

APPLICATION FOR PANDEMIC EMERGENCY UNEMPLOYMENT COMPENSATION

This is your initial application for Pandemic Emergency Unemployment Compensation (PEUC). Instructions for completing and submitting the application can be found on our COVID-19 page (https://govstatus.egov.com/ORUnemployment_COVID19).

Please make sure you complete the entire form. Failure to complete the form will cause delays in processing your application.

Apply using the name currently on file with the Social Security Administration. Submit only one application as multiple applications will delay processing.

APPLICANT INFORMATION

Applicant's Name (Last, First, Middle)			Social Security Number or Customer ID Number
Applicant's Mailing Address: (Street or P.O.)			Phone Number
City	State	Zip Code	Applicant Email Address
Check here if you have moved since July 1, 2019: <input type="checkbox"/>		Preferred Language	

PEUC FILING DATE

PEUC is available for weeks beginning March 29, 2020 through December 26, 2020. What date do you want your PEUC claim to begin?	Week Dates	
	Beginning (Sunday)	Ending (Saturday)

APPLICANT EMPLOYMENT

Have you worked since you last claimed a week of benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you worked outside of the state of Oregon in the last 18 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you worked for the Federal Government or Military within the last 18 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "YES" to any of these questions, please complete the EMPLOYER INFORMATION section below. If you answered "No" to all of the questions skip to the WEEKLY CERTIFICATION section.	

EMPLOYER INFORMATION

EMPLOYER #1:				
Employer Name		Phone Number	First Day of Work	Last Day of Work
Employer Address (Street or P.O.)			Total Gross Earnings for Above Period of Employment	
City	State	Zip Code	Position	Rate of Pay
Reason you are no longer employed				
<input type="checkbox"/> Discharged/Fired/Terminated <input type="checkbox"/> Voluntary Quit/Resigned <input type="checkbox"/> Leave of absence <input type="checkbox"/> Temporarily Unemployed <input type="checkbox"/> Layoff due to permanent lack of work <input type="checkbox"/> Still Working/Hours Cut <input type="checkbox"/> Suspended				
EMPLOYER #2:				
Employer Name		Phone Number	First Day of Work	Last Day of Work
Employer Address: (Street or P.O.)			Total Gross Earnings for Above Period of Employment	
City	State	Zip Code	Position	Rate of Pay

Reason you are no longer employed					
<input type="checkbox"/> Discharged/Fired/Terminated		<input type="checkbox"/> Voluntary Quit/Resigned		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Temporarily Unemployed
<input type="checkbox"/> Layoff due to permanent lack of work		<input type="checkbox"/> Still Working/Hours Cut		<input type="checkbox"/> Suspended	
EMPLOYER #3:					
Employer Name		Phone Number	First Day of Work	Last Day of Work	
Employer Address (Street or P.O.)			Total Gross Earnings for Above Period of Employment		
City	State	Zip Code	Position	Rate of Pay	
Reason you are no longer employed					
<input type="checkbox"/> Discharged/Fired/Terminated		<input type="checkbox"/> Voluntary Quit/Resigned		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Temporarily Unemployed
<input type="checkbox"/> Layoff due to permanent lack of work		<input type="checkbox"/> Still Working/Hours Cut		<input type="checkbox"/> Suspended	
WEEKLY CERTIFICATION					
If you are out of work due to COVID-19, please watch our video on claiming a week of benefits here: https://youtu.be/E82E6ApKiko .					
What week do you want to claim for PEUC?		Week Ending (Saturday): _____			
Did you fail to accept an offer of work last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you quit a job last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you fired or suspended from a job last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you away from your permanent residence for more than 3 days last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you both physically and mentally able to perform the work you sought last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Each day last week were you willing to work and capable of accepting and reporting for full-time, part-time and temporary work?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>You are actively seeking work if you will return to your employer or are willing to look for work when state and local emergency declarations related to the coronavirus expire or otherwise are no longer in effect.</i>					
Did you actively look for work last week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES" mark the temporarily unemployed box below.</i>					
Did you work last week, or, did you receive or will you receive vacation or holiday pay for the week?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Enter the number of hours worked (round up to the nearest hour): _____					
Enter your total gross earnings, vacation or holiday pay (before deductions), even if you have not been paid: _____					
Please Record Your Work Search Activities for Last Week:					
<i>You are required to actively seek work during each week you claim. Failure to provide your work search or failure to look for work may result in a delay or denial of your unemployment insurance benefits.</i>					
Date	Company Name	Location	Contact Method (in person, phone, resume)	Type of Work Sought	Results (hired, not hired)
Date	Work Seeking Activities				
<input type="checkbox"/>	I am a member in good standing with a union that does not allow me to seek non-union work within my trade. I have stayed in contact with my union, and I am on the out-of-work list. I have been capable of accepting and reporting for work if dispatched by my union. I understand false answers may result in overpaid benefits and additional penalties I must pay back.				

<input type="checkbox"/>	I am temporarily unemployed because I have been laid off or had my hours reduced and expect to return to work with my employer. I am returning to work that is full-time or work that pays more than my weekly benefit amount. There are no more than four (4) weeks between the week I became temporarily unemployed and the week I am returning to work. I have stayed in contact with my employer. I understand false answers may result in overpaid benefits and additional penalties I must pay back.
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If you need to catch up on prior weeks, please see our COVID-19 web page for a copy of the weekly certification form.

PAYMENT INFORMATION

Payments are issued onto a US Bank Visa Reliacard or direct deposited to your account. The same method of payment will be used for future payments that was used for prior weeks paid to you on your claim.

Do you still have your active Reliacard? YES NO

If you were receiving direct deposit, do you wish for your payments to be deposited into your account? YES NO

If you answered "NO" to either question, you will be issued a new Reliacard.

If you wish to sign up for electronic deposit, you can do that on our [Online Claim System](#), or print the electronic deposit form and submit the form with a voided check.

MISREPRESENTATION

If you misrepresent your circumstances in order to receive Pandemic Emergency Unemployment Compensation (PEUC), you will be liable to repay the benefits that were overpaid and could face federal criminal prosecution. You will also become ineligible for any other PEUC benefits.

I agree

APPLICANT CERTIFICATION

I certify that the information I have given on this form to apply for Pandemic Emergency Unemployment Compensation is correct. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release TO ANY SOURCE the information for purposes authorized under Employment Department law.

Signature _____ Date (Month, Day, Year) _____

The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Ask one of our staff for more information.

El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios a pedido y sin costo: Servicios o ayudas auxiliares, y formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés. Para mayor información, pregunte a nuestro personal.