

**EMPLOYMENT APPEALS BOARD DECISION**  
**2025-EAB-0556**

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

**PROCEDURAL HISTORY AND FINDINGS OF FACT:** On September 9, 2010, the Oregon Employment Department (the Department) served notice of an administrative decision concluding that claimant quit working for the employer without good cause and was disqualified from receiving benefits effective April 11, 2010 (decision # 121123). On September 29, 2010, decision # 121123 became final without claimant having filed a request for hearing. On June 13, 2025, claimant filed a late request for hearing.<sup>1</sup> ALJ Kangas considered claimant's request, and on September 8, 2025 issued Order No. 25-UI-302624, dismissing the request as late, subject to claimant's right to renew the request by responding to an appellant questionnaire by September 22, 2025. Claimant did not submit an appellant questionnaire response. On September 20, 2025, claimant filed an application for review of Order No. 25-UI-302624 with the Employment Appeals Board (EAB).

**CONCLUSIONS AND REASONS:** Order No. 25-UI-302624 is affirmed. Claimant's late request for hearing is dismissed without prejudice.

On June 13, 2025, claimant filed a request for hearing on decision # 121123. ORS 657.269 required the request for hearing to be filed no later than September 29, 2010. 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

---

<sup>1</sup> As part of the June 13, 2025 hearing request, claimant asserted that their identity had been stolen at or near the time decision # 121123 was issued, and appeared to attribute an overpayment based in part on decision # 121123 to identity theft. Department records show that the Department investigated and, on August 12, 2025 determined that it could not confirm that identity theft had taken place and took no further action. EAB has taken notice of these facts, which are contained in Employment Department records. OAR 471-041-0090(1) (May 13, 2019). Any party that objects to EAB taking notice of this information must send their objection to EAB in writing, stating why they object, within ten days of EAB mailing this decision. OAR 471-041-0090(2). Unless EAB receives and agrees with the objection, the noticed facts will remain in the record.

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 employer listed in the caption at the top of this decision, *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 # 121123, whether they read and disagreed with it, and how they were prevented from filing their request for hearing by September 29, 2010. 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-302624 is affirmed. The request for hearing filed June 13, 2025, is dismissed without prejudice.

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.

## 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 that 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 or not you had good cause for delaying the filing of your hearing request (appeal).

**You need to provide information about the administrative decision issued on September 9, 2010, which concluded that** you quit working for the employer without good cause and were disqualified from receiving benefits effective April 11, 2010. A hearing request for that decision was due by September 29, 2010. You filed a hearing request (appeal) on June 13, 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 # 121123, which concluded that you quit working for the employer without good cause and were disqualified from receiving benefits effective April 11, 2010?
  
  
  
  
  
  
  
  
  
  
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 September 29, 2010 deadline stated in decision # 121123, 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 September 29, 2010 deadline stated in decision # 121123, why didn't you?
6. Was there anything you could have done to meet the September 29, 2010 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 September 29, 2010 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 employer listed in the caption at the top of the decision.

☐ I provided a copy of my request for reconsideration to the employer.

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

☐ Email      ☐ Mail      ☐ Fax      ☐ Personal Delivery

☐ Other: \_\_\_\_\_

I sent the copies of my request for reconsideration to the employer 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.