ETA 5130 BENEFIT APPEALS

	STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 09/30/2020					
	TON A. SINGLE ER DISPOSITION		Г AND M	ULTICLA	IMANT AP	PEAL DECI	SIONS BY P	ROGRAN	ЛА	ND	
	UI Deci	Decisions UCFE-NO UI UCX Only									
Line	Lower Authority	8		Lower Authority				her ority Dis		Other spositions	
No.	(1)	(2)	(3)	(4)	(5)	(6))		(7)	
100	510		30	3	()	0	0		151	
	SECTION B. CI	LAIMANTS	INVOLV	ED IN STA	ATE UI APP	PEALS CASE	ES BY STAT	US OF AI	PPE	CALS	
		Single-Claimant Appeals		Multi-Claimant Appeals							
Line				Lower Authority	Higher Authority	Lower Authority		Higher Authority			
No.		Status of Appeals						(10)		(11)	
200	Filed During Month431390							0			
210	Disposed of During Month					510	30		0	0	
	SEC	TION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELL	ANT			
		Emp	Other								
Line	Line Appeals		Higher	Lower	Higher	Lower	Higher	Lower I		Higher	
No.	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)	
300	Total	510	30	480	23	30	7		0	0	
310	Appellant	179	5	176	4	3	1		0	0	
SF	ECTION D. NUM	BER OF LC	WER AU	THORITY	STATE UI	APPEALS I	DECISIONS	BY TYPI	E O I	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	510	238	114	6	63	0				89	

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 BENEFIT APPEALS [EB]

	STATE: OR			REGION: 06			REPORT FOR PERIOD ENDING: 09/30/2020				
	ION A. SINGLE ER DISPOSITION		Г AND M	ULTICLA	IMANT AP	PEAL DECI	SIONS BY P	ROGRAM A	ND		
	UI Deci	isions		UCFE-N	O UI	ι	JCX Only				
Line	Lower Authority	Higher Authority		Lower H Authority Au		Lower Authorit	Lower High Authority Autho		Other spositions		
No.	(1)	(2)	(3)	(4)	(5)	(6))	(7)		
100	0		0	0	(0	0	0	0		
	SECTION B. CI	LAIMANTS	INVOLV	ED IN STA	ATE UI APP	PEALS CASH	ES BY STAT	US OF APPI	EALS		
			Single-Claimant Appeals		Multi-Claimant Appeals						
Line			Lower Authority	Higher Authority	Lower Authority	Higher Authority					
No.	Status of Appeals (8) (9)							(10)	(11)		
200	Filed During Month 1 0 0							0			
210	Disposed of During Month					0	0	0	0		
	SEC	TION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELL	ANT			
		Clai	Emp	loyer	Other						
Line	Lower Hig			Lower Higher		Lower Higher		Lower	Higher		
No.	Appeals Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
300	Total	0	0	0	0	0	0	0	0		
310	Appellant	0	0	0	0	0	0	0	0		
SE	CTION D. NUM	BER OF LC	WER AU	THORITY	STATE UI	APPEALS I	DECISIONS	BY TYPE 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	0	0	0	0	0	0			0		

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: 09/30/2020				
	ON A. SINGLE R DISPOSITION		T AND M	ULTICLA	IMANT AP	PEAL DECI	SIONS BY P	ROGRAM A	ND		
	UI Dec	isions		UCFE-N	O UI	τ	JCX Only				
Line	Lower Authority	8		Lower Higher Authority Authority		Lower High Authority Autho					
No.	(1)	(2)	(3)	(4)	(5)	(6))	(7)		
100	7		0	0	(C	0	0	3		
	SECTION B. CI	LAIMANTS	INVOLV	ED IN STA	ATE UI APP	PEALS CASH	ES BY STAT	US OF APPI	EALS		
			Single-Claimant Appeals		Multi-Claimant Appeals						
Line			Lower Authority	Higher Authority	Lower Authority	Higher Authority					
No.		Status o	f Appeals			(8)	(9)	(10)	(11)		
200		Filed Dur	ing Montl	h		15	0	0			
210	Disposed of During Month70					0	0				
	SEC	TION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELL	ANT			
		All UI Decisions		Claimant		Employer		Ot	ther		
Line	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher		
No.	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
300	Total	7	0	7	0	0	0	0	0		
310	Appellant	2	0	2	0	0	0	0	0		
SE	CTION D. NUM	BER OF LC	OWER AU	THORITY	STATE UI	APPEALS I	DECISIONS	BY TYPE 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	7	2	4	0	1	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).