

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

<b>STATE: OR</b>	<b>REGION: 06</b>	<b>REPORT FOR PERIOD ENDING: 11/30/2021</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	20,302	11,440	8,222	640	0	390	891
UCFE No UI	102	390	182	184	24	0	34	59
UCX Only	103	29	24	5	0	0	0	0
		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)	(13)	
State UI	201	0	0	145,372	6,435	6,366	47	
UCFE No UI	202	0	0	1,791	115	262		
UCX Only	203	0	0	311	0	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	118,321	110,957	4,817	1,899	1,622	277	404	
Amount	302	47,772,977	45,438,999	2,285,780	1,075,429	674,729	181,290	226,540	
		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	Intradate	Interstate	UCFE No UI	UCX Only	Total	UCFE No UI	UCX Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	303	6,758	6,464	294	116	12	3,100	24	14

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]**

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 11/30/2021	
<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>		173			0
		<b>Continued Weeks Claimed</b>			
<b>Items</b>		<b>Intrastate (9)</b>			
<b>201   State UI</b>		3,395			
<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>		4,291			
<b>302   Amount</b>		714,824			
		<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>		117			12
<b>SECTION C. FULL TIME EQUIVALENTS</b>					
		<b>Equivalent Initials</b>		<b>Equivalent Weeks Claimed</b>	
<b>Number</b>		34			814
<b>SECTION D. WORKSHARE COVERAGE</b>					
		<b>Number of Participating Employers</b>			
<b>Number</b>		597			

**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: 11/30/2021		
SECTION A. CLAIMS ACTIVITIES							
Program	Line No.	Initial Claims					Interstate Received as Liable State (7)
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)		
State UI	101	281	0	0	0	0	0
UCFE, No UI	102	0	0	0	0	0	0
UCX Only	103	1	0	4	0	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	27	3	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							
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	448	448		0	0	0
Amount	302	119,518	119,518		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)	UCFE, No UI (25)	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)
Number	303	60	0	0	23	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. 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 (PEUC)**

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 11/30/2021		
SECTION A. CLAIMS ACTIVITIES							
Program	Line No.	Initial Claims					Interstate Received as Liable State (7)
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)		
State UI	101	166	229	5	0	0	
UCFE, No UI	102	3	1	0	0	0	
UCX Only	103	1	0	9	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	1,894	3	30	
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	6,998	6,888	30	11	5	
Amount	302	1,647,845	1,612,310	9,335	4,358	2,286	
		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	149	3	0	388	0	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: 11/30/ 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	25	19	6	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	1,145	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	1,133	1,114	0	44	12	23			
Amount	302	450,231	444,197	0	26,370	5,692	15,029			
		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	2	0	0	