

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2020				
SECTION A. CLAIMS ACTIVITIES									
Program	Line	Initial Claims						Interstate Received as Liable State	
		Total	New Intrastate Excluding Transitional	Additional Intrastate	Interstate Filed from Agent State	Interstate Taken as Agent State	Transitional		
		(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						Entering Self Employment, All Programs	
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State	(13)		
		(8)	(9)	(10)	(11)	(12)			
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									
Item		Weeks and Amounts Compensated						Self Employment, All Programs	
		State UI Program			UCFE and UCX Programs		(20)		
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only		
		(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: 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-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			
Program	Initial Claims		
	New Intrastate Excluding Transitional (2)		Additional Intrastate (3)
101 State UI		656	12
Items	Continued Weeks Claimed		
	Intrastate (9)		
201 State UI		35,478	
SECTION B. PAYMENT ACTIVITIES			
Items	Weeks Compensated		
	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: 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: 10/31/2020		
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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	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		
		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

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	187,430	179,139	504	192	82
Amount	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)

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						
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	2,847	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

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	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	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						
		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	0
Amount	302	13,963	13,963	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)	Intrastate (23)	Interstate (24)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)
Number	303	0	0	0	0	0	6	0