ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

	STA	TE: OR		RE	GION:	06			REPORT	FOR PERI 03/31/202		DING:	
			SEC	TION	N A. CL	AIMS	ACTIVI	TIF	ES				
						Ini	itial Clain	ns					
	Line	e Total	New Intrastate Excluding Transitional		itional astate	Fil	terstate led from Agent State		Interstate Taken as Agent State	Transitio	R	Interstate eceived as iable State	
Program	No.		(2)	((3)		(4)		(5)	(6)		(7)	
State UI	101	110,509	89,546		18,497		2,4	-66	0		311	1,513	
UCFE No UI	102	104	50		47			7	0		4	10	
UCX Only	103	32	19		12			1	0		0	1	
		Eligibilit	y Review			Cor	ntinued W	Veel	ks Claimed				
		Intrastate	Interstate Liable	Intr	astate	Fro	rstate File om Agent State		Rece	erstate eived as le State	Er	Entering Self Employment, All Programs	
		(8)	(9)	(1	10)		(11)		(12)		(13)	
State UI	201	. 0	0	2	236,033		8,3	808		6,	731	46	
UCFE No UI	202	0	0		2,195		3	01			492		
UCX Only	203	0	0		254			6			10		
			SECT	TION	B. PAY	'MEN'	T ACTIV	ITI	IES				
				1	Weeks a	nd An	nounts Co	omj	pensated				
	Ì	S	tate UI Progra	am			U	CF	E and UCX	Programs		Self	
		All Weeks Compensated	Total Unemploym	nent	Interst	ate	Total		UCFE No UI	UCX C	Only	Employ- ment, All Programs	
Item	ĺ	(14)	(15)		(16))	(17)	İ	(18)	(19))	(20)	
Number	301	145,942	137	7,208	5	,297	2,79	6	2,573		223	878	
Amount	302	60,120,164	57,180),548	2,447	,229	1,436,78	8	1,036,250		135,942	483,726	
			First Paymen	nts fo	r All Un	emplo	yment				Payment employi	s for All nent	
		S	tate UI Progra	am	am				d UCX ams	State UI Program		and UCX ograms	
		Total	Intrastat	e	Interst	ate	UCFE No UI	Į	UCX Only	Total	UCFE No UI	UCX Only	
		(21)	(22)		(23))	(24)		(25)	(26)	(27)	(28)	
Number	303	21,085	5 20	0,731		354	6	2	14	2,382	9	8	

Comments:

The overall increase in claims and payment activity in Sections A & B is Covid-19 related.

O M B No.: 1205-0010 O M B Expiration Date: 12/31/2018 O M B Burden Minutes: 120

O M B 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	E: OR	REGION: 06	REPORT FOR PERIOD ENDING: 03/31/2020						
SECTION A. CLA	IMS ACTIVITI	ES							
		Initial Cla	aims						
Program	New Intras	state Excluding Transitional (2)	Additional Intrastate (3)						
101 State UI		921	7						
	Continued Weeks Claimed								
Items		Intrastate (9)							
201 State UI		2,315	laims Additional Intrastate (3) eks Claimed Final Payment for All Unemployment State UI Total (25) Equivalent Weeks Claimed						
SECTION B. PAY	MENT ACTIVIT	TIES							
	Weeks Compensated								
Items									
301 Number		2,269							
302 Amount		366,584							
		Intrastate (9) 2,315 IVITIES Weeks Compensated State UI Program All Weeks Compensated (14) 2,269 366,584 Payments for All Unemployment State UI Program Intrastate (21) State UI Total (25) UIVALENTS	State UI Total						
303 Number		249	0						
SECTION C. FUL	L TIME EQUIV	ALENTS							
	I	Equivalent Initials	Equivalent Weeks Claimed						
Number		199	572						
SECTION D. WO	RKSHARE COV	ERAGE							
	Number (of Participating Employers							
Number		503							

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

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ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EUC08]

ST	TATE: OR			REGION: 06			REPORT FOR PERIOD ENDING: 03/31/2020				
	SECTION A. CLAIMS ACTIVITIES										
			Initial Claims								
Program	Line No.	New Intras Excludin Transition (1)	g	Additional Intrastate (2)	I	Interstate Filed from Agent State (3)	Interstate Taken as Agent State (4)	Interstate Received as Liable State (5)			
State UI	101		0	0		2	2	0			
UCFE, No UI	102		0	0		0	0	0			
UCX Only	103		0	0		0	0	0			
		Eli	igibility	Reviews		Со	ntinued Weeks Claim	ed			
		Intrastat (6)	e	Interstate Liable (7)]	Intrastate (8)	Interstate Filed from Agent State (9)	Interstate Received as Liable State (10)			
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			

SECTION B. I	FIRST TIE	R PAYMENT ACT	FIVITIES							
		Weeks and Amounts Compensated								
		State U		UC	FE and	UCX Program	ns			
Item		All Weeks Compensated (12) Total Unemployment (13) Total U(14)				E, No UI UCX Onl. (15) (16)		ÿ		
Number	301		0	0		0		0		0
Amount	302		0	0		0		0		0
		First Payme	ents for All Unem	ployme	ent	Fina	al Paym	ents for All Uı	nemployment	
		State UI Program	UCFE and UC	CX Pro	grams	State Progra		UCFE and	UCX Progran	ns
		Total (17)	UCFE, No UI (18)		X Only (19)	Tota (20)		UCFE, No U (21)	I UCX Or (22)	nly
Number	303	0	0		0		0		0	0

SECTION C. S	SECTION C. SECOND TIER PAYMENT ACTIVITIES									
		Weeks and Amounts Compensated								
		State UI	UCFE and UCX Programs							
Item		All Weeks Compensated (23)	Total Unemployment (24)	To (2		UCFE, No UI (26)	UCX Only (27)			
Number	401	0	0		0	0	0			
Amount	402	0	0		0	0	0			
		First Paymen	ts for All Unemployme	ent	Fina	al Payments for All U	nemployment			
		State UI Program	UCFE and UCX Pro	grams	State Progra	T UCFE an	d UCX Programs			

		Total (28)	UCFE, No UI (29)	UCX Only (30)	Total (31)	UCFE, No UI (32)	UCX Only (33)
Number	403	0	0	0	0	0	0

SECTION D.	THIRD TII	ER PAYMENT AC	CTIVITIES							
		Weeks and Amounts Compensated								
		State UI Program UCFE and UCX Pr					UCX Program	ns		
Item		All Weeks Compensated (34)	Total Unemploym (35)	ent	To (3	tal 6)	UCH	FE, No UI (37)	UCX Only	y
Number	501		0	0		0		0		0
Amount	502		0	0		0		0		0
		First Paymo	ents for All Unem	ployme	ent	Fin	al Paym	ents for All U	nemployment	
		State UI Program	UCFE and UC	CX Pro	grams	State Progra		UCFE and	l UCX Prograi	ns
		Total (39)	UCFE, No UI (40)		X Only (41)	Tota (42)	_	UCFE, No U (43)	UCX O	-
Number	503	0	0		0		0		0	0

SECTION E. I	FOURTH T	TIER PAYMENT A	ACTIVITIES								
			,	Weeks a	and Amou	nts Compe	nsated				
		State UI Program			UCFE and UCX Programs						
Item		All Weeks Compensated (45)	Total Unemploym (46)	ent	· ·		FE, No UI (48)	UCX Only (49)			
Number	601		0	0		0		0		0	
Amount	602		0	0		0		0		0	
		First Payme	ents for All Unem	ployme	nt	Fin	al Paym	ents for All Un	employment	Ì	
		State UI Program	UCFE and UC	CX Prog	grams	State Progra		UCFE and	UCX Programs		
		Total (50)	UCFE, No UI (51)		X Only 52)	Tota (53)	_	UCFE, No U (54)	I UCX Only (55)		
Number	603	0	0		0		0		0	0	

OMB No.: 1205-0010 OMB Expiration Date: 12/31/2018 OMB Burden Minutes: 120

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			FTA 5159 -	CI AIMS AN	D PAYMENT	ACTIVITIES		30	טו
REPORT F	OR PI	ERIOD ENDING:	03/31/		STATE:		REGION:	6	
-					-				
SECTION	I A. C	laims Activitie	es						
					Initial Claims	T	T	Γ	
Program	Line No.	Total Sum of Columns 2-4	New Intrastate Exculding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate as Liab	e State
Fiogram	INO.	(1)	(2)	(3)	(4)	(5)	(6)	(1)
State UI	101	98	89	9	0	0	0		(
UCFE, No UI	102	1	1	0	0	0	0		(
UCX Only	103	3	2	1	0	0	0		C
		Eligibility	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)	Enterir Employ	ment All
								(1	
State UI	201	0	0	962	0	0	0		
UCFE, No UI	202	0	0	0	0	0	0		
UCX Only	203	0	0	0	0	0	0		
SECTION	I B. P	ayment Activi	ties						
	-			Weeks	and Amounts Com	pensated			
		All Weeks	State UI Program		UC	Self Emple	ovmont All		
Items	•	Compensaated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)	Prog	rams
Number	301	899	866	0	53	8	30		
Amount	302	369,578	357,525	0	25,556	3,100	18,888		
			First Pay	ments for All Unem	ployment		Final Payments fo	r All Unem	oloyment
			State UI Program		UCFE and U	CX Programs	State Ul Program	UCFE a Prog	
		Total	Intrastate	Interstate	UCFE, No UI	UCX Only	Total	UCFE, No UI	UCX Only
		(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
Number	303	0	0	0	0	0	15	0	(
Comments:									
	UI Pa	yments #:	899						
		\$:	369,578						