

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):
_____.

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.

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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