

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2020				
SECTION A. CLAIMS ACTIVITIES									
		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	
Program	Line No.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
State UI	101	19,582	12,962	5,044	1,576	0	617	1,339	
UCFE No UI	102	231	188	32	11	0	9	31	
UCX Only	103	47	43	4	0	0	0	0	
		Eligibility Review			Continued Weeks Claimed				
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State			Entering Self Employment, All Programs
		(8)	(9)	(10)	(11)	(12)		(13)	
State UI	201	0	0	383,171	22,637	12,736		35	
UCFE No UI	202	0	0	1,124	100	122			
UCX Only	203	0	0	585	10	0			
SECTION B. PAYMENT ACTIVITIES									
		Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employment, All Programs	
Item		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only	(20)	
		(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Number	301	313,903	294,703	10,151	1,296	838	458	154	
Amount	302	117,891,363	110,575,305	4,139,048	822,088	354,795	280,525	72,177	
		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	13,200	12,645	555	39	33	13,366	23	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: 10/31/2020
SECTION A. CLAIMS ACTIVITIES		
	Initial Claims	
Program	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	656	12
	Continued Weeks Claimed	
Items	Intrastate (9)	
201 State UI	35,478	
SECTION B. PAYMENT ACTIVITIES		
	Weeks Compensated	
Items	State UI Program All Weeks Compensated (14)	
301 Number	41,741	
302 Amount	6,617,130	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	2,576	79
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	131	8,338
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	1,771	

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: 10/31/2020		
SECTION A. CLAIMS ACTIVITIES							
Initial Claims							
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	34,998	464	178	0	0	
UCFE, No UI	102	30	3	0	0	0	
UCX Only	103	14	0	568	0	0	
Eligibility Reviews							
Continued Weeks Claimed							
Program	Line No.	Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (13)	
State UI	201	0	0	168,198	0	2,789	
UCFE, No UI	202	0	0	145	0	48	
UCX Only	203	0	0	89	0	0	
SECTION B. PAYMENT ACTIVITIES							
Weeks and Amounts Compensated							
State UI Program							
UCFE and UCX Programs							
Item	Number	All Weeks Compensated (15)	Total Unemployment (16)		Total (18)	UCFE, No UI (19)	UCX Only (20)
	301	187,430	179,139		504	192	82
	302	60,873,400	58,369,987		152,419	66,192	51,862
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	34,984	34	15	5,138	10	1
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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: 10/31/2020		
SECTION A. CLAIMS ACTIVITIES							
		Initial Claims					
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	2,847	43	2	0	0	
UCFE, No UI	102	10	0	0	0	0	
UCX Only	103	3	0	63	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	18,957	0	682	
UCFE, No UI	202	0	0	66	0	5	
UCX Only	203	0	0	44	0	0	
SECTION B. PAYMENT ACTIVITIES							
		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
Item		All Weeks Compensated (15)	Total Unemployment (16)	Total (18)	UCFE, No UI (19)	UCX Only (20)	
Number 301		21,462	20,476	172	66	53	
Amount 302		8,497,740	8,197,529	75,295	29,733	34,040	
		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	2,565	11	3	73	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.

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES							
REPORT FOR PERIOD ENDING:	10/31/ 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	0	0	0	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	20	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	30	30	0	0	0	0		
Amount	302	13,963	13,963	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 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	6	0	0