

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 02/28/2021			
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
State UI	101	30,324	12,811	15,794	1,719	0	790	2,331
UCFE No UI	102	164	119	37	8	0	37	14
UCX Only	103	42	32	7	3	0	0	1
		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	277,114	11,653	12,880	5	
UCFE No UI	202	0	0	3,051	134	408		
UCX Only	203	0	0	468	0	8		

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	242,906	230,055	8,131	3,850	3,414	436	385
Amount	302	92,087,977	86,909,867	3,453,716	2,047,635	1,393,475	266,893	164,460
		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		UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	14,515	13,943	572	241	34	3,616	19	3

Comments:

Oregon began paying the Waiting Week retroactively under the CARES Act in November. We've worked to adjust the reported First Payment data to be in line with HB401. However, this continues to affect the data for comparisons and measures, specifically the benefit payment time lapses.

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 [EB]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 02/28/2021					
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	343	297	0	0	0	0			
UCFE, No UI	102	1	1	0	0	0	0			
UCX Only	103	1	0	8	0	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	67,348	1,369	618				
UCFE, No UI	202	0	0	61	2	8				
UCX Only	203	0	0	43	0	0				
SECTION B. PAYMENT ACTIVITIES										
Item		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	68,579	66,558		192	70	43			
Amount	302	23,692,128	23,026,533		65,905	27,372	27,216			
		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	279	1	1	54	0	0			

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 02/28/2021					
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	9,712	4,045	270	0	0				
UCFE, No UI	102	27	2	1	0	0				
UCX Only	103	7	1	276	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	299,396	1,369	6,206				
UCFE, No UI	202	0	0	499	2	65				
UCX Only	203	0	0	169	0	0				
SECTION B. PAYMENT ACTIVITIES										
Item		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	319,984	303,188		1,252	597	190			
Amount	302	107,316,753	101,446,541		427,601	207,650	118,813			
		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	9,603	31	6	13,194	29	9			

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 02/28/2021
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SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	360	41
Continued Weeks Claimed		
Items	Intrastate (9)	
201 State UI	23,900	

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	26,631	
302 Amount	4,245,795	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	1,865	131

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number	72	6,062

SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	1,826

OMB No.: 1205-0010 OMB Expiration Date: 12/31/2018 OMB Burden Minutes: 105

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 02/28/2021 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	1	0	1	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	21	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	26	25	0	0	0	0	0
Amount	302	13,705	13,544	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 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	3	0