

**EMPLOYMENT APPEALS BOARD DECISION**  
**2025-EAB-0033**

*Late Application for Review Dismissed Without Prejudice*

**PROCEDURAL HISTORY AND FINDINGS OF FACT:** On June 10, 2024, the Oregon Employment Department (the Department) served notice of an administrative decision concluding that claimant failed to provide identification verification in accordance with the Department's rules and therefore was ineligible to receive unemployment insurance benefits for the week of June 9, 2024 through June 15, 2024 (week 24-24) and until the reason for the denial had ended (decision # L0004507881).<sup>1</sup> On July 1, 2024, decision # L0004507881 became final without claimant having filed a request for hearing. On July 7, 2024, claimant filed a late request for hearing.

ALJ Kangas considered claimant's request, and on July 16, 2024, issued Order No. 24-UI-259101, dismissing claimant's request for hearing as late, subject to claimant's right to renew the request by responding to an appellant questionnaire by July 30, 2024. On August 5, 2024, Order No. 24-UI-259101 became final without claimant having filed an application for review of Order No. 24-UI-259101 with the Employment Appeals Board (EAB). On January 12, 2025, claimant sent an email to EAB that was treated as a late application for review of Order No. 24-UI-259101.

**EVIDENTIARY MATTER:** EAB has considered additional evidence when reaching this decision under OAR 471-041-0090(1) (May 13, 2019). The additional evidence is claimant's written statement submitted with their application for review. The written statement is marked as EAB Exhibit 1, and a copy provided to the parties with this decision. Any party that objects to our admitting EAB Exhibit 1 must send the objection to EAB in writing, explaining the basis of the objection in writing, within ten days of our mailing this decision. OAR 471-041-0090(2). Unless such objection is received and sustained, the exhibit will remain in the record.

Decision # L0004057881 denied claimant benefits because claimant did not verify their identity. In their written statement sent with their application for review, claimant states, in pertinent part:

<sup>1</sup> Decision # L0004507881 stated that claimant was denied benefits beginning June 7, 2024. However, because June 7, 2024, was a Friday, decision # L0004507881 should have stated that claimant was ineligible to receive benefits beginning Sunday, June 9, 2024, which represents the beginning of the first full week after June 7, 2024.

Due to living in Alaska I could not go to the ‘local unemployment office’ to verify my ID as originally requested. \* \* \* Please let me know what next steps are to resolve this issue.

EAB Exhibit 1 at 1.

Claimant may obtain more information about how to verify their identity by visiting this website, <https://unemployment.oregon.gov/verify-identity>. According to the information on the website, claimant may verify their identity at a local U.S. Postal Service Post Office, by signing up through their Frances Online account. The website also says that claimant will need to meet with a WorkSource Oregon representative, but that this may be accomplished through a virtual meeting that takes place online.

Claimant may obtain more information about WorkSource Oregon by visiting this website, <https://www.worksourceoregon.org/contact>. Note that the website has a feature through which claimant may schedule an appointment to meet with a representative online by clicking a button labeled “Virtual” that is located midway down the page.

**CONCLUSIONS AND REASONS:** The application for review is dismissed without prejudice.

On January 12, 2025, claimant filed an application for review of Order No. 24-UI-259101 with EAB. ORS 657.270(6) and ORS 657.270(7)(b) required the application for review to be filed no later than August 5, 2024. Claimant’s application for review is therefore late, and this application for review is dismissed.

The deadline for filing an application for review may be extended a reasonable time if the applicant can show they have good cause to extend the deadline. *See* ORS 657.875; OAR 471-041-0070 (May 13, 2019). If claimant believes they have good cause and filed their late application for review within a reasonable time, claimant may ask EAB to reconsider this decision under OAR 471-041-0145 (May 13, 2019).

EAB will dismiss any request for reconsideration that does not include **all five** of the following:

1. Claimant must file the request for reconsideration by March 4, 2025, *and*
2. Claimant must say in the request for reconsideration that they sent a copy of the request to the other party. The other party here is the Oregon Employment Department; you do not need to serve a copy on the Oregon Employment Department, *and*
3. Claimant must provide additional specific details about the reason they filed a late application for review of Order No. 24-UI-259101. For example, claimant should include specific information about the date they received the ALJ’s Order No. 24-UI-259101, whether they read and disagreed with it, and how they were prevented from filing their application for review by August 5, 2024. Claimant should include specific details that might help EAB decide whether or not claimant had “good cause,” which means factors or circumstances beyond their reasonable control prevented them from filing a timely application for review, *and*

4. Claimant must provide the date the circumstances that prevented them from filing a timely application for review ended (the circumstances they listed in response to #3, above), *and*
5. Claimant must provide sufficient information to prove that they filed their application for review within **seven** days of the date the circumstances that prevented them from filing a timely application for review ended.

There are several ways to file a request for reconsideration:

1. Use your smart phone, tablet, or computer to fill out the “File a Written Argument” form, available on EAB’s website: <https://www.oregon.gov/EMPLOY/EAB/Pages/default.aspx>, *or*
2. Use your smart phone, tablet, or computer to send an email to EAB at [appealsboard@employ.oregon.gov](mailto:appealsboard@employ.oregon.gov), *or*
3. Send the request by U.S. mail or another delivery service, addressed to Employment Appeals Board, 875 Union St NE, Salem, Oregon 97311, *or*
4. Send EAB a fax at 503-378-2129.

Please note that you need only file *one* request for reconsideration.

**DECISION:** The application for review filed January 12, 2025 is dismissed without prejudice. Order No. 24-UI-259101 remains undisturbed.

S. Serres and A. Steger-Bentz;  
D. Hettle, not participating.

**DATE of Service:** February 12, 2025

**NOTE:** To help meet the requirements of a request for reconsideration, please return the attached questionnaire to EAB by March 4, 2025.

## LATE APPLICATION FOR REVIEW QUESTIONNAIRE

**Please provide information about the ALJ's Order No. 24-UI-259101, mailed to you on July 16, 2024.** An application for review of that order was due by August 5, 2024. You filed your application for review on January 12, 2025.

This questionnaire is asking for information **only** about the ALJ's Order No. 24-UI-259101. This questionnaire is **not** asking for information about the underlying administrative decision in this case, decision # L0004507881. Claimant should provide details about the reason(s) they filed a late application for review, and not **the reason(s) that they may have filed a late request for hearing on decision # L0004507881.**

**Important:** Answers must be mailed, faxed, or emailed to EAB by March 4, 2025. Mail to: **Employment Appeals Board, 875 Union St NE, Salem, Oregon 97311**, Fax to: **503-378-2129**, or Email to: **appealsboard@employ.oregon.gov**

1. On what date (mm/dd/yy) did you receive the ALJ's Order No. 24-UI-259101?
  
  
  
  
  
  
  
  
  
  
2. On what date (mm/dd/yy) did you file your application for review of the ALJ's Order No. 24-UI-259101 with EAB?
  
  
  
  
  
  
  
  
  
  
3. How did you file your application for review of the ALJ's Order No. 24-UI-259101?  
☐ Email      ☐ Mail      ☐ Fax      ☐ EAB's Website  
  
☐ Other: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
4. If you believe you filed your application for review before the August 5, 2024, deadline stated in the ALJ's Order No. 24-UI-259101, what evidence do you have to show that you filed your application for review before the deadline? You may attach copies of any documents that will help show this.

5. If you believe you had “good cause” for filing your application for review late, what were the circumstances that prevented you from filing your application for review by August 5, 2024?
6. When did those circumstances begin?
7. How did those circumstances prevent you from filing your application for review by August 5, 2024?
8. On what date (mm/dd/yy) did the circumstances that prevented you from filing your application for review by August 5, 2024, end?
9. What prompted you to file your application for review on January 12, 2025, and not earlier?
10. Your written statement indicates that you wrote “several letters regarding appeals.” Please specify whether you sent a letter regarding appeals after the July 16, 2024, mailing date of the ALJ’s Order No. 24-UI-259101 but before that order’s August 5, 2024, deadline to file an application for review. If you did, did you intend that letter to express an intent to appeal the ALJ’s Order No. 24-UI-259101?

**Important:** The request for reconsideration is subject to dismissal unless the party indicates below that they provided a copy of the request for reconsideration to the other parties.

☐ I provided a copy of my request for reconsideration to the other party or parties to this case.

I sent copies of my request for reconsideration to the other party or parties by:

☐ Email      ☐ Mail      ☐ Fax      ☐ Personal Delivery

☐ Other: \_\_\_\_\_

I sent the copies of my request for reconsideration to the other party or parties on this date (specify date):

☐ I understand that my request for reconsideration is subject to dismissal unless it is filed by March 4, 2025.

I filed my request for reconsideration on: \_\_\_\_\_.

**Important:** Answers must be mailed, faxed, or emailed to EAB by March 4, 2025. Mail to: **Employment Appeals Board, 875 Union St NE, Salem, Oregon 97311**, Fax to: **503-378-2129**, or Email to: **appealsboard@employ.oregon.gov**



# Understanding Your Employment Appeals Board Decision

## English

**Attention** – This decision affects your unemployment benefits. If you do not understand this decision, contact the Employment Appeals Board immediately. If you do not agree with this decision, you may file a Petition for Judicial Review with the Oregon Court of Appeals following the instructions written at the end of the decision.

## Simplified Chinese

**注意** – 本判決會影響您的失業救濟金。如果您不明白本判決，請立即聯繫就業上訴委員會。如果您不同意此判決，您可以按照該判決結尾所寫的說明，向俄勒岡州上訴法院提出司法複審申請。

## Traditional Chinese

**注意** – 本判決會影響您的失業救濟金。如果您不明白本判決，請立即聯繫就業上訴委員會。如果您不同意此判決，您可以按照該判決結尾所寫的說明，向俄勒岡州上訴法院提出司法複審申請。

## Tagalog

**Paalala** – Nakakaapekto ang desisyong ito sa iyong mga benepisyo sa pagkawala ng trabaho. Kung hindi mo naiintindihan ang desisyong ito, makipag-ugnayan kaagad sa Lupon ng mga Apela sa Trabaho (Employment Appeals Board). Kung hindi ka sumasang-ayon sa desisyong ito, maaari kang maghain ng isang Petisyon sa Pagsusuri ng Hukuman (Petition for Judicial Review) sa Hukuman sa Paghahabol (Court of Appeals) ng Oregon na sinusunod ang mga tagubilin na nakasulat sa dulo ng desisyon.

## Vietnamese

**Chú ý** - Quyết định này ảnh hưởng đến trợ cấp thất nghiệp của quý vị. Nếu quý vị không hiểu quyết định này, hãy liên lạc với Ban Kháng Cáo Việc Làm ngay lập tức. Nếu quý vị không đồng ý với quyết định này, quý vị có thể nộp Đơn Xin Tái Xét Tư Pháp với Tòa Kháng Cáo Oregon theo các hướng dẫn được viết ra ở cuối quyết định này.

## Spanish

**Atención** – Esta decisión afecta sus beneficios de desempleo. Si no entiende esta decisión, comuníquese inmediatamente con la Junta de Apelaciones de Empleo. Si no está de acuerdo con esta decisión, puede presentar una Aplicación de Revisión Judicial ante el Tribunal de Apelaciones de Oregon siguiendo las instrucciones escritas al final de la decisión.

## Russian

**Внимание** – Данное решение влияет на ваше пособие по безработице. Если решение Вам непонятно – немедленно обратитесь в Апелляционный Комитет по Трудоустройству. Если Вы не согласны с принятым решением, вы можете подать Ходатайство о Пересмотре Судебного Решения в Апелляционный Суд штата Орегон, следуя инструкциям, описанным в конце решения.

## Khmer

ចំណុចសំខាន់ – សេចក្តីសម្រេចនេះមានផលប៉ះពាល់ដល់អត្ថប្រយោជន៍គ្មានការងារធ្វើរបស់លោកអ្នក។ ប្រសិនបើលោកអ្នកមិនយល់អំពីសេចក្តីសម្រេចនេះ សូមទាក់ទងគណៈកម្មការឧទ្ធរណ៍ការងារភ្លាមៗ។ ប្រសិនបើលោកអ្នកមិនយល់ស្របចំពោះសេចក្តីសម្រេចនេះទេ លោកអ្នកអាចដាក់ពាក្យប្តឹងសុំឲ្យមានការពិនិត្យរឿងក្តីឡើងវិញជាមួយតុលាការឧទ្ធរណ៍រដ្ឋ Oregon ដោយអនុវត្តតាមសេចក្តីណែនាំដែលសរសេរនៅខាងចុងបញ្ចប់នៃសេចក្តីសម្រេចនេះ។

## Laotian

ເອົາໃຈໃສ່ – ຄໍາຕັດສິນນີ້ມີຜົນກະທົບຕໍ່ກັບເງິນຊ່ວຍເຫຼືອການຫວ່າງງານຂອງທ່ານ. ຖ້າທ່ານບໍ່ເຂົ້າໃຈຄໍາຕັດສິນນີ້, ກະລຸນາຕິດຕໍ່ຫາຄະນະກຳມະການອຸທອນການຈ້າງງານໃນທັນທີ. ຖ້າທ່ານບໍ່ເຫັນດີນຳຄໍາຕັດສິນນີ້, ທ່ານສາມາດຍື່ນຄໍາຮ້ອງຂໍການທົບທວນຄໍາຕັດສິນນຳສານອຸທອນລັດ Oregon ໄດ້ໂດຍປະຕິບັດຕາມຄໍາແນະນຳທີ່ບອກໄວ້ຢູ່ຕອນທ້າຍຂອງຄໍາຕັດສິນນີ້.

## Arabic

هذا القرار قد يؤثر على منحة البطالة الخاصة بك، إذا لم تفهم هذا القرار، إتصل بمجلس منازعات العمل فوراً، و إذا كنت لا توافق على هذا القرار، يمكنك رفع شكوى للمراجعة القانونية بمحكمة الاستئناف بأوريغون و ذلك بإتباع الإرشادات المدرجة أسفل القرار.

## Farsi

توجه - این حکم بر مزایای بیکاری شما تاثیر می گذارد. اگر با این تصمیم موافق نیستید، بلافاصله با هیأت فرجام خواهی استخدام تماس بگیرید. اگر از این حکم رضایت ندارید، می‌توانید با استفاده از دستورالعمل موجود در پایان آن، از دادگاه تجدید نظر اورگان درخواست تجدید نظر کنید.

**Employment Appeals Board - 875 Union Street NE | Salem, OR 97311**

Phone: (503) 378-2077 | 1-800-734-6949 | Fax: (503) 378-2129 | TDD: 711

Email: [appealsboard@employ.oregon.gov](mailto:appealsboard@employ.oregon.gov)

Website: [www.Oregon.gov/employ/pages/employment-appeals-board.aspx](http://www.Oregon.gov/employ/pages/employment-appeals-board.aspx)

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.