

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 01/31/2020				
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)	
		21,455	13,342	7,390	723	0	1,023	648	
State UI	101								
UCFE No UI	102	265	193	35	37	0	134	48	
UCX Only	103	27	23	4	0	0	0	3	
		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)			
		0	0	129,032	7,450	5,418			
State UI	201							56	
UCFE No UI	202	0	0	2,481	237	458			
UCX Only	203	0	0	220	8	16			
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)		
Number	301	114,697	106,342	4,641	2,732	2,526	206	798	
Amount	302	47,808,577	44,928,634	2,146,934	1,485,314	1,120,770	125,754	438,386	
		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 No UI	UCX Only	Total	UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	10,646	10,341	305	315	13	1,891	20	3

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: 01/31/2020
SECTION A. CLAIMS ACTIVITIES		
	Initial Claims	
Program	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	360	6
	Continued Weeks Claimed	
Items	Intrastate (9)	
201 State UI	1,732	
SECTION B. PAYMENT ACTIVITIES		
	Weeks Compensated	
Items	State UI Program All Weeks Compensated (14)	
301 Number	1,975	
302 Amount	423,241	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	332	0
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	72	395
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	192	

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: 01/31/ 2020

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	64	57	7	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	1	1	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	643	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 Compensaaated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)		
Number	301	617	582	0	28	0	20		
Amount	302	258,937	246,305	0	13,706	0	12,518		
		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	11	0	0