

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 03/31/2016
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SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims						
		Total (1)	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)
State UI	101	20,032	9,952	9,251	829	0	317	638
UCFE No UI	102	94	50	29	15	0	5	16
UCX Only	103	77	63	11	3	0	1	8
		Eligibility Review		Continued Weeks Claimed				Entering Self Employment, All Programs (13)
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed From Agent State (11)	Interstate Received as Liable State (12)		
		State UI	201	0	0	129,670	10,065	
UCFE No UI	202	0	0	2,126	440	468		
UCX Only	203	0	0	908	37	77		

SECTION B. PAYMENT ACTIVITIES

Item	Number	Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employment, All Programs (20)	
		All Weeks Compensated (14)	Total Unemployment (15)	Interstate (16)	Total (17)	UCFE No UI (18)	UCX Only (19)		
		301	120,822	112,297	5,473	3,354	2,457		897
302	41,774,347	39,432,451	2,098,174	1,748,264	927,678	480,455	329,626		
		First Payments for All Unemployment					Final Payments for All Unemployment		
		State UI Program			UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total	Intrastate	Interstate	UCFE	UCX	Total	UCFE	UCX

					No UI	Only		No UI	Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	6,530	6,282	248	52	49	2,382	14	41

OMB No.: 1205-0010 OMB Expiration Date: 12/31/2018 OMB Burden Minutes: 120

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-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 03/31/2016		
SECTION A. CLAIMS ACTIVITIES						
Program	Initial Claims					
	New Intrastate Excluding Transitional (2)			Additional Intrastate (3)		
101 State UI	252			0		
Items	Continued Weeks Claimed					
	Intrastate (9)					
201 State UI	1,872					
SECTION B. PAYMENT ACTIVITIES						
Items	Weeks Compensated					
	State UI Program All Weeks Compensated (14)					
301 Number	1,973					
302 Amount	276,743					
	First Payments for All Unemployment State UI Program Intrastate (21)			Final Payment for All Unemployment State UI Total (25)		

303 Number	172	0
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	50	444
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	172	

OMB No.: 1205-0010 **OMB Expiration Date:** 12/31/2018 **OMB Burden Minutes:** 105

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ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EUC08]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 03/31/2016		
SECTION A. CLAIMS ACTIVITIES						
		Initial Claims				
Program	Line No.	New Intrastate Excluding Transitional (1)	Additional Intrastate (2)	Interstate Filed from Agent State (3)	Interstate Taken as Agent State (4)	Interstate Received as Liable State (5)
State UI	101	0	0	0	0	0
UCFE, No UI	102	0	0	0	0	0
UCX Only	103	0	0	0	0	0
		Eligibility Reviews		Continued Weeks Claimed		
		Intrastate (6)	Interstate Liable (7)	Intrastate (8)	Interstate Filed from Agent State (9)	Interstate Received as Liable State (10)
State UI	201	0	0	0	0	0
UCFE, No UI	202	0	0	0	0	0
UCX Only	203	0	0	0	0	0

SECTION B. FIRST TIER PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (12)	Total Unemployment (13)	Total (14)	UCFE, No UI (15)	UCX Only (16)	
Number	301	0	0	0	0	0	
Amount	302	0	0	0	0	0	
		First Payments for All Unemployment			Final Payments for All Unemployment		
		State UI Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (17)	UCFE, No UI (18)	UCX Only (19)	Total (20)	UCFE, No UI (21)	UCX Only (22)
Number	303	0	0	0	0	0	0

SECTION C. SECOND TIER PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (23)	Total Unemployment (24)	Total (25)	UCFE, No UI (26)	UCX Only (27)	
Number	401	0	0	0	0	0	
Amount	402	0	0	0	0	0	
		First Payments for All Unemployment			Final Payments for All Unemployment		
		State UI Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (28)	UCFE, No UI (29)	UCX Only (30)	Total (31)	UCFE, No UI (32)	UCX Only (33)
Number	403	0	0	0	0	0	0

SECTION D. THIRD TIER PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (34)	Total Unemployment (35)	Total (36)	UCFE, No UI (37)	UCX Only (38)	
Number	501	0	0	0	0	0	
Amount	502	6	6	0	0	0	
		First Payments for All Unemployment			Final Payments for All Unemployment		

		State UI Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (39)	UCFE, No UI (40)	UCX Only (41)	Total (42)	UCFE, No UI (43)	UCX Only (44)
Number	503	0	0	0	1	0	0

SECTION E. FOURTH TIER PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated				
		State UI Program		UCFE and UCX Programs		
		All Weeks Compensated (45)	Total Unemployment (46)	Total (47)	UCFE, No UI (48)	UCX Only (49)
Number	601	0	0	0	0	0
Amount	602	4,836	4,836	0	0	0

		First Payments for All Unemployment			Final Payments for All Unemployment		
		State UI Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (50)	UCFE, No UI (51)	UCX Only (52)	Total (53)	UCFE, No UI (54)	UCX Only (55)
Number	603	1	0	0	1	0	0

OMB No.: 1205-0010 **OMB Expiration Date:** 12/31/2018 **OMB Burden Minutes:** 120

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 03/31/ 2016 STATE: 41 REGION: 6

SECTION A. Claims Activities

Program	Line No.	Initial Claims						
		Total Sum of Columns 2-4 (1)	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)
State UI	101	76	66	10	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	18	16	2	0	0	0	0
		Eligibility Reviews			Continued Weeks Claimed			
		Intrastate (8)	Intrastate Liable (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Taken as Agent State (12)	Interstate Received as Liable State (13)	Entering Self Employment All (14)
State UI	201	0	0	1,406	0	0	0	
UCFE, No UI	202	0	0	0	0	0	0	
UCX Only	203	0	0	0	0	0	0	

SECTION B. Payment Activities

Items		Weeks and Amounts Compensated								
		State UI Program			UCFE and UCX Programs			Self Employment All Programs (21)		
		All Weeks Compensated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)			
Number	301	1,386	1,299	0	363	18	299			
Amount	302	497,955	476,681	31	179,443	8,586	154,410			
		First Payments for All Unemployment				Final Payments for All Unemployment				
		State UI Program			UCFE and UCX Programs		State UI Program		UCFE and UCX Programs	
		Total (22)	Intrastate (23)	Interstate (24)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)	
Number	303	0	0	0	0	0	51	0	8	