



Claimant Designated Representative Form

A claimant designated representative is a person who you give permission to provide Paid Leave Oregon with information and receive information about your claim.

Completing this form gives Paid Leave Oregon permission to discuss all aspects of your current or pending Paid Leave claim with the person you list as your representative. It gives us permission to provide information from our records that would otherwise be confidential. This information includes, but is not limited to, information about any benefits that you have received or will receive, information you provided in your initial application, and information about any pending or issued decisions we made on your claim. It also gives Paid Leave Oregon permission to receive and record information that your representative provides for you.

You do not need a representative to receive all Paid Leave Oregon services and benefits. Only fill out this form if you want a representative.

CLAIMANT INFORMATION

First name:	Last name:
Social Security Number (SSN): _____ or Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): ____ / ____ / _____	
Physical address: _____	
Mailing address (If different from physical address): _____	
Phone number:	Email address:

CLAIMANT DESIGNATED REPRESENTATIVE INFORMATION

First name:	Last name:
Social Security Number (SSN): _____ or Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): ____ / ____ / _____	
Physical address: _____	
Mailing address (If different from physical address): _____	
Phone number:	Email address:

Claimant name:	SSN/ITIN:
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AUTHORIZATION AND SIGNATURES

This authorization is valid from ____ / ____ / ____ (MM/DD/YYYY) through ____ / ____ / ____ (MM/DD/YYYY).

All authorizations will automatically end with your current benefit year. If you do not establish a valid claim, your authorization will end 30 days after your signature date below.

Claimant attestation: I understand the purpose of this authorization. I am signing on my own and have not been pressured to do so. I understand that I can revoke this and any other authorizations I have signed at any time.

Signature:	Date: ____ / ____ / ____
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Claimant designated representative attestation: I am acting in the best interest of the claimant.

Claimant designated representative signature:	Date: ____ / ____ / ____
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Provide all required information. Missing information can cause a delay in processing your request.

Upload this completed form to your Frances Online account at frances.oregon.gov or mail this completed form to:

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

Need help?

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 paidleave@oregon.gov.