ETA 5130 BENEFIT APPEALS

STATE: OR				REGION: 06			REPORT FOR PERIOD ENDING: 05/31/2021				
		SINGLE CI ND OTHER			ULTICLAI	MANT AI	PPEAL DE	CISIONS B	Y		
	U	[Decisions		UCFE-NO UI			UCX Only				
Line	Lowe Author	8		Lower Ithority	Higher Authority	Lower Authori	0		Other positions		
No.	(1)	(2))	(3)	(4)	(5)	(6))	(7)		
100		656	56	1	()	2	0	183		
S	ECTION B	B. CLAIMA	NTS INV			UI APPEA	LS CASES	BY STAT	US OF		
APPEALS						Single-Claimant Appeals		Multi-Claimant Appeals			
Line						Lower Authority	Higher Authority	Lower Authority	Higher Authority		
No.		Statu	is of Appe	als		(8)	(9)	(10)	(11)		
200	200 Filed During Month					1,227	50	0	0		
210	210 Disposed of During Mo					656	56	0	0		
	SECT	FION C. ST	TATE UI A	APPEAL	S DECISIO	NS BY TY	PE OF AP	PELLANT			
	All UI Decisions			Claimant		Employer		Other			
Line	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher		
	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
300	Total	656	56	553	39	103	17	0	0		
310	Appellant	288	14	245	11	43	3	0	0		
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE											
Line	Total Decisions	Voluntary Quit		Refusal of Suitable Work	Not Able/ Available	Labor Dispute		Other			
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)			
400	656	246	212	5	83	0			110		

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: 05/31/2021				
		SINGLE C			ULTICLAI	MANT AP	PEAL DEC	CISIONS B	Y		
	U	Decisions		UCFE-NO UI			UCX Only				
Lin	Lowe Author	8		ower thority	Higher Authority	Lower Authorit	Highe y Author		other ositions		
No	-	(2)	(3)	(4)	(5)	(6)		(7)		
100		4	0	0	0		0	0	1		
SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF											
0								Multi-C App			
Line						Lower Authority	Higher Authority A	Lower Authority	Higher Authority		
No.		Statu	is of Appea	als		(8)	(9)	(10)	(11)		
200		Filed l	During Mo	onth		0	0	0	0		
210	210 Disposed of During Month					4	0	0	0		
	SECT	TION C. ST	FATE UI A	APPEALS	S DECISIO	NS BY TYI	PE OF APP	ELLANT			
		All UI D	ecisions	Clai	mant	Emplo	oyer	Other			
Line	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher		
No.	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
300	Total	4	0	3	0	1	0	0	0		
	Appellant	2	0	2	0	0	0	0	0		
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE											
Line	Total Decisions	Voluntary Quit		Refusal of Suitable Work	Not Able/ Available	Labor Dispute		Other			
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)			
400	4	1	2	0	1	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.

ETA 5130 PANDEMIC BENEFIT APPEALS (PEUC)

	STATE: OR			REGION: 06			REPORT FOR PERIOD ENDING: 05/31/2021			
		SINGLE C			IULTICLA	IMANT A	PPEAL DE	CISIONS I	BY	
UI Decisions				UCFE-	NO UI	UCX Only				
Lir	Lowe Author	0		Lower 1thority	Higher Authority	Lower Authori	0		Other positions	
No). (1)	(2	3)	(3)	(4)	(5)	(6)		(7)	
10	0	119	14	0	0	1	0	0	35	
S	ECTION E	B. CLAIMA	NTS INV		IN STATE	UI APPEA	LS CASES	BY STAT	US OF	
APPEALS						Single-Claimant Appeals		Multi-Claimant Appeals		
Line						Lower Authority	Higher Authority	Lower Authority	Higher Authority	
No.		Statu	is of Appe	als		(8)	(9)	(10)	(11)	
200	200 Filed During Month					197	15	0	0	
210	210 Disposed of During			Month 119		14	4 0 0			
	SEC	FION C. ST	FATE UI A	APPEAL	S DECISIO	NS BY TY	PE OF API	PELLANT		
		All UI D	ecisions	Claimant		Employer		Other		
Line	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher	
No.	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
300	Total	119	14	101	13	18	1	0	0	
	Appellant	55	7	50	7	5	0	0	0	
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE										
Line	Total Decisions	Voluntary Quit		Refusal of Suitable Work	Not Able/ Available	Labor Dispute		Other		
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)		
400	119	44	34	0	16	0			25	

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.