

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

<b>STATE: OR</b>	<b>REGION: 06</b>	<b>REPORT FOR PERIOD ENDING: 09/30/2016</b>
------------------	-------------------	---

**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	15,232	8,624	5,811	797	0	166	595
UCFE No UI	102	84	45	29	10	0	0	7
UCX Only	103	71	56	14	1	0	1	9
		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)		(13)
State UI	201	0	0	92,512	7,400	4,675	34	
UCFE No UI	202	0	0	420	56	35		
UCX Only	203	0	0	627	42	88		

**SECTION B. PAYMENT ACTIVITIES**

Item		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)
Number	301	84,246	79,185	4,131	1,006	391	615	729	
Amount	302	31,924,935	30,509,959	1,755,616	568,054	155,331	343,994	361,546	
		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)
<b>Number</b>	<b>303</b>	5,112	4,891	221	33	41	1,868	6	25

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: 09/30/2016	
<b>SECTION A. CLAIMS ACTIVITIES</b>					
		<b>Initial Claims</b>			
<b>Program</b>		<b>New Intrastate Excluding Transitional (2)</b>		<b>Additional Intrastate (3)</b>	
101   State UI		123		0	
		<b>Continued Weeks Claimed</b>			
<b>Items</b>		<b>Intrastate (9)</b>			
201   State UI		1,347			
<b>SECTION B. PAYMENT ACTIVITIES</b>					
		<b>Weeks Compensated</b>			
<b>Items</b>		<b>State UI Program All Weeks Compensated (14)</b>			
301   Number		1,321			
302   Amount		156,647			
		<b>First Payments for All Unemployment State UI Program Intrastate (21)</b>		<b>Final Payment for All Unemployment State UI Total (25)</b>	
303   Number		152		1	
<b>SECTION C. FULL TIME EQUIVALENTS</b>					
		<b>Equivalent Initials</b>		<b>Equivalent Weeks Claimed</b>	

<b>Number</b>	24	312
<b>SECTION D. WORKSHARE COVERAGE</b>		
	<b>Number of Participating Employers</b>	
<b>Number</b>	168	

**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]

<b>STATE: OR</b>	<b>REGION: 06</b>	<b>REPORT FOR PERIOD ENDING: 09/30/2016</b>
------------------	-------------------	---

<b>SECTION A. CLAIMS ACTIVITIES</b>						
<b>Program</b>	<b>Line No.</b>	<b>Initial Claims</b>				
		<b>New Intrastate Excluding Transitional (1)</b>	<b>Additional Intrastate (2)</b>	<b>Interstate Filed from Agent State (3)</b>	<b>Interstate Taken as Agent State (4)</b>	<b>Interstate Received as Liable State (5)</b>
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
		<b>Eligibility Reviews</b>		<b>Continued Weeks Claimed</b>		
		<b>Intrastate (6)</b>	<b>Interstate Liable (7)</b>	<b>Intrastate (8)</b>	<b>Interstate Filed from Agent State (9)</b>	<b>Interstate Received as Liable State (10)</b>
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

<b>SECTION B. FIRST TIER PAYMENT ACTIVITIES</b>					
<b>Item</b>		<b>Weeks and Amounts Compensated</b>			
		<b>State UI Program</b>		<b>UCFE and UCX Programs</b>	
		<b>All Weeks</b>	<b>Total</b>	<b>Total</b>	<b>UCFE, No UI</b>

		Compensated (12)	Unemployment (13)	(14)	(15)	(16)	
<b>Number</b>	<b>301</b>	1	1	0	0	0	
<b>Amount</b>	<b>302</b>	81	81	0	0	0	
		<b>First Payments for All Unemployment</b>			<b>Final Payments for All Unemployment</b>		
		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>	
		<b>Total (17)</b>	<b>UCFE, No UI (18)</b>	<b>UCX Only (19)</b>	<b>Total (20)</b>	<b>UCFE, No UI (21)</b>	<b>UCX Only (22)</b>
<b>Number</b>	<b>303</b>	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)	
<b>Number</b>	<b>401</b>	0	0	0	0	0	
<b>Amount</b>	<b>402</b>	0	0	0	0	0	
		<b>First Payments for All Unemployment</b>			<b>Final Payments for All Unemployment</b>		
		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>	
		<b>Total (28)</b>	<b>UCFE, No UI (29)</b>	<b>UCX Only (30)</b>	<b>Total (31)</b>	<b>UCFE, No UI (32)</b>	<b>UCX Only (33)</b>
<b>Number</b>	<b>403</b>	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)	
<b>Number</b>	<b>501</b>	0	0	0	0	0	
<b>Amount</b>	<b>502</b>	0	0	0	0	0	
		<b>First Payments for All Unemployment</b>			<b>Final Payments for All Unemployment</b>		
		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>	
		<b>Total (39)</b>	<b>UCFE, No UI (40)</b>	<b>UCX Only (41)</b>	<b>Total (42)</b>	<b>UCFE, No UI (43)</b>	<b>UCX Only (44)</b>

<b>Number</b>	<b>503</b>	0	0	0	0	0	0
---------------	------------	---	---	---	---	---	---

**SECTION E. FOURTH TIER PAYMENT ACTIVITIES**

<b>Item</b>		<b>Weeks and Amounts Compensated</b>					
		<b>State UI Program</b>		<b>UCFE and UCX Programs</b>			
		<b>All Weeks Compensated (45)</b>	<b>Total Unemployment (46)</b>	<b>Total (47)</b>	<b>UCFE, No UI (48)</b>	<b>UCX Only (49)</b>	
<b>Number</b>	<b>601</b>	0	0	0	0	0	
<b>Amount</b>	<b>602</b>	0	0	0	0	0	
		<b>First Payments for All Unemployment</b>			<b>Final Payments for All Unemployment</b>		
		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>	
		<b>Total (50)</b>	<b>UCFE, No UI (51)</b>	<b>UCX Only (52)</b>	<b>Total (53)</b>	<b>UCFE, No UI (54)</b>	<b>UCX Only (55)</b>
<b>Number</b>	<b>603</b>	0	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: 09/30/ 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	71	58	13	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	14	9	5	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	869	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	874	806	0	178	2	163			
Amount	302	326,556	308,918	0	95,515	486	89,438			
		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	20	0	10	