



WEEKLY CLAIM REQUEST FOR REGULAR UNEMPLOYMENT INSURANCE

This form is an alternative to the Online Claim System and Weekly Claim Line for individuals who have established their eligibility for regular unemployment insurance and wish to file their weekly report. If you do not have a claim established, you must first file an application for regular unemployment insurance benefits. This form **should only** be used if you are unable to claim using the Online Claims System or Weekly Claim Line.

Complete this form to claim a week of benefits for each week you would like to request regular unemployment insurance benefits. You will need to complete a separate form each week. Please use your name currently on file with the Social Security Administration.

APPLICANT INFORMATION

Claimant Name (Last, First, Middle)	Week Claimed (week dates)	
	Beginning (Sunday)	Ending (Saturday)
Customer Identification Number or Social Security Number		

WEEKLY CERTIFICATION

Did you fail to accept an offer of work last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you quit a job last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you fired or suspended from a job last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you away from your permanent residence for more than 3 days last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you both physically and mentally able to perform the work you sought last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each day last week were you willing to work and capable of accepting and reporting for full-time, part-time and temporary work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you actively look for work last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work last week, or, did you receive or will you receive vacation or holiday pay for the week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter the number of hours worked (round up to the nearest hour):	_____
Enter your total gross earnings, vacation or holiday pay (before deductions), even if you have not been paid:	_____

PLEASE RECORD YOUR WORK SEARCH ACTIVITIES FOR LAST WEEK:

You are required to actively seek work during each week you claim. Failure to provide your work search or failure to look for work may result in a delay or denial of your unemployment insurance benefits.

Date	Company Name	Location	Contact Method (in person, phone, resume)	Type of Work Sought	Results (hired, not hired)
Date	Work Seeking Activities				

<input type="checkbox"/>	I am a member in good standing with a union that does not allow me to seek non-union work within my trade. I have stayed in contact with my union, and I am on the out-of-work list. I have been capable of accepting and reporting for work if dispatched by my union. I understand false answers may result in overpaid benefits and additional penalties I must pay back.
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<input type="checkbox"/>	I am temporarily unemployed because I have been laid off or had my hours reduced and expect to return to work with my employer. I am returning to work that is full-time or work that pays more than my weekly benefit amount. There are no more than four (4) weeks between the week I became temporarily unemployed and the week I am returning to work. I have stayed in contact with my employer. I understand false answers may result in overpaid benefits and additional penalties I must pay back.
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APPLICANT CERTIFICATION

I am certifying that my answers are true and accurate to the best of my knowledge. I am responsible for the answers I give. False answers may result in overpaid benefits, which I must pay back. If I provide information that I know is false or misleading, or if I withhold information, it is considered fraud and is punishable by law. I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.

Signature	Date (Month, Day, Year)
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The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Please call 877-345-3484 to ask one of our staff for more information or claim your weekly benefits by phone.

El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios a pedido y sin costo: Servicios o ayudas auxiliares, y formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés. Por favor llame al 877-345-3484 para pedirle a nuestro personal más información o para reclamar sus beneficios semanales por teléfono.

Please submit your completed application by:
Mail: Oregon Employment Department | PO BOX 14135 | Salem, Oregon 97309 5068
Fax: (866) 345-1878