

OREGON EMPLOYMENT DEPARTMENT

PO BOX 14135
SALEM OR 97309-5068
Phone: (541) 388-6207
Free: (877) 345-3484
Fax: (866) 345-1878



April 28, 2020

JOSEPH D EDWARDS

000017

BYE: 10/2021

The Employment Department received information that you refused an offer of work. Additional information is needed to determine if you are eligible for unemployment insurance benefits.

Complete and return the enclosed form(s) within five (5) days of the date shown above. If additional information is needed, we will contact you. If we must call you, please disable any call-blocking feature so we can get through to you. Failure to do so could cause a delay in processing your claim. Continue to call the Weekly Claim Line or continue reporting online each week if you want to claim benefits.

IMPORTANT: Failure to respond will result in a decision based on the information available. If benefits are denied, you will be disqualified from receipt of benefits until you return to work and earn at least four times your weekly benefit amount. Also, your maximum benefit amount would be reduced by eight times your weekly benefit amount.

Beyond the refusal of work, if there is a question of your eligibility and benefits are denied, that denial applies to each week until you can show you meet the eligibility requirements.

Thank you for giving this matter your immediate attention.

HESGM00

Authorized Representative

OREGON EMPLOYMENT DEPARTMENT
P O BOX 14130 * SALEM, OR 97309-5068
(503) 947-1995 or Fax (503) 947-1811

JOSEPH D EDWARDS
[REDACTED]
[REDACTED]

Date: May 15, 2020
Cust ID: 33-317.066.600
BYE: 10-21

Complete and return this letter within five (5) days of the date shown above. If we need more information, we will contact you. Please disable any call-blocking feature on your phone. That way, if we have to call, we will be able to get through to you. Failure to do so could cause a delay in processing your claim. Continue to call the Weekly Claim Line or continue reporting online each week if you want to claim benefits.

IMPORTANT: Failure to respond will result in delays and/or a decision based on the information available. If benefits are denied, that denial applies to each week until you provide the information and show you meet the eligibility requirements.

We received information that you were away from your permanent residence for three or more days. We need more information to determine if you are eligible for unemployment insurance benefits during the time you were away.

Please answer the following questions. Use the reverse side if you need additional space.

1. Where did you go? _____
2. What date and time did you leave from your normal labor market area?

3. What date and time did you return to your normal labor market area?

4. What was the purpose of your trip? _____
5. ☐ Yes ☐ No Did you look for work while you were gone?

If yes, list the direct employer contacts and work seeking activities you conducted below for work in the area visited:

DATE	EMPLOYER	PHONE #	LOCATION	RESULT

List your work seeking activities in the space below. If your work seeking activities include employer contacts not listed above, enter those in the space below.

6. ☐ Yes ☐ No Are you willing and able to move to that area if you are offered work there?

If yes, how much time would you need before you could start work for that employer?

7. ☐ Yes ☐ No Did you know about any work that you could have performed in your normal labor market during the time you were gone?

If yes, please provide details.

8. If claiming from Canada, are you authorized to work in Canada from which you are claiming?

9. Do you use a Virtual Private Network (VPN)?

10. What is the name of the VPN?

PLEASE ATTACH A COPY OF YOUR FLIGHT ITINERARY THAT INCLUDES DEPARTURE AND RETURN DATES. IF YOUR TRIP WAS NOT BY PLANE PLEASE ATTACH ALL PAGES OF YOUR PASSPORT.

ADDITIONAL COMMENTS:

Additional penalties could be imposed on those who willfully made a false statement or willfully failed to report a material fact in order to obtain unemployment insurance benefits to which they were not entitled. I certify that the information provided is true and correct to the best of my knowledge.

NAME(Please Print)

SIGNATURE

DATE

PHONE

Thank you for giving this matter your immediate attention.

HEMR006

Authorized Representative

From _____

Address _____



Postage
Required.
Post Office will
not deliver
without proper
postage.

**OREGON EMPLOYMENT DEPARTMENT
ATTN: Investigations
PO BOX 14130
SALEM OR 97309-5046**

M.R.



Weeks Claimed Information For JOSEPH EDWARDS, SSN: *.-**-6789**

In most cases, weekly claims that are payable are paid the next business day after they are received. The payment information below shows all payment information for the last twelve months and is current as of 01:57 AM 05/19/2020. Your weekly benefit amount is currently \$ 151

Week Ending Date	Date Received	Claim Status	Amt. Paid	Date Processed
05/16/20	05/18/20	Week claimed, not processed yet		
05/09/20	05/11/20	Week claimed, not processed yet		
05/02/20	05/04/20	Week claimed, not processed yet		
04/25/20	04/27/20	Week claimed, not processed yet		
04/18/20	05/18/20	Week claimed, not processed yet		
04/11/20	05/18/20	Week claimed, not processed yet		
04/04/20	05/18/20	Week claimed, not processed yet		
03/28/20	05/18/20	Week claimed, not processed yet		
03/21/20	04/28/20	Week claimed, not processed yet		

If you failed to receive a check, a check tracer may be requested 10 days after the date paid.

Time & Money Left on Claim For: JOSEPH EDWARDS, SSN: 123-45-6789

How much time and money do I have left in my claim?

Your weekly benefit amount is:

\$ 151

program: Regular Benefits

Your remaining balance is:

\$ 2710

The above balance shows the amount potentially payable on your Regular claim for weeks prior to the claim expiration date.

Your claim expires: 03/13/2021

When your claim expires, you may file a new initial claim. To qualify for a new claim, you must have worked and earned six times your potential weekly benefit amount in subject employment since your prior initial claim was filed. There are currently no state or federal extended benefit programs in effect.