

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 04/30/2016
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SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims						
		Total	New Intrastate Excluding Transitional	Additional Intrastate	Interstate Filed from Agent State	Interstate Taken as Agent State	Transitional	Interstate Received as Liable State
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
State UI	101	15,594	8,346	6,377	871	0	325	599
UCFE No UI	102	69	33	29	7	0	4	5
UCX Only	103	58	50	7	1	0	0	8
		Eligibility Review		Continued Weeks Claimed				Entering Self Employment, All Programs
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State		
		(8)	(9)	(10)	(11)	(12)		
State UI	201	0	0	110,990	9,072	5,572		59
UCFE No UI	202	0	0	1,308	330	317		
UCX Only	203	0	0	721	40	82		

SECTION B. PAYMENT ACTIVITIES

Item	Number	Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employment, All Programs	
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only		
		(14)	(15)	(16)	(17)	(18)	(19)		(20)
	301	102,659	95,807	4,999	2,267	1,537	730	657	
	302	36,193,155	34,336,780	1,921,099	1,179,024	536,492	391,440	308,757	
		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	5,537	5,282	255	24	35	2,402	18	27

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: 04/30/2016		
SECTION A. CLAIMS ACTIVITIES						
Program	Initial Claims					
	New Intrastate Excluding Transitional (2)		Additional Intrastate (3)			
101 State UI	88			0		
Items	Continued Weeks Claimed					
	Intrastate (9)					
201 State UI	1,647					
SECTION B. PAYMENT ACTIVITIES						
Items	Weeks Compensated					
	State UI Program All Weeks Compensated (14)					
	301 Number	1,683				
302 Amount	264,715					
303 Number	First Payments for All Unemployment State UI Program Intrastate (21)			Final Payment for All Unemployment State UI Total (25)		
	122			0		
SECTION C. FULL TIME EQUIVALENTS						
Equivalent Initials			Equivalent Weeks Claimed			

Number	17	395
SECTION D. WORKSHARE COVERAGE		
Number of Participating Employers		
Number	166	

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: 04/30/2016
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SECTION A. CLAIMS ACTIVITIES						
Program	Line No.	Initial Claims				
		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	Total	Total	UCFE, No UI

		Compensated (12)	Unemployment (13)	(14)	(15)	(16)
Number	301	23	16	0	0	0
Amount	302	8,535	6,745	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	1	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	17	11	0	0	0
Amount	402	6,288	4,931	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	1	0	0	2	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	15	10	0	0	0
Amount	502	5,839	4,248	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	2	0	0	1	0	0
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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	3	3	0	0	0	
Amount	602	2,036	2,036	0	0	0	
Item		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	0	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: 04/30/ 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	88	79	9	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	10	10	0	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	1,232	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	1,220	1,136	0	354	9	296		
Amount	302	448,512	425,263	0	178,185	3,645	154,807		
		First Payments for All Unemployment					Final Payments for All Unemployment		
		State UI Program			UCFE and UCX Programs		State UI Program		UCFE and UXC 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	45	1	6