

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2020				
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)	
		State UI	101	212,272	192,670	16,501	3,101	0	864
UCFE No UI	102	135	108	20	7	0	3	5	
UCX Only	103	40	37	3	0	0	0	0	
		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)			
		State UI	201	0	0	955,295	14,700		15,636
UCFE No UI	202	0	0	1,751	199	313			
UCX Only	203	0	0	344	6	7			
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)		(20)
Number	301	609,397	580,590	9,518	1,718	1,504	214	1,534	
Amount	302	267,219,766	257,347,057	4,687,106	1,122,707	689,799	156,570	844,936	
		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	139,256	137,689	1,567	29	11	2,650

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

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 04/30/2020
SECTION A. CLAIMS ACTIVITIES		
Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	5,245	21
Items	Continued Weeks Claimed	
	Intrastate (9)	
201 State UI	6,841	
SECTION B. PAYMENT ACTIVITIES		
Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	6,668	
302 Amount	1,741,020	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	2,102	0
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	1,071	1,282
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	1,122	

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 [EB]

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

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]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 04/30/2020		
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	0	0	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	21	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)	UCX Only (22)
Number	303	0	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 (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 TIER PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (34)	Total Unemployment (35)	Total (36)	UCFE, No UI (37)	UCX Only (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 Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (39)	UCFE, No UI (40)	UCX Only (41)	Total (42)	UCFE, No UI (43)	UCX Only (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 Compensated (45)	Total Unemployment (46)	Total (47)	UCFE, No UI (48)	UCX Only (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 Program	UCFE and UCX Programs		State UI Program	UCFE and UCX Programs	
		Total (50)	UCFE, No UI (51)	UCX Only (52)	Total (53)	UCFE, No UI (54)	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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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD

STATE

ENDING:

04/30/ 2020

: 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	56	40	16	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	4	4	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 Programs (14)
State UI	201	0	0	703	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 Compensate d (15)	Total Unemploymen t (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)		
Number	301	726	706	0	49	9	30		
Amount	302	299,610	292,484	0	25,125	3,724	18,530		
		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)	UC X Only (29)
Number	303	0	0	0	0	0	19	0	1

Comments

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UI Payments:

#: 726
\$: 299,610