

## Oregon Weekly Claim Request for Regular Unemployment Insurance

This form is an alternative to Frances Online (<u>frances.oregon.gov</u>) and the UI Weekly Claim Line (800-982-8920). Use this form only if you are unable to use Frances Online or call.

This form is for individuals who have established their eligibility for regular unemployment insurance and who 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. 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.

CLAIMANT INFORMATION							
First name:	Middle initial:	Last name:					
Customer Identification Number or Social Security Number:							
The following questions apply only to the week you are filing. You must report your work-seeking activities each week. To be considered actively seeking work, you must complete at least five work-seeking activities each week you claim benefits. At least two of the work-seeking activities you complete each week must be direct contact with employers. Check the temporarily unemployed box only if your employer expects you to return to work within four weeks of your last day of work. Checking the temporarily unemployed box incorrectly could delay your payment if your employer does not expect you to return to work within four weeks of your last day of work. If you have questions about how to file your weekly claim or when to check the temporarily unemployed box, contact us in Frances. Learn about the different ways you can contact us at unemployment.oregon.gov/contact-us.							
Week claimed (week dates beginning with Sunda							
JOB OFFERINGS AND SEPARATION	S						
Did you fail to accept any offer of work last week?	1		□ Yes □ No				
Did you quit a job last week?			□ Yes □ No				
If yes, write the employers' names and addresses	:						
Were you fired from a job last week?			□ Yes □ No				
If yes, write the employers' names and addresses	:						
Were you suspended from a job last week?			□ Yes □ No				
If yes, write the employers' names and addresses	): :						
ABLE AND WILLING TO WORK							
Were you away from your permanent residence for	or more than three days la	ast week?	□ Yes □ No				
Were you both physically and mentally able to pe	erform the work you soug	ht last week?	□ Yes □ No				
Each day last week, were you willing to work and temporary work?	capable of accepting and	d reporting for full-time, part-time, and	□ Yes □ No				
JOB SEARCH							
Did you actively look for work last week?			□ Yes □ No				
Did you work last week, or did you receive, or will	you receive, vacation or	holiday pay for the week?	□ Yes □ No				
If you worked last week, enter the number of hour	s you worked (round up t	o the nearest hour):					
Enter your total gross earnings before deductions	(pay before taxes), even	if you have not been paid: \$					
If you received wages from work, write the employ	yers' names and address	es:					
Enter vacation, holiday, or other earnings before deductions, even if you have not been paid: \$							
If you received vacation, holiday, or other earnings, write the employers' names and addresses:							

## WORK-SEEKING ACTIVITIES

Please record the employers you contacted for jobs last week. During each week you claim, you are required to directly contact at least two employers and have a combined total of five work-search activities and job contacts. Failure to provide your work search or failure to look for work may result in a delay or denial of your benefits. Direct contact with an employer means communicating with an employer in person, by phone, mail, or electronically to ask about a job opening or apply for job openings in the way the employer wants. Work-seeking activities include but are not limited to: registering for a job placement services with WorkSource Oregon, attending job placement meetings sponsored by the Employment Department, participating in a job club or networking group dedicated to job placement, updating a resume, reviewing newspaper or job placement websites without responding to a posted job opening, or making direct contact with an employer.

Direct Contacts								
Employer Name			Job Title	Location	Contact Date	Contact Method (in person, by phone)	Results (hired, not hired, applied)	
Da	Date Other Work-Seeking Activities							
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.								
If you checked that you are part of a union, list your union name and number:								
	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 to work that pays more than my weekly benefit amount. There are no more than four (4) weeks between the week that 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.							

If you checked that you are temporarily unemployed, list the date you expect to return to work:

## CLAIMANT 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.

 $\hfill \square$   $\hfill$  I agree to the above statement

**Need help?** This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please go to unemployment.oregon.gov and click on Contact Us or call us at 877-345-3484. TTY users call 711.

¿Necesita ayuda? Esta información es vital. El Departamento de Empleo de Oregon (OED) es una agencia de igualdad de oportunidades. El OED proporciona ayuda gratuita para que usted pueda utilizar nuestros servicios. Algunos ejemplos son intérpretes de lengua de señas e idiomas hablados, materiales escritos en otros idiomas, letra grande, audio y otros formatos. Para obtener ayuda, vaya a unemployment.oregon.gov/es y haga clic en Contacto o llámenos al 877-345-3484. Usuarios de TTY pueden llamar al 711.

Please submit your completed application by mail or fax to:

Mail: Oregon Employment Department | P. O. Box 14135 | Salem, OR 97309-5068

Fax: 866-345-1878