ETA 5130 BENEFIT APPEALS

STATE: OR				REGION: 06			REPORT FOR PERIOD ENDING: 08/31/2021			
	ΓΙΟΝ A. SI GRAM AN				ULTICLAI	MANT AI	PPEAL DE	CISIONS I	BY	
	UI	Decisions		UCFE-N	NO UI	U	CX Only			
Line	Lower Authorit	Higho y Author		ower thority	Higher Authority	Lower Author	O		Other positions	
No.	(1)	(2)		(3)	(4)	(5)	(6))	(7)	
100	7	00	65	2	()	0	0	407	
SI	ECTION B.	CLAIMA	NTS INV		IN STATE PPEALS	UI APPE	ALS CASES	S BY STAT	CUS OF	
						0	Claimant eals		Multi-Claimant Appeals	
Line						Lower Authority	Higher Authority	Lower Authority	Higher Authority	
No.		Statu	s of Appe	als		(8)	(9)	(10)	(11)	
200	Filed During Month					2,056	74	0	0	
210		Disposed of	of During	Month		700	65	0	0	
	SECT	ION C. ST	ATE UI A	APPEALS	S DECISIO	NS BY TY	PE OF AP	PELLANT		
		All UI Do	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	700	65	591	47	109	17	0	1	
310	Appellant	257	24	227	18	30	5	0	1	
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE										
	Total	Voluntary	Mis-	Refusal of Suitable	Not Able/	Labor				
Line	Decisions	Quit			Available			Other		
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)		
- 100	(=0)	()	()	()	, ,	· /		` ′		
400	700	248	, ,	, ,	72	0		, ,	154	

Comments:

Line 300 (19), Administrator's Appeal

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 SECTION A. SINGLE CLAI			REGION: 06			REPORT FOR PERIOD ENDING: 08/31/2021				
		INGLE CL. D OTHER			ULTICLAI	IMANT AI	PPEAL DEC	CISIONS E	BY		
	UI	Decisions		UCFE-	NO UI	U	CX Only				
Line	Lower Authorit	Higho y Author		ower thority	Higher Authority	Lower Author	O		Other positions		
No.	(1)	(2)		(3)	(4)	(5)	(6)		(7)		
100		5	1	0		0	0	0	0		
SE	ECTION B.	CLAIMA	NTS INV			UI APPEA	ALS CASES	BY STAT	US OF		
	APPEALS					Single-C		Multi-Claimant Appeals			
Line						Lower Authority	Higher Authority	Lower Authority	Higher Authority		
No.	· · · · · · · · · · · · · · · · · · ·								(11)		
200		Filed D	ouring Mo	nth		1	0	0	0		
210	Disposed of During Month 5 1 0								0		
	SECT						PE OF AP				
		All UI De		Clai	mant	Emp	•	Other			
	Appeals	Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher		
	Decisions	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
300	Total	5	1	5	1	0	0	0	0		
	310 Appellant 0 0 0 0 0 0 0 0 0 0 0 0 SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY										
TYPE OF ISSUE											
Refusal of Not											
Line	Total Decisions	Voluntary Quit		Suitable Work	Able/ Available	Labor Dispute		Other			
No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)			
400	5	2	0	0	1	0			2		

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: 08/31/2021				
		INGLE CL D OTHER			ULTICLAI	MANT AI	PPEAL DE	CISIONS I	BY		
	UI I	Decisions		UCFE-	NO UI	U	CX Only				
Line	Lower Higher Authority Authority			Lower Highe Authority Author		Lower Author	C		Other Dispositions		
No.	(1)	(2)		(3)	(4)	(5)	(6)	(7)		
100	1	25	13	0	()	0	0	98		
SE	CTION B.	CLAIMA	NTS INV		IN STATE PPEALS	UI APPEA	ALS CASES	S BY STAT	CUS OF		
						Single-C App	Claimant eals	Multi-Claimant Appeals			
Line						Lower Authority	Higher Authority	Lower Authority	Higher Authority		
No.		Statu	s of Appea	als		(8)	(9)	(10)	(11)		
200	Filed During Month					571	12	0	0		
210		Disposed of	of During	Month		125	13	0	0		
	SECT	ION C. ST	ATE UI A	APPEALS	S DECISIO	NS BY TY	PE OF AP	PELLANT	1		
		All UI Do	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	125	13	115	9	10	4	0	0		
310	Appellant	48	3	45	1	3	2	0	0		
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE											
Refusal of Not											
T in a	Total Decisions	Voluntary Quit		Suitable Work	Able/ Available	Labor Dispute		Other			
Line No.	(20)	(21)	(22)	(23)	(24)	(25)		(26)			
NO.	(20)			(2.71	(24)	(25)		(Z 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).