

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 08/31/2019				
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	13,650	8,151	5,044	455	0	220	502	
UCFE No UI	102	55	36	17	2	0	0	1	
UCX Only	103	32	27	5	0	0	0	7	
		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	92,896	5,301	4,010		28	
UCFE No UI	202	0	0	433	20	20			
UCX Only	203	0	0	225	0	31			
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	85,186	80,359	3,541	644	417	227	823	
Amount	302	34,665,897	33,176,819	1,610,891	391,270	200,073	137,869	444,797	
		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	5,134	4,933	201	21	15	1,863	6	5

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: 08/31/2019
SECTION A. CLAIMS ACTIVITIES		
	Initial Claims	
Program	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	329	7
	Continued Weeks Claimed	
Items	Intrastate (9)	
201 State UI	1,772	
SECTION B. PAYMENT ACTIVITIES		
	Weeks Compensated	
Items	State UI Program All Weeks Compensated (14)	
301 Number	1,638	
302 Amount	248,213	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	227	1
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	66	388
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	157	

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: 08/31/ 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	20	19	1	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	2	2	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	449	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	442	420	0	53	7	46		
Amount	302	188,531	180,645	650	31,524	4,176	27,348		
		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	9	1	0