

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2016				
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	18,371	9,810	7,827	734	0	412	625	
UCFE No UI	102	61	33	23	5	0	10	3	
UCX Only	103	60	46	12	2	0	0	4	
		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	106,240		7,848	4,886
UCFE No UI	202	0	0	659	88	77			
UCX Only	203	0	0	601	29	93			
SECTION B. PAYMENT ACTIVITIES									
Item		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)		
		Number	301	96,092	89,698	4,302	1,333	686	647
Amount	302	35,023,726	33,250,174	1,735,059	726,844	273,909	356,191	357,168	
		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	6,289	6,052	237	35	30	2,096	12	12

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: 06/30/2016	
SECTION A. CLAIMS ACTIVITIES					
Initial Claims					
Program		New Intrastate Excluding Transitional (2)		Additional Intrastate (3)	
101 State UI		142		0	
Continued Weeks Claimed					
Items		Intrastate (9)			
201 State UI		1,210			
SECTION B. PAYMENT ACTIVITIES					
Weeks Compensated					
Items		State UI Program All Weeks Compensated (14)			
301 Number		1,152			
302 Amount		158,845			
		First Payments for All Unemployment State UI Program Intrastate (21)		Final Payment for All Unemployment State UI Total (25)	
303 Number		101		0	
SECTION C. FULL TIME EQUIVALENTS					

	Equivalent Initials	Equivalent Weeks Claimed
Number	28	291
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	170	

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

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 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2016	
SECTION A. CLAIMS ACTIVITIES						
		Initial Claims				
Program	Line No.	New Intradate Excluding Transitional (2)	Additional Intradate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Interstate Received as Liable State (7)
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		
		Intradate (8)	Interstate Liable (9)	Intradate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (13)
State UI	201	0	0	0	1	0
UCFE, No UI	202	0	0	0	0	0
UCX Only	203	0	0	0	0	0
SECTION B. PAYMENT ACTIVITIES						

Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (15)	Total Unemployment (16)	Total (18)	UCFE, No UI (19)	UCX Only (20)	
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 (22)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)
Number	303	0	0	0	0	0	

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

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 5159 CLAIMS AND PAYMENT ACTIVITIES [EUC08]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 06/30/2016		
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	1	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	6	1	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

		Weeks and Amounts Compensated					
Item		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
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

		Weeks and Amounts Compensated					
Item		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	1	1	0	0
Amount	402	84	84	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	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 (39)	UCFE, No UI (40)	UCX Only (41)	Total (42)	UCFE, No UI (43)	UCX Only (44)
Number	503	0	0	0	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	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 (50)	UCFE, No UI (51)	UCX Only (52)	Total (53)	UCFE, No UI (54)	UCX Only (55)
Number	603	0	0	0	0	0	

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

REPORT FOR PERIOD ENDING: 06/30/ 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	58	52	6	0	0	0	0
UCFE, No UI	102	1	1	0	0	0	0	0
UCX Only	103	17	13	4	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	1,113	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	1,066	996	0	294	11	246			
Amount	302	395,897	376,807	294	152,394	3,645	132,273			
		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	27	0	8	