

# 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.

**For additional information visit: [www.oregon.gov/EMPLOY/EAB](http://www.oregon.gov/EMPLOY/EAB)**

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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