

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 06/30/2021
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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
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
State UI	101	26,118	15,781	8,986	1,351	0	1,920	1,776
UCFE No UI	102	104	72	29	3	0	16	8
UCX Only	103	35	30	5	0	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	232,219	8,206	10,786	14	
UCFE No UI	202	0	0	1,348	55	89		
UCX Only	203	0	0	398	1	10		

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)	(20)	
Number	301	183,365	175,163	6,505	1,566	1,205	361	402	
Amount	302	69,949,488	67,059,379	2,965,738	883,269	466,592	234,545	166,074	
		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	10,597	10,233	364	97	26	2,764	15	6

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR	REGION: 06	REPORT FOR PERIOD ENDING: 06/30/2021
SECTION A. CLAIMS ACTIVITIES		
Program	Initial Claims	
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)
101 State UI	267	18
Items	Continued Weeks Claimed	
	Intrastate (9)	
201 State UI	15,062	
SECTION B. PAYMENT ACTIVITIES		
Items	Weeks Compensated	
	State UI Program All Weeks Compensated (14)	
301 Number	16,495	
302 Amount	2,612,321	
303 Number	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)
	673	28
SECTION C. FULL TIME EQUIVALENTS		
	Equivalent Initials	Equivalent Weeks Claimed
Number	53	3,460
SECTION D. WORKSHARE COVERAGE		
	Number of Participating Employers	
Number	805	

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: 06/30/2021		
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	201	2	0	0	0	
UCFE, No UI	102	1	0	0	0	0	
UCX Only	103	0	0	7	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	377	5	8	
UCFE, No UI	202	0	0	2	0	0	
UCX Only	203	0	0	0	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	982	939	2	2	0	
Amount	302	265,997	256,508	1,296	1,296	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	80	0	0	24	0	0

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2021		
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	3,863	4,645	103	0	0	
UCFE, No UI	102	27	11	0	0	0	
UCX Only	103	6	4	205	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	388,976	5	8,109	
UCFE, No UI	202	0	0	1,051	0	68	
UCX Only	203	0	0	353	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	394,207	366,429	2,319	1,179	329	
Amount	302	135,092,164	125,802,356	811,265	432,069	206,382	
		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	3,888	31	6	13,640	30	10

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).

