

# New Submission Portal for Apprenticeship Training UI Compensation

We are excited to announce a new and improved way to submit:

- Apprenticeship Agreements
- Training Questionnaires
- Question about your claim or compensation during training weeks.

Instead of sending documents and inquiries to the [OED\\_APT@employ.oregon.gov](mailto:OED_APT@employ.oregon.gov), claimants and union representatives will now submit through our secure [Contact Us form \(https://oedcontactus.oregon.gov/hc/en-us/requests/new\)](https://oedcontactus.oregon.gov/hc/en-us/requests/new). This form allows us to address your needs faster, and to communicate more smoothly about any issue that may come up along the process.

<p>Your email address</p> <input type="text" value="john.doe@email.com"/>	<p>Have you filed a claim?</p> <input type="text" value="Yes, I have filed a claim"/>
<p>Name</p> <input type="text" value="John Doe"/> <small>First and Last Name</small>	<p>Were your work hours impacted due to the COVID-19 pandemic?</p> <input type="text" value="No"/>
<p>Phone Number (optional)</p> <input type="text" value="5555555555"/> <small>(ex. 5555555555 (must be a 10 digit number without spaces or dashes))</small>	<p>What can we help you with?</p> <input type="text" value="Apprenticeship Training Program (APT)"/>
<p>Preferred Language</p> <input type="text" value="English"/>	<p>Have you worked in Oregon?</p> <input type="text" value="I have worked in Oregon"/>
<p>I am:</p> <input type="text" value="A Worker"/> <small>• <b>Worker:</b> Select this option if your employer laid you off or reduced your hours and you received a W2. • <b>Self-employed:</b> Select this option if you work for yourself, are a contract worker or a gig worker, or you received a 1099. Or, select this option if a job offer was cancelled due to COVID-19 or you did not make enough money to qualify for Regular UI. • <b>Employer:</b> Select this option if you have questions about Work Share or want to learn more about unemployment benefits and your business.</small>	<p>Last date of employment in Oregon:</p> <input type="text"/>
<p>ZIP Code</p> <input type="text" value="99999"/> <small>(five digit zip code)</small>	<p>Subject</p> <input type="text" value="My APT claim"/>
<p>SSN (Social Security Number)</p> <input type="text" value="*****"/> <small>(do not include spaces or dashes)</small>	<p>Suggested articles</p> <p><a href="#">Weekly Claims to Request Benefits</a></p>
<p>Customer Identification Number (CID) (optional)</p> <input type="text"/>	<p>Description</p> <p>T B I [List Icons] [Image Icon] [Link Icon] [Quote Icon]</p> <p>Your message here</p> <p><small>(please enter the details of your request. A member of our support staff will respond as soon as possible)</small></p>