

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 05/31/2021
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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
		No.	(1)	(2)	(3)	(4)	(5)	(6)
State UI	101	31,040	21,528	8,260	1,252	0	4,627	3,841
UCFE No UI	102	118	85	27	6	0	32	5
UCX Only	103	35	29	6	0	0	3	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	206,245	9,146		11,298	15
UCFE No UI	202	0	0	1,069	80		92	
UCX Only	203	0	0	387	0		9	

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	159,148	153,319	5,691	1,246	962		284	332
Amount	302	60,265,408	57,818,282	2,539,588	729,951	356,196		180,650	143,554
		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	12,337	11,816	521	45	18	2,377	24	10

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 05/31/2021
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SECTION A. CLAIMS ACTIVITIES

Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	375	13
Continued Weeks Claimed		
Items	Intrastate (9)	
	201 State UI	15,797

SECTION B. PAYMENT ACTIVITIES

Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	15,926	
302 Amount	2,185,878	
	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
303 Number	1,061	25

SECTION C. FULL TIME EQUIVALENTS

	Equivalent Initials	Equivalent Weeks Claimed
Number	75	3,726

SECTION D. WORKSHARE COVERAGE

	Number of Participating Employers
Number	936

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). 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 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 05/31/2021
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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	140	2	0	0	0
UCFE, No UI	102	2	0	0	0	0
UCX Only	103	0	0	5	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	389	33	12
UCFE, No UI	202	0	0	0	0	0
UCX Only	203	0	0	1	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	798	752	26	18	2	
Amount	302	255,698	245,764	8,577	6,588	1,245	
		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	59	2	0	34	0	0

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

OMB Burden Statement: O M B Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995.

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 05/31/2021					
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	3,473	5,094	165		0	0			
UCFE, No UI	102	45	8	0		0	0			
UCX Only	103	11	4	220		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	316,554		33	6,686			
UCFE, No UI	202	0	0	782		0	56			
UCX Only	203	0	0	272		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	350,861	328,726		2,003	980	302			
Amount	302	120,635,337	112,830,929		680,907	364,309	183,173			
		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	3,449	48	11	26,948	51	18			

OMB No.: OMB Expiration Date: OMB Burden Minutes: 25

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).

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ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING:

05/31/ 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	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	3	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