

## ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2020		
<b>SECTION A. CLAIMS ACTIVITIES</b>							
<b>Program</b>	<b>Line No.</b>	<b>Initial Claims</b>					<b>Interstate Received as Liable State (7)</b>
		<b>New Intrastate Excluding Transitional (2)</b>	<b>Additional Intrastate (3)</b>	<b>Interstate Filed from Agent State (4)</b>	<b>Interstate Taken as Agent State (5)</b>		
State UI	101	0	0	0	0	0	
UCFE, No UI	102	0	0	0	0	0	
UCX Only	103	0	0	0	0	0	
		<b>Eligibility Reviews</b>			<b>Continued Weeks Claimed</b>		
		<b>Intrastate (8)</b>	<b>Interstate Liable (9)</b>	<b>Intrastate (10)</b>	<b>Interstate Filed from Agent State (11)</b>	<b>Interstate Received as Liable State (13)</b>	
State UI	201	0	0	0	21	0	
UCFE, No UI	202	0	0	0	0	0	
UCX Only	203	0	0	0	0	0	
<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>All Weeks Compensated (15)</b>	<b>Total Unemployment (16)</b>		<b>Total (18)</b>	<b>UCFE, No UI (19)</b>	<b>UCX Only (20)</b>
Number	301	0	0	0	0	0	
Amount	302	0	0	0	0	0	
		<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 (22)</b>	<b>UCFE, No UI (25)</b>	<b>UCX Only (26)</b>	<b>Total (27)</b>	<b>UCFE, No UI (28)</b>	<b>UCX Only (29)</b>
Number	303	0	0	0	0	0	

**OMB No.:**    **OMB Expiration Date:**    **OMB Burden Minutes:** 25

**OMB Burden Statement:** Section 2116(a), Division B, Title II of the CARES Act states that "Chapter 35 of Title 44, United States Code, (commonly referred to as the "Paperwork Reduction Act of 1995") shall not apply to the amendments made by this subtitle." Therefore these reporting instructions do not require additional OMB approval and the submission of this information is required to obtain or retain benefits under the SSA 303(a)(6).