

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?**

A copy of the letter that can be appealed. This will have an appeal deadline 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.

**APPELLANT INFORMATION**

Are you a:     Claimant *(Complete claimant information section)*  
                   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: \_\_\_\_\_

Claimant designated representative, if any: \_\_\_\_\_

Name:	SSN/ITIN or BIN/ITIN.:
<b>EMPLOYER INFORMATION</b> <i>(To be completed by employer - leave blank if you are a claimant)</i>	
Employer name:	
Business Identification Number (BIN):	
Federal Employer Identification Number (FEIN):	
Employer address:	
Employer phone number:	Employer email:
Employer representative name, if any:	
<b>DECISION BEING APPEALED</b>	
Letter ID:	Letter date:
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:
<p><b>You must submit this form with a copy of the decision you are appealing.</b> Missing information or documents can cause a delay in processing your request.</p> <p style="text-align: center;">Return this form and the required documentation to:</p> <p style="text-align: center;"><b>Attn: Paid Leave Oregon</b>  <b>Oregon Employment Department</b>  <b>875 Union St NE</b>  <b>Salem, OR 97311</b></p> <p><b>Need help?</b>  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 <a href="mailto:paidleave@oregon.gov">paidleave@oregon.gov</a>.</p>	