## ETA 218 BENEFIT RIGHTS AND EXPERIENCE

STATE: OR			REGION: 06			REPORT FOR PERIOD ENDING: 12/31/2021			
	SECTION A. MONETARY DETERMINATIONS								
	D	DETERMINATIONS  NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEAR							
LINE NO.			ficient age edits	Sufficient Wage Credits (3)	Tot	tal W	eekly l	Maximum Benefit & Duration (6)	
100	38,2	72	7,192	31,08	0 3	31,080	6,263	6,263	
LINE NO.			rs who	RECEIV	ED FINA	FUAL DUI AL PAYM S OF DUR 20-21 Weeks (11)		24-25 Weeks (13)	
101	Potential	31,080	643	768	1,259	518	611	563	
102	Actual	8,874	445	391	404	145	139	163	
LINE NO.	ITEM	26-27 Weeks (14)	28-29 Weeks (15)	30-31 Weeks (16)	32-33 Weeks (17)		Number at Maximum Duration (19)	Average Weeks Duration (20)	
103	Potential	26,718	0	0	0	0	26,718	24.7	
104	Actual	7,187	0	0	0	0	7,187	23.8	

OMB No.: 1205-0177 OMB Expiration Date: 08/31/2019 OMB Burden Minutes: 30 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 218 BENEFIT RIGHTS AND EXPERIENCE [EB]

STATE: OR	REGION:	REGION: 06		REPORT FOR PERIOD ENDING: 12/31/2021				
SECTION A. MONETARY DETERMINATIONS								
	Total	Insu	With ıfficient e Credits	With Sufficient Wage Credits				
Determinations	76		0		76			

**OMB No.:** 1205-0177 **OMB Expiration Date:** 08/31/2019 **OMB Burden Minutes:** 30 **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 218 BENEFIT RIGHTS AND EXPERIENCE (PEUC)

STATE: OR	REGION:	REGION: 06		REPORT FOR PERIOD ENDING: 12/31/2021			
SECTION A. MONETARY DETERMINATIONS							
	Total	Insu	With afficient e Credits	With Sufficient Wage Credits			
Determinations	548		0	548			

OMB No.: OMB Expiration Date: OMB Burden Minutes: 15

**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).