

# ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 04/30/2020
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## SECTION A. CLAIMS ACTIVITIES

Program	Line No.	Initial Claims							Entering Self Employment, All Programs
		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	3,285	
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					
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State			
		(8)	(9)	(10)	(11)	(12)		(13)	
State UI	201	0	0	955,295	14,700	15,636		6	
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							Self Employment, All Programs	
		State UI Program			UCFE and UCX 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	24	6	

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
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## SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101   State UI	5,245	21
Continued Weeks Claimed		
Items	Intrastate (9)	
	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)		
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**

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## ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 04/30/2020		
<b>SECTION A. CLAIMS ACTIVITIES</b>						
Program	Line No.	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	0
Amount	302	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 (22)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)
Number	303	0	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							
<b>SECTION A. CLAIMS ACTIVITIES</b>											
<b>Initial Claims</b>											
Program	Line No.	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					
<b>Eligibility Reviews</b>											
<b>Continued Weeks Claimed</b>											
		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					

<b>SECTION B. FIRST TIER PAYMENT ACTIVITIES</b>						
<b>Weeks and Amounts Compensated</b>						
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
<b>First Payments for All Unemployment</b>						
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

<b>SECTION C. SECOND TIER PAYMENT ACTIVITIES</b>						
<b>Weeks and Amounts Compensated</b>						
<b>State UI Program</b>						
<b>UCFE and UCX Programs</b>						
Item	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
<b>First Payments for All Unemployment</b>				<b>Final Payments for All Unemployment</b>		

		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 Compensated (15)	Total Unemployment (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) UCX Only (29)
Number	303	0	0	0	0	0	19	0 1

Comments

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## UI Payments:

#: 726  
\$: 299,610