

# ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

| STATE: OR                            |                 | REGION: 06                                 |  | REPORT FOR PERIOD ENDING:<br>03/31/2020 |  |  |  |   |                 |
|--------------------------------------|-----------------|--|--|---|--|--|--|---|-----------------|
| <b>SECTION A. CLAIMS ACTIVITIES</b>  |                 |  |  |   |  |  |  |   |                 |
| <b>Program</b>                       | <b>Line No.</b> | <b>Initial Claims</b>                      |  |   |  |  |  |   |                 |
|                                      |                 | <b>Total</b>                               | <b>New Intrastate Excluding Transitional</b> | <b>Additional Intrastate</b>            | <b>Interstate Filed from Agent State</b> | <b>Interstate Taken as Agent State</b>     | <b>Transitional</b>                        | <b>Interstate Received as Liable State</b>    |                 |
|                                      |                 | <b>(1)</b>                                 | <b>(2)</b>                                   | <b>(3)</b>                              | <b>(4)</b>                               | <b>(5)</b>                                 | <b>(6)</b>                                 | <b>(7)</b>                                    |                 |
|                                      |                 | 110,509                                    | 89,546                                       | 18,497                                  | 2,466                                    | 0  | 311  | 1,513   |                 |
| State UI                             | 101             |  |  |   |  |  |  |   |                 |
| UCFE No UI                           | 102             | 104  | 50   | 47                                      | 7  | 0  | 4  | 10  |                 |
| UCX Only                             | 103             | 32   | 19   | 12                                      | 1  | 0  | 0  | 1   |                 |
|                                      |                 | <b>Eligibility Review</b>                  |  |   | <b>Continued Weeks Claimed</b>           |  |  | <b>Entering Self Employment, All Programs</b> |                 |
|                                      |                 | <b>Intrastate</b>                          | <b>Interstate Liable</b>                     | <b>Intrastate</b>                       | <b>Interstate Filed From Agent State</b> | <b>Interstate Received as Liable State</b> |  |   |                 |
|                                      |                 | <b>(8)</b>                                 | <b>(9)</b>                                   | <b>(10)</b>                             | <b>(11)</b>                              | <b>(12)</b>                                |  |   |                 |
|                                      |                 | 0  | 0  | 236,033                                 | 8,308                                    | 6,731                                      |  |   |                 |
| State UI                             | 201             |  |  |   |  |  |  | 46  |                 |
| UCFE No UI                           | 202             | 0  | 0  | 2,195                                   | 301                                      | 492  |  |   |                 |
| UCX Only                             | 203             | 0  | 0  | 254                                     | 6  | 10   |  |   |                 |
| <b>SECTION B. PAYMENT ACTIVITIES</b> |                 |  |  |   |  |  |  |   |                 |
| <b>Item</b>                          |                 | <b>Weeks and Amounts Compensated</b>       |  |   |  |  |  |   |                 |
|                                      |                 | <b>State UI Program</b>                    |  |   | <b>UCFE and UCX Programs</b>             |  |  | <b>Self Employment, All Programs</b>          |                 |
|                                      |                 | <b>All Weeks Compensated</b>               | <b>Total Unemployment</b>                    | <b>Interstate</b>                       | <b>Total</b>                             | <b>UCFE No UI</b>                          | <b>UCX Only</b>                            |   |                 |
|                                      |                 | <b>(14)</b>                                | <b>(15)</b>                                  | <b>(16)</b>                             | <b>(17)</b>                              | <b>(18)</b>                                | <b>(19)</b>                                |   |                 |
| Number                               | 301             | 145,942                                    | 137,208                                      | 5,297                                   | 2,796                                    | 2,573                                      | 223  | 878   |                 |
| Amount                               | 302             | 60,120,164                                 | 57,180,548                                   | 2,447,229                               | 1,436,788                                | 1,036,250                                  | 135,942                                    | 483,726                                       |                 |
|                                      |                 | <b>First Payments for All Unemployment</b> |  |   |  |  | <b>Final Payments for All Unemployment</b> |   |                 |
|                                      |                 | <b>State UI Program</b>                    |  |   | <b>UCFE and UCX Programs</b>             |  | <b>State UI Program</b>                    | <b>UCFE and UCX Programs</b>                  |                 |
|                                      |                 | <b>Total</b>                               | <b>Intrastate</b>                            | <b>Interstate</b>                       | <b>UCFE No UI</b>                        | <b>UCX Only</b>                            | <b>Total</b>                               | <b>UCFE No UI</b>                             | <b>UCX Only</b> |
|                                      |                 | <b>(21)</b>                                | <b>(22)</b>                                  | <b>(23)</b>                             | <b>(24)</b>                              | <b>(25)</b>                                | <b>(26)</b>                                | <b>(27)</b>                                   | <b>(28)</b>     |
|                                      |                 | 21,085                                     | 20,731                                       | 354                                     | 62                                       | 14   | 2,382                                      | 9   | 8               |

**Comments:**

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

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

**OMB Burden Statement:** OMB 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]

|   |   |   |
|---|---|---|
| <b>STATE: OR</b>                        | <b>REGION: 06</b>   | <b>REPORT FOR PERIOD ENDING:<br/>03/31/2020</b>                           |
| <b>SECTION A. CLAIMS ACTIVITIES</b>     |   |   |
| <b>Program</b>                          | <b>Initial Claims</b>   |   |
|   | <b>New Intrastate Excluding Transitional<br/>(2)</b>                                    | <b>Additional Intrastate<br/>(3)</b>                                      |
| <b>101   State UI</b>                   | 921   | 7   |
| <b>Items</b>                            | <b>Continued Weeks Claimed</b>  |   |
|   | <b>Intrastate<br/>(9)</b>   |   |
| <b>201   State UI</b>                   | 2,315   |   |
| <b>SECTION B. PAYMENT ACTIVITIES</b>    |   |   |
| <b>Items</b>                            | <b>Weeks Compensated</b>  |   |
|   | <b>State UI Program<br/>All Weeks Compensated<br/>(14)</b>                              |   |
| <b>301   Number</b>                     | 2,269   |   |
| <b>302   Amount</b>                     | 366,584   |   |
|   | <b>First Payments for All Unemployment<br/>State UI Program<br/>Intrastate<br/>(21)</b> | <b>Final Payment for All Unemployment<br/>State UI<br/>Total<br/>(25)</b> |
| <b>303   Number</b>                     | 249   | 0   |
| <b>SECTION C. FULL TIME EQUIVALENTS</b> |   |   |
|   | <b>Equivalent Initials</b>  | <b>Equivalent Weeks Claimed</b>   |
| <b>Number</b>                           | 199   | 572   |
| <b>SECTION D. WORKSHARE COVERAGE</b>    |   |   |
|   | <b>Number of Participating Employers</b>  |   |
| <b>Number</b>                           | 503   |   |

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

**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-4524, 200 Constitution Ave., NW, Washington, DC, 20210.

## ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EUC08]

| STATE: OR                    |          | REGION: 06                                |                           | REPORT FOR PERIOD ENDING: 03/31/2020  |                                       |  |
|------------------------------|----------|---|---------------------------|---------------------------------------|---------------------------------------|--|
| SECTION A. CLAIMS ACTIVITIES |          |   |                           |                                       |                                       |  |
| Program                      | Line No. | Initial Claims                            |                           |                                       |                                       |  |
|                              |          | New Intrastate Excluding Transitional (1) | Additional Intrastate (2) | 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  |
|                              |          | Eligibility Reviews                       |                           | Continued Weeks Claimed               |                                       |  |
|                              |          | Intrastate (6)                            | 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. FIRST TIER PAYMENT ACTIVITIES |     |                                     |                         |                       |                                     |                                   |
|--|-----|-------------------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Item                                     |     | Weeks and Amounts Compensated       |                         |                       |                                     |                                   |
|  |     | State UI Program                    |                         | UCFE and UCX Programs |                                     |                                   |
|  |     | All Weeks Compensated (12)          | Total Unemployment (13) | Total (14)            | UCFE, No UI (15)                    | UCX Only (16)                     |
| Number                                   | 301 | 0                                   | 0                       | 0                     | 0                                   | 0                                 |
| Amount                                   | 302 | 0                                   | 0                       | 0                     | 0                                   | 0                                 |
|  |     | 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 (17)                          | UCFE, No UI (18)        | UCX Only (19)         | Total (20)                          | UCFE, No UI (21)<br>UCX Only (22) |
| Number                                   | 303 | 0                                   | 0                       | 0                     | 0                                   | 0                                 |

| SECTION C. SECOND TIER PAYMENT ACTIVITIES |     |                                     |                         |                       |                                     |                       |
|---|-----|-------------------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------|
| Item                                      |     | Weeks and Amounts Compensated       |                         |                       |                                     |                       |
|   |     | State UI Program                    |                         | UCFE and UCX Programs |                                     |                       |
|   |     | All Weeks Compensated (23)          | Total Unemployment (24) | Total (25)            | UCFE, No UI (26)                    | UCX Only (27)         |
| Number                                    | 401 | 0                                   | 0                       | 0                     | 0                                   | 0                     |
| Amount                                    | 402 | 0                                   | 0                       | 0                     | 0                                   | 0                     |
|   |     | 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<br>(28) | UCFE, No UI<br>(29) | UCX Only<br>(30) | Total<br>(31) | UCFE, No UI<br>(32) | UCX Only<br>(33) |
|--------|-----|---------------|---------------------|------------------|---------------|---------------------|------------------|
| Number | 403 | 0             | 0                   | 0                | 0             | 0                   | 0                |

#### SECTION D. THIRD TIER PAYMENT ACTIVITIES

| Item   |     | Weeks and Amounts Compensated       |                               |                       |                                     |                       |                  |
|--------|-----|-------------------------------------|-------------------------------|-----------------------|-------------------------------------|-----------------------|------------------|
|        |     | State UI Program                    |                               | UCFE and UCX Programs |                                     |                       |                  |
|        |     | All Weeks<br>Compensated<br>(34)    | Total<br>Unemployment<br>(35) | Total<br>(36)         | UCFE, No UI<br>(37)                 | UCX Only<br>(38)      |                  |
| Number | 501 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |
| Amount | 502 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |
|        |     | First Payments for All Unemployment |                               |                       | Final Payments for All Unemployment |                       |                  |
|        |     | State UI<br>Program                 | UCFE and UCX Programs         |                       | State UI<br>Program                 | UCFE and UCX Programs |                  |
|        |     | Total<br>(39)                       | UCFE, No UI<br>(40)           | UCX Only<br>(41)      | Total<br>(42)                       | UCFE, No UI<br>(43)   | UCX Only<br>(44) |
| Number | 503 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |

#### SECTION E. FOURTH TIER PAYMENT ACTIVITIES

| Item   |     | Weeks and Amounts Compensated       |                               |                       |                                     |                       |                  |
|--------|-----|-------------------------------------|-------------------------------|-----------------------|-------------------------------------|-----------------------|------------------|
|        |     | State UI Program                    |                               | UCFE and UCX Programs |                                     |                       |                  |
|        |     | All Weeks<br>Compensated<br>(45)    | Total<br>Unemployment<br>(46) | Total<br>(47)         | UCFE, No UI<br>(48)                 | UCX Only<br>(49)      |                  |
| Number | 601 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |
| Amount | 602 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |
|        |     | First Payments for All Unemployment |                               |                       | Final Payments for All Unemployment |                       |                  |
|        |     | State UI<br>Program                 | UCFE and UCX Programs         |                       | State UI<br>Program                 | UCFE and UCX Programs |                  |
|        |     | Total<br>(50)                       | UCFE, No UI<br>(51)           | UCX Only<br>(52)      | Total<br>(53)                       | UCFE, No UI<br>(54)   | UCX Only<br>(55) |
| Number | 603 | 0                                   | 0                             | 0                     | 0                                   | 0                     | 0                |

**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

|                           |             |           |           |
|---------------------------|-------------|-----------|-----------|
| REPORT FOR PERIOD ENDING: | 03/31/ 2020 | STATE: 41 | REGION: 6 |
|---------------------------|-------------|-----------|-----------|

## SECTION A. Claims Activities

| Program     | Line No. | Initial Claims                  |  |                              |   |   |   |  |
|-------------|----------|---------------------------------|--|------------------------------|---|---|---|--|
|             |          | Total Sum of Columns 2-4<br>(1) | New Intrastate Excluding Transitional<br>(2) | Additional Intrastate<br>(3) | Interstate Filed from Agent State<br>(4)  | Interstate Taken as Agent State<br>(5)  | Transitional<br>(6)                         | Interstate Received as Liable State<br>(7) |
| State UI    | 101      | 98                              | 89   | 9                            | 0   | 0                                       | 0   | 0  |
| UCFE, No UI | 102      | 1                               | 1  | 0                            | 0   | 0                                       | 0   | 0  |
| UCX Only    | 103      | 3                               | 2  | 1                            | 0   | 0                                       | 0   | 0  |
|             |          | Eligibility Reviews             |  |                              | Continued Weeks Claimed                   |   |   |  |
|             |          | Intrastate<br>(8)               | Intrastate Liable<br>(9)                     | Intrastate<br>(10)           | Interstate Filed from Agent State<br>(11) | Interstate Taken as Agent State<br>(12) | Interstate Received as Liable State<br>(13) | Entering Self Employment All<br>(14)       |
| 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 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         | 899                                 | 866                     | 0               | 53                    | 8                | 30                                  |                                   |               |
| Amount    | 302         | 369,578                             | 357,525                 | 0               | 25,556                | 3,100            | 18,888                              |                                   |               |
|           |             | 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                | 15                                  | 0                                 | 0             |
| Comments: |             |                                     |                         |                 |                       |                  |                                     |                                   |               |
|           | UI Payments |                                     |                         |                 |                       |                  |                                     |                                   |               |
|           |             | #:                                  | 899                     |                 |                       |                  |                                     |                                   |               |
|           |             | \$:                                 | 369,578                 |                 |                       |                  |                                     |                                   |               |