

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 01/31/2021
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SECTION A. CLAIMS ACTIVITIES

Program	Line	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	39,687	19,320	18,042	2,325	0	1,174	4,487
UCFE No UI	102	357	277	59	21	0	149	54
UCX Only	103	58	49	8	1	0	1	3
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	309,854	14,669	15,084	12	
UCFE No UI	202	0	0	3,077	154	321		
UCX Only	203	0	0	546	4	1		

SECTION B. PAYMENT ACTIVITIES

Item		Weeks and Amounts Compensated						
		State UI Program			UCFE and UCX Programs			Self Employ- ment, All Programs
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only	
		(14)	(15)	(16)	(17)	(18)	(19)	(20)
Number	301	272,564	258,830	8,395	3,284	2,775	509	369
Amount	302	103,132,187	97,575,691	3,655,760	1,806,381	1,123,222	306,272	155,476
		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	18,331	17,663	668	194	30	3,845	32	7

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: 01/31/2021
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SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	903	26
Continued Weeks Claimed		
Items	Intrastate (9)	
	20,037	

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	23,568	
302 Amount	4,296,667	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	1,098	178

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number	180	5,146

SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	1,830

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).

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 01/31/2021
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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	2,503	472	0	0	0
UCFE, No UI	102	3	0	0	0	0
UCX Only	103	2	0	78	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	83,596	1,400	895
UCFE, No UI	202	0	0	72	12	18
UCX Only	203	0	0	51	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	86,852	84,211	232	79	59	
Amount	302	29,520,782	28,688,691	80,634	30,602	37,519	

		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	2,671	2	2	111	1	0

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 01/31/2021
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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	10,924	4,508	836	0	319
UCFE, No UI	102	12	4	5	0	7
UCX Only	103	6	0	1	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	194,796	1,400	4,005
UCFE, No UI	202	0	0	284	12	42
UCX Only	203	0	0	109	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	249,975	236,993	857	376	151	
Amount	302	86,274,464	81,678,914	286,635	140,623	90,246	
		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	10,784	19	5	20,451	26	7

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 01/31/2021 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	8	6	2	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0	0
UCX Only	103	1	0	1	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	127	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	156	156	0	16	0	16	
Amount	302	66,639	66,639	0	10,368	0	10,368	
		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	2	0 1