

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

<b>STATE: OR</b>	<b>REGION: 06</b>	<b>REPORT FOR PERIOD ENDING: 10/31/2021</b>
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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	17,973	11,153	6,067	753	0	285	693
UCFE No UI	102	222	124	86	12	0	11	42
UCX Only	103	32	30	2	0	0	0	0
		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)		
State UI	201	0	0	134,079	5,526	5,667		21
UCFE No UI	202	0	0	826	47	82		
UCX Only	203	0	0	332	1	0		

**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	106,366	100,238	4,237	855	596	259	275	
Amount	302	41,059,457	39,297,299	1,934,856	551,271	244,024	172,422	150,145	
		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	4,963	4,736	227	32	13	3,558	20	5

**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 [WORKSHARE]**

<b>STATE: OR</b>		<b>REGION: 06</b>		<b>REPORT FOR PERIOD ENDING: 10/31/2021</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>	
	101   State UI			127	
				1	
<b>Continued Weeks Claimed</b>					
<b>Items</b>	<b>Intrastate (9)</b>				
	201   State UI			4,084	
<b>SECTION B. PAYMENT ACTIVITIES</b>					
<b>Weeks Compensated</b>					
<b>Items</b>	<b>State UI Program All Weeks Compensated (14)</b>				
	301   Number			4,722	
	302   Amount			773,553	
	<b>First Payments for All Unemployment State UI Program Intrastate (21)</b>			<b>Final Payment for All Unemployment State UI Total (25)</b>	
303   Number			93		7
<b>SECTION C. FULL TIME EQUIVALENTS</b>					
	<b>Equivalent Initials</b>			<b>Equivalent Weeks Claimed</b>	
Number			25		990
<b>SECTION D. WORKSHARE COVERAGE</b>					
	<b>Number of Participating Employers</b>				
Number			603		

**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: 10/31/2021		
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	378	1	0	0	0	
UCFE, No UI	102	1	0	0	0	0	
UCX Only	103	1	0	12	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	38	13	0	
UCFE, No UI	202	0	0	0	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	1,083	1,055	3	0	2	
Amount	302	362,576	352,118	1,405	0	1,296	
		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	133	0	0	34	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. 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.

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)**

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2021		
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	242	363	5	0	0	
UCFE, No UI	102	1	2	0	0	0	
UCX Only	103	1	0	17	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	3,754	13	60	
UCFE, No UI	202	0	0	11	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	13,285	12,458	89	34	6	
Amount	302	3,643,646	3,429,653	14,913	10,007	1,968	
		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	233	1	1	620	3	0

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).

## ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: 10/31/ 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	36	33	3	0	0	0	0
UCFE, No UI	102	2	2	0	0	0	0	0
UCX Only	103	2	2	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	910	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	901	888	0	36	7	21			
Amount	302	352,580	347,838	0	22,715	3,854	13,733			
		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	3	0	0	