

# ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 12/31/2020
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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	49,232	22,002	25,399	1,831	0	1,006	4,520
UCFE No UI	102	350	230	104	16	0	68	32
UCX Only	103	44	35	9	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		
		(8)	(9)	(10)	(11)	(12)	(13)	
State UI	201	0	0	328,858	16,007	15,609	11	
UCFE No UI	202	0	0	2,759	156	345		
UCX Only	203	0	0	589	8	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	292,589	277,700	9,487	3,321	2,728	593	237
Amount	302	111,120,887	105,107,775	4,024,029	1,889,661	1,105,548	339,364	131,670

  

		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	20,301	19,401	900	214	32	4,784	25	12

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

# ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 12/31/2020
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## SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101   State UI	472	22
Continued Weeks Claimed		
Items	Intrastate (9)	
	26,224	

## SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301   Number	30,874	
302   Amount	5,192,773	
First Payments for All Unemployment State UI Program Intrastate (21)		
303   Number	2,305	59

## SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number		
Number	94	6,565

## SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	
Number	1,813

**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 [EB]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 12/31/2020
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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	18,468	295	3	0	0
UCFE, No UI	102	15	1	0	0	0
UCX Only	103	10	0	154	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	43,093	377	781
UCFE, No UI	202	0	0	68	4	13
UCX Only	203	0	0	36	2	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	60,219	58,301	265	133	47	
Amount	302	19,868,345	19,313,643	101,063	55,017	30,192	
		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	17,012	17	10	540	4	2

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: 12/31/2020
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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	23,914	4,122	217	214	0
UCFE, No UI	102	31	2	0	0	0
UCX Only	103	24	1	640	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	250,236	377	4,525
UCFE, No UI	202	0	0	368	4	38
UCX Only	203	0	0	115	2	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	262,264	249,973	930	410	137	
Amount	302	94,752,459	90,569,825	303,050	150,230	86,295	
		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	13,270	28	17	29,504	33	15

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

REPORT FOR PERIOD ENDING: 12/31/ 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	9	7	2	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	2	2	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	68	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	89	89	0	10	0	10	
Amount	302	33,724	33,724	0	6,480	0	6,480	

  

	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	4	0