

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 02/29/2020				
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)	
		16,643	10,150	5,983	510	0	479	506	
State UI	101								
UCFE No UI	102	116	65	37	14	0	25	17	
UCX Only	103	38	31	6	1	0	0	1	
		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	117,468	6,964	4,967			
State UI	201							46	
UCFE No UI	202	0	0	2,253	303	444			
UCX Only	203	0	0	200	4	12			
SECTION B. PAYMENT ACTIVITIES									
Item		Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employ- ment, All Programs	
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only		
		(14)	(15)	(16)	(17)	(18)	(19)		
Number	301	106,357	99,538	4,402	2,744	2,559	185	795	
Amount	302	44,055,326	41,767,823	2,018,030	1,439,123	1,105,068	110,505	433,706	
		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	6,842	6,627	215	119	11	1,800	13	4

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: 02/29/2020
SECTION A. CLAIMS ACTIVITIES		
Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	211	7
Items	Continued Weeks Claimed	
	Intrastate (9)	
201 State UI	1,970	
SECTION B. PAYMENT ACTIVITIES		
Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	1,959	
302 Amount	340,440	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	261	0
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	42	521
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	184	

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

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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.

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES										
REPORT FOR PERIOD ENDING:		02/29/ 2020			STATE: 41		REGION: 6			
SECTION A. Claims Activities										
Program	Line No.	Initial Claims								
		Total Sum of Columns 2-4 (1)	New Intrastate Exculding 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	40	37	3	0	0	0	0		
UCFE, No UI	102	1	1	0	0	0	0	0		
UCX Only	103	2	1	1	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	690	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	684	647	0	41	4	26			
Amount	302	283,871	271,318	0	20,948	2,496	16,320			
		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	0	0	