

**EMPLOYMENT APPEALS BOARD DECISION**  
**2025-EAB-0089**

*Late Application for Review Dismissed Without Prejudice*

**PROCEDURAL HISTORY AND FINDINGS OF FACT:** On December 2, 2024, the Oregon Employment Department (the Department) served notice of an administrative decision concluding that claimant quit working for the employer without good cause on October 31, 2024, and was disqualified from receiving benefits effective November 3, 2024 (decision # L0007425513).<sup>1</sup> Claimant filed a timely request for hearing. On January 10, 2025, ALJ Parnell conducted a hearing, and on January 16, 2025, issued Order No. 25-UI-280153, modifying decision # L0007425513 by concluding that claimant quit work without good cause and was disqualified from receiving benefits effective October 27, 2024.<sup>2</sup> On February 5, 2025, Order No. 25-UI-280153 became final without claimant having filed an application for review with the Employment Appeals Board (EAB). On February 13, 2025, claimant filed a late application for review with EAB.

**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 her 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.

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

<sup>1</sup> Decision # L0007425513 stated that claimant was denied benefits from November 3, 2024, to November 1, 2025. However, because decision # L0007425513 found that claimant quit on October 31, 2024, it should have stated that claimant was disqualified from receiving benefits beginning Sunday, October 27, 2024, and until she earned four times her weekly benefit amount. *See* ORS 657.176.

<sup>2</sup> Although Order No. 25-UI-280153 stated that it affirmed decision # L0007425513, it modified decision # L0007425513 by changing the beginning date of the disqualification from November 3, 2024, to October 27, 2024.

On February 13, 2025, claimant filed an application for review of Order No. 25-UI-280153 with EAB. ORS 657.270(6) and ORS 657.270(7)(b) required the application for review to be filed no later than February 5, 2025. 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 24, 2025, *and*
2. Claimant must state in the request for reconsideration that she sent a copy of the request to the other party, *and*
3. Claimant must provide more specific details about the reason she filed a *late* application for review. For example, claimant should include specific information about the date she received the ALJ's Order No. 25-UI-280153, whether she read and disagreed with it, and how she was prevented from filing her application for review by February 5, 2025, deadline. Claimant should include specific details that might help EAB decide whether or not claimant had "good cause," which means factors or circumstances beyond her reasonable control prevented her from filing a timely application for review. If claimant's medical diagnoses she listed in EAB Exhibit 1 impacted claimant's ability to timely file an application for review, claimant should explain how the medical conditions impacted her ability to timely file by the February 5, 2025, deadline. Claimant also should provide a copy of the email she states in EAB Exhibit 1 that she sent to EAB on January 23, 2024 (not a copy that has been cut and pasted into another document), *and*
4. Claimant must provide the date the circumstances that prevented her from filing a timely application for review ended (the circumstances she listed in response to #3, above), *and*
5. Claimant must provide sufficient information to prove that she filed her application for review within **seven** days of the date the circumstances that prevented her 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 February 13, 2025, is dismissed without prejudice. Order No. 25-UI-280153 remains undisturbed.

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

**DATE of Service:** March 4, 2025

**NOTE:** To help meet the requirements of a request for reconsideration, please return the attached questionnaire to EAB by March 24, 2025.

**Please help us improve our service by completing an online customer service survey.** To complete the survey, please go to <https://www.surveygizmo.com/s3/5552642/EAB-Customer-Service-Survey>. If you are unable to complete the survey online and wish to have a paper copy of the survey, please contact our office.

### **LATE APPLICATION FOR REVIEW TO EAB - QUESTIONNAIRE**

**Please provide information about the ALJ's Order No. 25-UI-280153, mailed to you on January 16, 2025.** An application for review of that order was due by February 5, 2025. Our records show you filed your application for review with EAB on February 13, 2025.

This questionnaire is asking for information **only** about the ALJ's Order No. 25-UI-280153. This questionnaire is **not** asking for information about the underlying administrative decision in this case, decision # L0007425513.

**Important:** Answers must be mailed, faxed, or emailed to EAB by March 24, 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. 25-UI-280153?
  
  
  
  
  
  
  
  
  
  
2. On what date (mm/dd/yy) did you file your application for review of the ALJ's Order No. 25-UI-280153 with EAB?
  
  
  
  
  
  
  
  
  
  
3. How did you file your application for review of the ALJ's Order No. 25-UI-280153?  
☐ Email      ☐ Mail      ☐ Fax      ☐ EAB's Website  
  
☐ Other: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
4. If you believe you filed your application for review before the February 5, 2025, deadline stated in the ALJ's Order No. 25-UI-280153, what information do you have to show that you filed your application for review before the deadline? You should 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 February 5, 2025?

6. When did those circumstances begin?
7. How did those circumstances prevent you from filing your application for review by February 5, 2025?
8. On what date (mm/dd/yy) did the circumstances that prevented you from filing your application for review by February 5, 2025, end?
9. What prompted you to file your application for review on February 13, 2025, and not earlier?
10. If claimant's medical diagnoses she listed in EAB Exhibit 1 impacted claimant's ability to timely file an application for review, claimant should explain how the medical conditions impacted her ability to timely file by the February 5, 2025, deadline. Claimant also should provide a copy of the email she states in EAB Exhibit 1 that she sent to EAB on January 23, 2024 (not a copy that has been cut and pasted into another document).

**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 24, 2025.

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

**Important:** Answers must be mailed, faxed, or emailed to EAB by March 24, 2025. Mail to: **Employment Appeals Board, 875 Union St NE, Salem, Oregon 97311**, Fax to: **503-378-2129**, or Email to: **appealsboard@employ.oregon**.



# 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، می توانید با استفاده از دستور العمل 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)

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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.