

**EMPLOYMENT APPEALS BOARD DECISION**  
**2025-EAB-0553**

*Affirmed*  
*Late Request for Hearing Dismissed Without Prejudice*

**PROCEDURAL HISTORY AND FINDINGS OF FACT:** On July 18, 2025, the Oregon Employment Department (the Department) served notice of an administrative decision concluding that claimant was not eligible for benefits for the week of June 29 through July 5, 2025 (week 27-25) because they were not available for work that week (decision # L0011899235). On August 7, 2025, decision # L0011899235 became final without claimant having filed a request for hearing. On August 12, 2025, claimant filed a late request for hearing. ALJ Kangas considered claimant's request, and on September 9, 2025 issued Order No. 25-UI-302985, dismissing the request as late, subject to claimant's right to renew the request by responding to an appellant questionnaire by September 23, 2025. On September 19, 2025, claimant filed a timely application for review of Order No. 25-UI-302985 with EAB.

**CONCLUSIONS AND REASONS:** Order No. 25-UI-302985 is affirmed. Claimant's late request for hearing is dismissed without prejudice.

On August 12, 2025, claimant filed a request for hearing on decision # L0011899235. ORS 657.269 required the request for hearing to be filed no later than August 7, 2025. Claimant's request for hearing therefore is late, and the request for hearing is dismissed.

The deadline for filing a request for hearing may be extended a reasonable time if the appellant can show that they have good cause to extend the deadline. *See* ORS 657.875; OAR 471-040-0010 (February 10, 2012). If claimant believes they have good cause and filed their late request for hearing 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 November 3, 2025, *and*
2. Claimant must state in the request for reconsideration that they sent a copy of the request to the other parties, *and*

3. Claimant must provide additional specific details about the reason they filed their request for hearing *late*. For example, claimant should include specific information about the date they received decision # L0011899235, whether they read and disagreed with it, and how they were prevented from filing their request for hearing by August 7, 2025. Claimant should include specific details that might help EAB determine whether claimant had “good cause,” which means factors beyond their reasonable control or an excusable mistake prevented them from filing a timely request for hearing, *and*
4. Claimant must provide the date the factors that prevented them from filing a timely request for hearing ended (the factors they listed in response to #3, above), *and*
5. Claimant must provide sufficient information to show that they filed their request for hearing within **seven** days of the date the factors that prevented them from filing a timely request for hearing 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 to EAB by U.S. mail or another delivery service, addressed to 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:** Order No. 25-UI-302985 is affirmed.

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

**DATE of Service:** October 14, 2025

**NOTE:** To help meet the requirements of a request for reconsideration, please return the attached questionnaire to EAB by November 3, 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.

## APPELLANT QUESTIONNAIRE

**Important:** Answers must be mailed, faxed, or emailed to EAB by November 3, 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**.

**We are dismissing your hearing request (appeal)** because you did not provide enough information to show that you had good cause for filing your hearing request late. Good cause exists when an action, delay, or failure to act arises from an excusable mistake or from factors beyond your reasonable control which caused you to delay filing your hearing request.

**If you would like us to reconsider our decision you must answer the following questions** so that we can determine whether you had good cause for delaying the filing of your hearing request (appeal).

**You need to provide information about the administrative decision issued on July 18, 2025, which concluded that you were not available for work during week 27-25.** A hearing request for that decision was due by August 7, 2025. You filed a hearing request (appeal) on August 12, 2025.

**Any information you provide, including medical records or other private documents, will become part of the official record in this case and may be provided to any other parties in this case.**

1. On what date (mm/dd/yy) did you receive administrative decision # L0011899235, which concluded that you were not available for work during week 27-25?
  
2. On what date (mm/dd/yy) did you file your hearing request (appeal)?
  
3. How did you file your hearing request (appeal)?  
☐ Mail      ☐ Fax      ☐ Telephone  
  
☐ Other: \_\_\_\_\_
  
4. If you believe you filed your hearing request (appeal) before the August 7, 2025 deadline stated in decision # L0011899235, what evidence do you have to show when you filed your hearing request (attach copies of any documents that will help show this)?

5. If you did not file your hearing request (appeal) before the August 7, 2025 deadline stated in decision # L0011899235, why didn't you?
6. Was there anything you could have done to meet the August 7, 2025 deadline?
7. What prompted you to file your hearing request (appeal) on the day it was filed?
8. If you believe you had "good cause" for filing your hearing request (appeal) late after the August 7, 2025 deadline, please explain why.

**Important:** The request for reconsideration is subject to dismissal unless claimant 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 parties.

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

☐ Email      ☐ Mail      ☐ Fax      ☐ Personal Delivery

☐ Other: \_\_\_\_\_

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

☐ I understand that my request for reconsideration is subject to dismissal unless it is filed by November 3, 2025.

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

**Important:** Answers must be mailed, faxed, or emailed to EAB by November 3, 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 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)

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.