



# Unemployment Insurance Benefits Request for Hearing

Complete this form to request a hearing on an unemployment insurance benefits administrative decision. During the appeal process, continue to file weekly claims for each week you wish to request benefits. If a hearing decision allows back payments for weeks previously covered by a denial or disqualification, you must have made on-time weekly claims to receive payment for those weeks.

You must request a hearing by the appeal deadline shown on your administrative decision. If you are requesting a hearing after that date has passed, you must include a written statement about why you are making your request late.

Appellant: <input type="checkbox"/> Claimant <input type="checkbox"/> Employer	Name:	Phone Number:
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Claimant Name: (First) (Last)	Customer ID/Last 4 of SSN:
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Employer (if applicable):	Business Name:
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Employer Representative Name, if known:

## Decision(s) Being Appealed

Number(s):	Date(s):
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<b>Issue(s) on Appeal:</b>	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Transportation	<input type="checkbox"/> School Attendance
<input type="checkbox"/> Discharge	<input type="checkbox"/> Quit	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Labor Dispute
<input type="checkbox"/> Suspension	<input type="checkbox"/> Ability to Work	<input type="checkbox"/> Use of School Wages	<input type="checkbox"/> Relief of Charges
<input type="checkbox"/> Registering for Work	<input type="checkbox"/> Actively Seeking Work	<input type="checkbox"/> Job Refusal	<input type="checkbox"/> Child Care
<input type="checkbox"/> Availability for Work	<input type="checkbox"/> Other (Explain Below)	<input type="checkbox"/> Failure to Apply for Work	

Why you disagree with the decision(s):

Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name: (First) (Last)
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Do you need an interpreter to fully participate in the hearing? If yes, what language:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you need any other accommodations to fully participate in the hearing? If yes, what accommodation(s) is needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Hearings are scheduled Monday through Friday from 8:00 AM to 4:30 PM. Are there any specific days or times in the next 90 days you will not be available for a hearing? If yes, please specify the days or times:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### You may submit this form by:

**Email:** OED\_UI\_HEARINGSREQ@oregon.gov | **Fax:** (503)947-1335

**Mail:** Oregon Employment Department • 875 Union St NE • Salem, OR 97301

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.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.