

INSTRUCTIONS

Complete this form to request a hearing on a Paid Leave Oregon administrative decision.

If you want to try to change an administrative decision, you must file a timely appeal. The due date for an appeal depends on the kind of administrative decision.

If the due date for filing an appeal has passed, you can still request a hearing. You will need to provide more information so the Office of Administrative Hearings (OAH) can decide if good cause for a late appeal exists. If OAH finds that you have good cause for filing a late appeal, your request for a hearing will be allowed.

Requirements for appeals for the Unemployment Insurance Program and Paid Leave Oregon may be different as they are separate programs with their own laws.

For additional information about late hearing requests and the good cause requirement, please refer to ORS 657B.340 and OAR 471-070-8025.

What do you need to file an appeal?

You need a copy of the letter that can be appealed. This will have an appeal due date located near the bottom of the document. Any other information you need to include with your appeal will be listed in the letter you received from Paid Leave Oregon. If you are using an attorney for this appeal, you will need to provide your attorney's contact information.

Administrative decisions mailed from Paid Leave Oregon include instructions for filing appeals on time. Decisions become final either 20 days or 60 days after we mail them. If you do not file an appeal on time, it may no longer be possible to change the original administrative decision.

To ask for a hearing on behalf of a claimant, you must be an authorized representative for that claimant. You can be either a claimant-designated representative or an authorized agent of an incapacitated or deceased person. If you have not applied for this status, you must do this before completing this form. Use the Claimant-Designative Representative Form or Authorized Agent Form for an Incapacitated or Deceased Person to apply for this status. You can find these forms on the Paid Leave website at paidleave.oregon.gov.

You must submit this form with a copy of the decision you are appealing. Missing information or documents can cause a delay in processing your request.

Return this form and the required documentation to:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

Need help?

This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll-free). TTY users call 711. You can also send an email to access.paidleave@oregon.gov.



Request for Hearing Form

APPELLANT INFORMATION

| | |
|------------|--|
| Are you a: | <input type="checkbox"/> Claimant (Complete claimant information section) |
| | <input type="checkbox"/> Authorized representative (Complete claimant information section and authorized representative information) |
| | <input type="checkbox"/> Employer (Complete employer information section) |

CLAIMANT INFORMATION (To be completed by claimant - leave blank if you are an employer)

| | |
|---|---------------------|
| Claimant first name: | Claimant last name: |
| Social Security Number (SSN): _____ or Individual Taxpayer Identification Number (ITIN): _____ | |
| Claimant's address: | |
| Claimant's phone number: | Claimant's email: |

AUTHORIZED REPRESENTATIVE INFORMATION (To be completed by claimant or authorized representative - leave blank if you are an employer)

| | |
|------------------------------|-------------------------------|
| Representative first name: | Representative last name: |
| Representative address: | |
| Representative phone number: | Representative email address: |

EMPLOYER INFORMATION (To be completed by employer - leave blank if you are a claimant)

| | |
|--|-----------------|
| Employer name: | |
| Business Identification Number (BIN): | |
| Federal Employer Identification Number (FEIN): | |
| Employer address: | |
| Employer phone number: | Employer email: |
| Employer representative name, if any: | |

DECISION BEING APPEALED

| | |
|------------|--------------|
| Letter ID: | Letter date: |
|------------|--------------|

| | |
|---|-----------------------|
| Claimant name: | Claimant SSN or ITIN: |
| Please provide the reason you are appealing this decision: | |
| Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language: | |
| Do you have an accommodation request for your hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what accommodation(s) is needed: | |
| Name (print): | |
| Signature: | Date: |