

ETA 5130 BENEFIT APPEALS

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 01/31/2016				
SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS									
Line No.	UI Decisions		UCFE-NO UI		UCX Only		Other Dispositions		
	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority			
	(1)	(2)	(3)	(4)	(5)	(6)		(7)	
100	1,097	128	4	0	3	0	0		
SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS									
Line No.	Status of Appeals	Single-Claimant Appeals		Multi-Claimant Appeals					
		Lower Authority	Higher Authority	Lower Authority	Higher Authority				
		(8)	(9)	(10)	(11)				
200	Filed During Month	1,090	97	0	0				
210	Disposed of During Month	1,097	128	0	0				
SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT									
Line No.	Appeals Decisions	All UI Decisions		Claimant		Employer		Other	
		Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher
		(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
300	Total	1,097	128	926	95	171	31	0	2
310	Appellant	277	40	234	34	43	4	0	2
SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE									
Line No.	Total Decisions	Voluntary Quit	Mis-Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other		
	(20)	(21)	(22)	(23)	(24)	(25)	(26)		
400	1,097	249	400	12	175	1	260		

Comments:

Line 300 (19), Administrator's Appeal

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 [EUC08]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 01/31/2016
-----------	------------	---

SECTION A. SINGLE CLAIMANT AND MULTICLAIMANT APPEAL DECISIONS BY PROGRAM AND OTHER DISPOSITIONS

Line No.	UI Decisions		UCFE-NO UI		UCX Only		Other Dispositions
	Lower Authority	Higher Authority	Lower Authority	Higher Authority	Lower Authority	Higher Authority	
	(1)	(2)	(3)	(4)	(5)	(6)	
100	1	0	0	0	0	0	0

SECTION B. CLAIMANTS INVOLVED IN STATE UI APPEALS CASES BY STATUS OF APPEALS

Line No.	Status of Appeals	Single-Claimant Appeals		Multi-Claimant Appeals	
		Lower Authority	Higher Authority	Lower Authority	Higher Authority
		(8)	(9)	(10)	(11)
200	Filed During Month	2	0	0	0
210	Disposed of During Month	1	0	0	0

SECTION C. STATE UI APPEALS DECISIONS BY TYPE OF APPELLANT

Line No.	Appeals Decisions	All UI Decisions		Claimant		Employer		Other	
		Lower	Higher	Lower	Higher	Lower	Higher	Lower	Higher
		(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
300	Total	1	0	1	0	0	0	0	0
310	Appellant	0	0	0	0	0	0	0	0

SECTION D. NUMBER OF LOWER AUTHORITY STATE UI APPEALS DECISIONS BY TYPE OF ISSUE

Line No.	Total Decisions	Voluntary Quit	Mis-Conduct	Refusal of Suitable Work	Not Able/ Available	Labor Dispute	Other
	(20)	(21)	(22)	(23)	(24)	(25)	(26)
400	1	0	0	0	0	0	1

OMB No.: 1205-0172 OMB Expiration Date: 01/31/2017 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.