ETA 5130 BENEFIT APPEALS

STATE: OR			REGION: 06			REPORT FOR PERIOD ENDING: 07/31/2020					
	ION A. SINGLE CR DISPOSITION		T AND M	ULTICLAI	IMANT AP	PEAL DECI	SIONS BY P	ROGR	AM A	ND	
	UI Deci		UCFE-NO	O UI	Ţ						
Line No.	Lower Authority	Higher Authority		wer nority	Higher Authority	Lower Authorit	8		Other Dispositions		
	(1)	(2)	(3)	(4)	(5)	(6)		(7)		
100	514		56	5		0	0	0	101		
	SECTION B. CI	AIMANTS	INVOLV	ED IN STA	TE UI API	PEALS CASI	ES BY STAT	US OF	APPE	CALS	
						Single-Claimant Appeals		Multi-Claimant Appeals			
Line		Lower Authority	Higher Authority	Lower Authority		Higher Authority					
No.		(8)	(9)	(10))	(11)					
200		366	52		0	0					
210	Γ	514	56	56		0					
	SEC	TION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELI	LANT			
		All UI De	ecisions	Claimant		Emp	Other				
T :	Ammoola	Lower	Higher	Lower	Higher	Lower	Higher	Low	er	Higher	
Line No.	Appeals Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18	3)	(19)	
300	Total	514	56	490	49	24	7		0	0	
310	Appellant	196	24	193	24	3	0		0	0	
SE	CTION D. NUM	BER OF LO	WER AU	THORITY	STATE U	I APPEALS I	DECISIONS	BY TY	PE O	F ISSUE	
	Total Decisions	Voluntary Quit	Mis- Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute		Oth	er		
Line No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)			
400	514	220	131	2	39	0			,	122	

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: 07/31/2020					
	ION A. SINGLER DISPOSITION		T AND M	ULTICLAI	MANT AP	PEAL DEC	ISIONS	BY PI	ROGRA	M A	ND	
	UI De	UI Decisions			UCFE-NO UI			UCX Only				
Line	Lower Authority	Higher Authority		wer nority	Higher Authority	Lower Author					Other spositions	
No.	(1)	(2)	(3)	(4)	(5)	(6))		(7)	
100	5		0	0		0	0		0		1	
	SECTION B. (CLAIMANTS	INVOLV	ED IN STA	TE UI API	PEALS CAS	ES BY S	STAT	US OF A	PPE	EALS	
		Single-Claimant Appeals		t	Multi-Claimant Appeals							
Line		Lower Authority	Higher Authority		Lower Authority		Higher Authority					
No.		Status of Appeals						(9)			(11)	
200		0	0		0		0					
210		5	5 0			0	0					
	SE	CTION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF AP	PELL	ANT			
		All UI De	All UI Decisions		Claimant		Employer			Other		
	Ammoolo	Lower H		Lower	Higher	Lower Hig		ier	Lower		Higher	
Line No.	Appeals Decisions	(12)	(13)	(14)	(15)	(16)	(17	7)	(18)		(19)	
300	Total	5	0	4	0	1		0		0	0	
310	Appellant	3	0	2	0	1		0		0	0	
SF	CCTION D. NUM	MBER OF LO	WER AU	THORITY	STATE U	APPEALS	DECISI	IONS I	BY TYP	E O	F ISSUE	
Line	Total Decisions	Voluntary Quit	Mis- Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other					
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)				
400		5 3	1	0	0	0					1	

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).