

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

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

Program	Line No.	Initial Claims						
		Total	New Intradate Excluding Transitional	Additional Intradate	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	39,209	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
		Intradate	Interstate Liable	Intradate	Interstate Filed From Agent State	Interstate Received as Liable State		
		(8)	(9)	(10)	(11)	(12)		
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 Employment, All Programs
		All Weeks Compensated	Total Unemployment	Interstate	Total	UCFE No UI	UCX Only	
		(14)	(15)	(16)	(17)	(18)	(19)	
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	

		<b>Total</b>	<b>Intrastate</b>	<b>Interstate</b>	<b>UCFE No UI</b>	<b>UCX Only</b>	<b>Total</b>	<b>UCFE No UI</b>	<b>UCX Only</b>
		<b>(21)</b>	<b>(22)</b>	<b>(23)</b>	<b>(24)</b>	<b>(25)</b>	<b>(26)</b>	<b>(27)</b>	<b>(28)</b>
<b>Number</b>	<b>303</b>	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:** 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-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		
<b>SECTION A. CLAIMS ACTIVITIES</b>							
	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	
UCFE, No UI	102	1	0	0	0	0	
UCX Only	103	0	0	4	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	
UCX Only	203	0	0	0	0	0	
<b>SECTION B. PAYMENT ACTIVITIES</b>							
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	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							
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	4,446	7,084	170	0	0	
UCFE, No UI	102	38	6	0	0	0	
UCX Only	103	11	3	227	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		
		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	
		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]**

<b>STATE: OR</b>		<b>REGION: 06</b>		<b>REPORT FOR PERIOD ENDING: 04/30/2021</b>	
<b>SECTION A. CLAIMS ACTIVITIES</b>					
		<b>Initial Claims</b>			
<b>Program</b>	<b>New Intrastate Excluding Transitional (2)</b>	<b>Additional Intrastate (3)</b>			
<b>101   State UI</b>	779	41			
		<b>Continued Weeks Claimed</b>			
<b>Items</b>	<b>Intrastate (9)</b>				
<b>201   State UI</b>	15,992				
<b>SECTION B. PAYMENT ACTIVITIES</b>					
		<b>Weeks Compensated</b>			
<b>Items</b>	<b>State UI Program All Weeks Compensated (14)</b>				
<b>301   Number</b>	19,468				
<b>302   Amount</b>	2,890,539				
	<b>First Payments for All Unemployment State UI Program Intrastate (21)</b>	<b>Final Payment for All Unemployment State UI Total (25)</b>			
<b>303   Number</b>	1,821	51			
<b>SECTION C. FULL TIME EQUIVALENTS</b>					
	<b>Equivalent Initials</b>	<b>Equivalent Weeks Claimed</b>			
<b>Number</b>	157	3,729			
<b>SECTION D. WORKSHARE COVERAGE</b>					
	<b>Number of Participating Employers</b>				
<b>Number</b>	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			
Amount	302	624	624	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 UCX 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							