

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2020				
SECTION A. CLAIMS ACTIVITIES									
Program	Line No.	Initial Claims							
		Total	New Intradate Excluding Transitional	Additional Intradate	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	77,287	59,954	15,366	1,967	0	1,317	3,643	
UCFE No UI	102	424	385	31	8	0	25	17	
UCX Only	103	156	152	4	0	0	0	2	
		Eligibility Review			Continued Weeks Claimed			Entering Self Employment, All Programs	
		Intradate	Interstate Liable	Intradate	Interstate Filed From Agent State	Interstate Received as Liable State			
		(8)	(9)	(10)	(11)	(12)			(13)
State UI	201	0	0	1,086,941	29,627	29,203		3	
UCFE No UI	202	0	0	2,476	80	191			
UCX Only	203	0	0	917	5	10			
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	886,804	799,671	19,091	1,704	1,127	577	928	
Amount	302	313,486,910	289,306,672	7,719,258	1,216,630	514,065	392,685	503,445	
		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	Intradate	Interstate	UCFE No UI	UCX Only	Total	UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	39,559	38,287	1,272	79	59	3,925	18	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

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: OR	REGION: 06	REPORT FOR PERIOD ENDING: 06/30/2020
SECTION A. CLAIMS ACTIVITIES		
	Initial Claims	
Program	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	9,356	32
	Continued Weeks Claimed	
Items	Intrastate (9)	
201 State UI	51,928	
SECTION B. PAYMENT ACTIVITIES		
	Weeks Compensated	
Items	State UI Program All Weeks Compensated (14)	
301 Number	44,700	
302 Amount	8,116,816	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	7,808	2
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	1,873	9,721
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	1,511	

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: 06/30/2020				
SECTION A. CLAIMS ACTIVITIES									
Program	Line No.	Initial Claims					Interstate Received as Liable State (7)		
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)				
State UI	101	0	0	0	0	0			
UCFE, No UI	102	0	0	0	0	0			
UCX Only	103	0	0	1	1	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	65	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

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 (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2020				
SECTION A. CLAIMS ACTIVITIES									
Program	Line No.	Initial Claims					Interstate Received as Liable State (7)		
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)				
State UI	101	4,848	171	48	48	0			
UCFE, No UI	102	15	0	0	0	0			
UCX Only	103	17	0	122	122	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	33,237	65	953			
UCFE, No UI	202	0	0	106	0	12			
UCX Only	203	0	0	64	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	35,838	33,457	326	134	80			
Amount	302	12,791,664	12,046,283	125,627	57,323	49,810			
		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	4,813	15	14	532	3	2		

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).

