

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 09/30/2020
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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	24,511	16,068	6,970	1,473	0	556	1,231
UCFE No UI	102	68	58	10	0	0	5	2
UCX Only	103	39	33	5	1	0	1	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)	(13)	
State UI	201	0	0	571,354	26,468		15,826	14
UCFE No UI	202	0	0	811	38		54	
UCX Only	203	0	0	573	12		0	

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	549,798	507,220	13,645	1,481	910	571	209
Amount	302	199,873,341	186,369,084	5,447,514	938,011	393,162	334,734	81,454
		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
		(21)	(22)	(23)	(24)	(25)	(26)	(27)
Number	303	21,661	21,031	630	37	32	19,161	17
								15

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. D

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 09/30/2020
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SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	1,341	10
Continued Weeks Claimed		
Items	Intrastate (9)	
201 State UI	41,898	

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	46,786	
302 Amount	7,420,699	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	3,415	36

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number		
	269	9,089

SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	
	1,757

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

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

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 09/30/2020
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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	15,275	361	122	0	0
UCFE, No UI	102	15	1	0	0	0
UCX Only	103	8	2	262	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	81,648	136	1,491
UCFE, No UI	202	0	0	124	0	32
UCX Only	203	0	0	46	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	93,803		89,042	355	175	63
Amount	302	26,677,365		25,427,614	139,814	77,005	40,304
		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	15,120	17	8	4,254	11	5

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).

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 09/30/2020
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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	2,066	25	0	0	0
UCFE, No UI	102	4	0	0	0	0
UCX Only	103	5	0	94	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	13,865	136	586
UCFE, No UI	202	0	0	56	0	4
UCX Only	203	0	0	32	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	16,662	15,801	161	64	41	
Amount	302	6,794,721	6,535,710	69,733	32,504	26,250	

		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	2,026	4	4	12	0	0

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

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

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 09/30/ 2020 STATE: 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	1	0	1	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	0	0	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 (14)
State UI	201	0	0	38	0	0	0	0
UCFE, No UI	202	0	0	0	0	0	0	0
UCX Only	203	0	0	0	0	0	0	0

SECTION B. Payment Activities

Items	Weeks and Amounts Compensated							Self Employment All Programs (21)	
	State UI Program			UCFE and UCX Programs					
	All Weeks Compensated (15)	Total Unemployment (16)	Interstate (17)	Total (18)	UCFE, No UI (19)	UCX Only (20)			
Number	301	48	47	0	2	0	2		
Amount	302	22,511	22,205	0	1,296	0	1,296		
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	1	0	0	