

## ETA 5130 BENEFIT APPEALS

STATE: OR			REGION: 06		REPORT FOR PERIOD ENDING: 06/30/2020				
<b>SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS</b>									
	UI Decisions		UCFE-NO UI		UCX Only		Other Dispositions		
Line No.	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority			
	(1)	(2)	(3)	(4)	(5)	(6)			
100	594	68	5	0	1	0	204		
<b>SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS</b>									
Line No.	Status of Appeals				Single-Claimant Appeals		Multi-Claimant Appeals		
					Lower Authority	Higher Authority	Lower Authority	Higher Authority	
					(8)	(9)	(10)	(11)	
200	Filed During Month				446	69	0	0	
210	Disposed of During Month				594	68	0	0	
<b>SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT</b>									
Line No.	Appeals Decisions	All UI Decisions		Claimant		Employer		Other	
		Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher
		(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
300	Total	594	68	552	56	42	12	0	0
310	Appellant	210	23	202	20	8	3	0	0
<b>SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE</b>									
Line No.	Total Decisions	Voluntary Quit	Mis-Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other		
	(20)	(21)	(22)	(23)	(24)	(25)	(26)		
400	594	232	165	0	53	0	144		

OMB No.: 1205-0172    OMB Expiration Date: 05/31/2020    OMB Burden Minutes: 60

**OMB Burden Statement:** O M B Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is required to obtain or retain benefits under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4524, 200 Constitution Ave., NW, Washington, DC, 20210.

## ETA 5130 PANDEMIC BENEFIT APPEALS (PEUC)

STATE: OR			REGION: 06		REPORT FOR PERIOD ENDING: 06/30/2020				
<b>SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS</b>									
	UI Decisions		UCFE-NO UI		UCX Only		Other Dispositions		
Line No.	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority			
	(1)	(2)	(3)	(4)	(5)	(6)			
100	1	0	0	0	0	0	0		
<b>SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS</b>									
Line No.	Status of Appeals				Single-Claimant Appeals		Multi-Claimant Appeals		
					Lower Authority	Higher Authority	Lower Authority	Higher Authority	
					(8)	(9)	(10)	(11)	
200	Filed During Month				6	0	0	0	
210	Disposed of During Month				1	0	0	0	
<b>SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT</b>									
Line No.	Appeals Decisions	All UI Decisions		Claimant		Employer		Other	
		Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher
		(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
300	Total	1	0	1	0	0	0	0	0
310	Appellant	0	0	0	0	0	0	0	0
<b>SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE</b>									
Line No.	Total Decisions	Voluntary Quit	Mis-Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other		
	(20)	(21)	(22)	(23)	(24)	(25)	(26)		
400	1	1	0	0	0	0	0		

OMB No.:    OMB Expiration Date:    OMB Burden Minutes: 25

**OMB Burden Statement:** Section 2116(a), Division B, Title II of the CARES Act states that "Chapter 35 of Title 44, United States Code, (commonly referred to as the "Paperwork Reduction Act of 1995") shall not apply to the amendments made by this subtitle." Therefore these reporting instructions do not require additional OMB approval and the submission of this information is required to obtain or retain benefits under the SSA 303(a)(6).