

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2019				
SECTION A. CLAIMS ACTIVITIES									
Program	Line No.	Initial Claims							
		Total	New Intradate Excluding Transitional	Additional Intradate	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	17,569	9,412	7,646	511	0	289	597	
UCFE No UI	102	71	39	26	6	0	3	5	
UCX Only	103	29	21	8	0	0	0	3	
		Eligibility Review			Continued Weeks Claimed			Entering Self Employment, All Programs	
		Intradate	Interstate Liable	Intradate	Interstate Filed From Agent State	Interstate Received as Liable State			
		(8)	(9)	(10)	(11)	(12)	(13)		
State UI	201	0	0	130,197	6,621	5,443		43	
UCFE No UI	202	0	0	1,461	228	376			
UCX Only	203	0	0	288	18	14			
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	117,808	110,246	4,674	2,084	1,814	270	916	
Amount	302	47,167,232	44,736,989	1,992,985	1,113,605	732,424	159,788	487,791	
		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	Intradate	Interstate	UCFE No UI	UCX Only	Total	UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	6,384	6,144	240	42	10	2,458	17	6

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: 04/30/2019
SECTION A. CLAIMS ACTIVITIES		
	Initial Claims	
Program	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	114	1
	Continued Weeks Claimed	
Items	Intrastate (9)	
201 State UI	1,186	
SECTION B. PAYMENT ACTIVITIES		
	Weeks Compensated	
Items	State UI Program All Weeks Compensated (14)	
301 Number	1,203	
302 Amount	183,739	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	86	0
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	23	317
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	152	

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

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 04/30/ 2019 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	56	52	4	0	0	0	0
UCFE, No UI	102	1	1	0	0	0	0	0
UCX Only	103	5	3	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	834	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							Self Employment All Programs (21)	
		State UI Program			UCFE and UCX Programs					
		All Weeks Compensated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)			
Number	301	808	741	0	113	17	87			
Amount	302	329,081	304,198	273	65,999	10,350	52,475			
		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	19	0	1	