### **ETA 5130 BENEFIT APPEALS**

	STATE			REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2020					
		INGLE CLA D OTHER			LTICLAIN	IANT APP	PEAL DEC	ISIONS BY	Y			
	UI	Decisions		UCFE-I	NO UI	U	CX Only					
Line No.		Lower Higher Authority Authority		Lower Higher Authority Authority			Lower Hig Authority Auth					
	(1)	(2)		(3)	(4)	(5)	(6	)	(7)			
100	4	515	28	2	(	)	0	0	20			
S	ECTION F	B. CLAIMA	NTS INV			UI APPEA	LS CASES	BY STAT	US OF			
				А	PPEALS				•			
			Single-C App		Multi-Claimant Appeals							
						Lower	Higher	Lower	Higher			
Line						Authority	Authority	Authority	Authori			
No.		Statu	s of Appe	als		(8)	(9)	(10)	(11)			
200			<b>During Mo</b>			610	44	0				
210		Disposed	0			515	28	0				
	SEC	FION C. ST										
		All UI D				Emp	·		her			
Line	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher			
No.	Decisions	(12)	( <b>13</b> ) 28	(14) 482	( <b>15</b> ) 21	(16)	(17)	(18)	(19)			
300 310	Total Annellent	515 163	28 11	482 153	21 9	55 10	7 2	0				
	Appellant	NUMBER O						-				
SEC	<b>110 N D</b> . 1	UNIDER U			F ISSUE	ALL ULAI	I EALS DI		DIIII			
				Refusal								
Line	Total Decisions	Voluntary Quit		of Suitable Work	Not Able/ Available	Labor Dispute		Other				
	(20)	(21)	(22)	(23)	(24)	(25)		(26)				
No.	(20)	(21)	(22)	(20)	()	(-0)		(-•)				

This report is being amended to correct the LA appeals data.

#### 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).

# ETA 5130 BENEFIT APPEALS [EB]

STATE: OR				REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2020						
	ON A. SINGLE R DISPOSITIO		T AND M	ULTICLA	IMANT API	PEAL DECIS	SIONS BY P	ROGRAM	AND				
	UI De	cisions		UCFE-N	O UI	U	CX Only						
Line No.	Lower Authority			Lower Higher Authority Authority		Lower Hig Authority Auth			Other vispositions				
	(1)	(2)	(	(3)	(4)	(5)	(6)	)	(7)				
100	1		0	0	0		0	0	0				
	SECTION B. C	LAIMANTS	S INVOLV	ED IN STA	TE UI APP	EALS CASE	S BY STAT	US OF APP	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 Du	ring Mont	h		0	0	C	0 0				
210		Disposed of	During M	onth		1	1 0 0						
	SEC	CTION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELL	ANT					
	All UI Decisions Claimant					Employer		Other					
		Lower		Lower	Higher	Lower	Higher	Lower	Higher				
Line No.	Appeals Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)				
300	Total	1	0	1	0	0	0	C	0 0				
310	Appellant	0	0	0	0	0	0	C	0 0				
SEC	CTION D. NUM	IBER OF LO	OWER AU	THORITY	STATE UI	APPEALS I	DECISIONS	ВҮ ТҮРЕ (	OF ISSUE				
T	Total Decisions	Voluntary Quit	Mis- Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other						
Line No.	(20)	(21)	(22)	(23)	(24)	(25)	(26)						
400	1	1	0	0	0	0			0				

**OMB No.:** 1205-0172 **OMB Expiration Date:** 05/31/2020 **OMB** 

**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: 10/31/2020							
	ION A. SINGLE R DISPOSITIO		T AND M	ULTICLA	IMANT API	PEAL DECIS	SIONS BY P	ROGRA	M A	ND			
	UI De	cisions		UCFE-N	O UI	U	CX Only						
Line	Lower Authority	Higher Authority		Lower Higher Authority Authority		Lower High Authority Autho							
No.	(1)	(2)		(3)	(4)	(5)	(6)	)		(7)			
100	22		0	0	0		0	0		2			
	SECTION B. C	LAIMANTS	S INVOLV	ED IN STA	TE UI APP	EALS CASE	S BY STAT	US OF A	PPE	ALS			
		Single-Claimant Appeals		Multi-Claimant Appeals									
Line		Lower Authority	Higher Authority			Higher Authority							
No.		Status	of Appeals			(8)	(9)	(10)	(10) (11)				
200		Filed Du	ring Mont	h		35	0	0		0			
210		Disposed of	During M	onth		22	0	0		0			
	SEC	CTION C. S	TATE UI	APPEALS	DECISION	S BY TYPE	OF APPELL	ANT					
		Emp	Other										
	A	Lower	Higher	Lower	Higher	Lower	Higher	Lowe	r	Higher			
Line No.	Appeals Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)			
300	Total	22	0	22	0	0	0		0	0			
310	Appellant	8	0	8	0	0	0		0	0			
SE	CTION D. NUM	IBER OF LO	OWER AU	THORITY	STATE UI	APPEALS I	DECISIONS	BY TYPI	E OI	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	22	8	5	0	3	0				6			

#### 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).