

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 05/31/2021				
SECTION A. CLAIMS ACTIVITIES									
Program	Line No.	Initial Claims							
		Total (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	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 (13)	
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed From Agent State (11)	Interstate Received as Liable State (12)			
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 Employment, All Programs (20)	
		All Weeks Compensated (14)	Total Unemployment (15)	Interstate (16)	Total (17)	UCFE No UI (18)	UCX Only (19)		
		Number	301	159,148	153,319	5,691	1,246	962	284
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 (21)	Intrastate (22)	Interstate (23)	UCFE No UI (24)	UCX Only (25)	Total (26)	UCFE No UI (27)	UCX Only (28)
		Number	303	12,337	11,816	521	45	18	2,377

## ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 05/31/2021
<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>	375	13
	<b>Continued Weeks Claimed</b>	
<b>Items</b>	<b>Intrastate (9)</b>	
<b>201   State UI</b>	15,797	
<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>	15,926	
<b>302   Amount</b>	2,185,878	
	<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>	1,061	25
<b>SECTION C. FULL TIME EQUIVALENTS</b>		
	<b>Equivalent Initials</b>	<b>Equivalent Weeks Claimed</b>
<b>Number</b>	75	3,726
<b>SECTION D. WORKSHARE COVERAGE</b>		
	<b>Number of Participating Employers</b>	
<b>Number</b>	936	

**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. 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		
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 Intradate Excluding Transitional (2)	Additional Intradate (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			
		Intradate (8)	Interstate Liable (9)	Intradate (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			
		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).

