

# Employment Appeals Board Application for Review



I want the Employment Appeals Board to review the order referenced below:

Order No: \_\_\_\_\_ Case No: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Date Order Mailed: \_\_\_\_\_

I am the Claimant

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

I am the Employer

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If 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) unless certain exceptions apply. 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.

If your application for review is filed late you must include a statement explaining why, or your application will be dismissed. Your statement must show that the circumstances that caused you to file a late application for review amounted to good cause, and that you filed the late application for review within seven days of when those circumstances ceased to exist, or your application will be dismissed.

**File by email: [appealsboard@employ.oregon.gov](mailto:appealsboard@employ.oregon.gov)**

**File by mail: Employment Appeals Board | 875 Union St NE | Salem, OR 97311**

**Phone: (503) 378-2077 • Fax: (503) 378-2129**

**EAB website: [www.oregon.gov/employ/pages/employment-appeals-board.aspx](http://www.oregon.gov/employ/pages/employment-appeals-board.aspx)**

The Oregon Employment Department is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
Language assistance is available to persons with limited English proficiency at no cost.