

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2021				
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	39,209	26,529	10,755	1,925	0	15,670	2,530	
UCFE No UI	102	102	73	20	9	0	69	11	
UCX Only	103	36	31	5	0	0	4	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	221,465	8,969	11,475	13		
UCFE No UI	202	0	0	1,849	108	252			
UCX Only	203	0	0	363	0	14			
SECTION B. PAYMENT ACTIVITIES									
Item		Weeks and Amounts Compensated							
		State UI Program			UCFE and UCX Programs			Self Employ- ment, All Programs	
Item		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only	Self Employ- ment, All Programs	
		(14)	(15)	(16)	(17)	(18)	(19)	(20)	
Number	301	167,211	160,691	6,203	2,166	1,798	368	316	
Amount	302	64,114,085	61,429,749	2,723,048	1,163,623	652,500	231,521	137,679	
		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	14,639	14,194	445	59	17	2,548	42	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 [EB]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2021					
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	312	11	1	0	0	0			
UCFE, No UI	102	1	0	0	0	0	0			
UCX Only	103	0	0	4	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	594	51	17				
UCFE, No UI	202	0	0	0	0	0	0			
UCX Only	203	0	0	0	0	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	1,641	1,606		6	5	0			
Amount	302	555,256	542,729		3,294	3,240	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)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)			
Number	303	105	0	0	49	1	0			

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 04/30/2021					
SECTION A. CLAIMS ACTIVITIES										
		Initial Claims								
Program	Line No.	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	4,446	7,084	170	0	0	0			
UCFE, No UI	102	38	6	0	0	0	0			
UCX Only	103	11	3	227	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	322,024	51	6,814				
UCFE, No UI	202	0	0	724	0	62				
UCX Only	203	0	0	244	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	348,089	326,952	1,604	786	235				
Amount	302	119,375,227	111,912,291	541,122	281,892	144,898				
Item		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	4,343	41	11	23,676	55	12			

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 04/30/2021
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SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	779	41
Continued Weeks Claimed		
Items	Intrastate (9)	
201 State UI	15,992	

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	19,468	
302 Amount	2,890,539	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	1,821	51

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number	157	3,729

SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	1,164

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: 04/30/2021 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	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	2	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	1	1	0	0	0	0	0	
Amount	302	624	624	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	0	0	0
Comments:									
		UI Payments:							
		#:	1						
		\$:	624						