

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 07/31/2016
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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	17,508	9,672	7,103	733	0	679	688
UCFE No UI	102	59	44	13	2	0	11	5
UCX Only	103	56	42	11	3	0	0	6
		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	107,838	7,316	
UCFE No UI	202	0	0	592	90	50		
UCX Only	203	0	0	564	27	98		

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	95,848	89,491	4,050	1,141		547
Amount	302	34,692,725	32,879,286	1,668,910	642,032	225,853	327,166	343,692	
		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	6,429	6,198	231	31	22	2,224	15	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: 07/31/2016	
SECTION A. CLAIMS ACTIVITIES					
		Initial Claims			
Program		New Intrastate Excluding Transitional (2)		Additional Intrastate (3)	
101 State UI		127		0	
		Continued Weeks Claimed			
Items		Intrastate (9)			
201 State UI		1,075			
SECTION B. PAYMENT ACTIVITIES					
		Weeks Compensated			
Items		State UI Program All Weeks Compensated (14)			
301 Number		1,017			
302 Amount		139,257			
		First Payments for All Unemployment State UI Program Intrastate (21)		Final Payment for All Unemployment State UI Total (25)	
303 Number		59		1	
SECTION C. FULL TIME EQUIVALENTS					
		Equivalent Initials		Equivalent Weeks Claimed	

Number	25	264
SECTION D. WORKSHARE COVERAGE		
Number of Participating Employers		
Number	173	

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: 07/31/2016
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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	5	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	UCX Only

		Compensated (12)	Unemployment (13)	(14)	(15)	(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	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	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	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	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: 07/31/ 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	55	48	7	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	7	5	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	877	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	888	847	0	260	8	226			
Amount	302	343,600	331,739	1,500	137,117	3,564	123,007			
		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	26	0	8	