the checkbox provided.

Once selected, click on “Next” to continue



< ISAAC MCADOO

Additional Unemployment Insurance Claim

ISAAC MCADOO
***-**-8510

Gather Materials

Subsequent Employment

Work History

Certification

Certification

I understand the questions I have been asked. My answers are true to the best of my knowledge.

I understand the law provides penalties for making false statements in order to obtain benefits from the Unemployment Insurance Program.

I certify that I understand that it is my responsibility to know the information in both the [Unemployment Insurance Claimant Handbook](#) and [Work Share Claimant Handbook](#). More information is on the [Work Share website](#).

By entering your name in the box below, you are certifying the above information.

Required

Eligibility Notice: Your Work Share Requirements

Your weekly hours must be reduced between 10% and 50%.

You must be available for all work offered through your Work Share employer.

You must remain in contact with your Work Share employer.

You must not be a seasonal worker.

For each week you claim benefits, you must be:

- Able to work;
- Available for full-time, part-time, and temporary work during all of the days and hours typical for your type of work.

The following situations are not common:

You may be considered temporarily unemployed if your hours are reduced more than 50% for four weeks in a row. You must resume work-seeking activities after five consecutive weeks of being considered temporarily unemployed.

☐ I agree to the above statements. *

Cancel

Save Draft

< Previous

Next >

A Summary is provided for review of Additional Claim information provided.

When ready to submit the Additional Claim, click “Submit”

< ISAAC MCADOO

Additional Unemployment Insurance Claim

ISAAC MCADOO
***-**-8510



Summary

You are not yet done. Review the information below, then click Submit when ready.

Additional Unemployment Insurance Claim

Social Security Number : ***-**-8510

Employment

Name	Separation Reason	Employer Type	First Day Worked	Last Day Worked	Separation Date
AFC RICHMOND		In-State Employer	05-Feb-2020	04-Jul-2025	

Wage Type

Worked in Another State : No
Worked for Federal Government : No
Worked for Military : No

Attachments

Name	Type	Employer	Size (k)
There are no attachments.			

Cancel

Save Draft

< Previous

Submit





After completing the Additional Claim process, the weekly claim will reflect “Ready to File”.

“File Now” can be selected to submit a weekly claim.

A screenshot of the Oregon Employment Department's online portal. The top navigation bar includes 'Home', 'Action Center' (with a red notification badge), 'Settings', and 'I Want To...'. Below the navigation bar is a search filter. The main content area is divided into two columns. The left column displays the user's name 'COLIN HUGHES', a masked phone number '***.**-3908', and their address '21217 NW SAUVIE ISLAND RD, PORTLAND OR 97231-1319'. The right column contains several sections: 'Claimant Services' with a link to 'File a Paid Leave Oregon Claim'; 'Current Unemployment Insurance Benefits' showing the benefit period from May 2025 to May 2026 and a link to 'Action Center Items'; a 'Claim for Week of 05-Jul-2025' section with the status 'Ready to File' (highlighted in orange) and a 'File Now' button circled in red; 'Benefit Details' showing a weekly benefit of \$812.00 and links to view history, change details, or update the payment method; and a 'Restart My Claim' section with a link to 'Reopen or File an Additional Claim'. A large red arrow points from the 'Ready to File' status to the 'File Now' button.

