ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR						REGION: 06				REPORT FOR PERIOD ENDING: 01/31/2022					
				SECTI	ON	A. CLA	IMS	ACTIVI	TIES						
					1		Ini	tial Clain	ıs		1				
	Excluding		Intrastate	AdditionalFile				erstate ken as gent tate	Transitional		Interstate Received as Liable State				
Program		No.	(1)	(2)		(3)		(4)		(5)	(6)			(7)	
State U	[]]	101	25,813	15,262		9,914		637	7 0			624		1,005	
UCFE No UI	1	102	243	198		33		12		0		118		36	
UCX On	ly 1	103	26	22		4		0)	0		0		2	
			Eligibili	ty Review			Cont	inued Wo	eeks (Claim	ed				
				Fro	rom Agent Rec			eived as		Entering Self Employment, All Programs					
			(8)	(9)		(10)	10) (11)			(12)			(13)		
State U	[2	201	0	0		151,104		6,161			6,	936	29		
UCFE No UI	2	202	0	0		2,989		198 430		436	6				
UCX On	ly 2	203	0	0		252		0)			3			
	-			SECTIO	DN B	B. PAYM	IEN	Γ ΑСΤΙν	ITIE	S					
					We	eeks and	Am	ounts Co	mpen	sated					
			Sta	ate UI Progra	m			UCF	E ano	UCX	Program	IS		Self	
		All Weeks Compensated		Total Unemployme	ent Interstate		te	Total	UCFE No UI		UCX Only			Employ- ment, All Programs	
Item			(14)	(15)		(16)		(17)	(1	.8)	(19)		(20)	
Number	301		123,408	114,7	750	5,33	30	3,148		2,908			240 577		
Amount	302		53,070,953	50,058,8	344	2,662,01	12 1	,871,310	1,42	29,024	159,		9,178 326,019		
			First Payments for All I nemployment								nents for All loyment				
			Sta	am				E and UCX cograms					FE and UCX Programs		
			Total	Intrastate		Intersta	te	UCFE No UI		CX nly	Total	UC No		UCX Only	
			(21)	(22)		(23)		(24)	(2	25)	(26)	(27	7)	(28)	
Number	303		9,461	9,1	128	33	33	267		13	2,649		26	5	

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE	E: OR	REGION: 06	REPORT FOR PERIOD ENDING: 01/31/2022								
SECTION A. CI	LAIMS ACTIV	TTIES									
	Initial Claims										
Program	New Intrast	ate Excluding Transitional (2)	Additional Intrastate (3)								
101 State UI		240	0								
		Continued We	eks Claimed								
Items		Intrastate (9)									
201 State UI		2,897									
SECTION B. PA	AYMENT ACT	IVITIES									
		Weeks Com	npensated								
Items		tate UI Program Veeks Compensated (14)									
301 Number		3,420									
302 Amount		622,183									
		ents for All Unemployment tate UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)								
303 Number		182	14								
SECTION C. FU	ULL TIME EQ	UIVALENTS									
	Е	quivalent Initials	Equivalent Weeks Claimed								
Number		48	681								
SECTION D. W	ORKSHARE (COVERAGE									
	Number of	Participating Employers									
Number		566									

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.

	STA	TE: OR	REGION: 06					REPORT FOR PERIOD ENDING: 01/31/2022					
				SECT	ION A.	CL	AIMS A	CTI	VITIES				
							Ini	itial	Claims				
Program		Line No.	0		Additio Intrasta (3)		Interstate Filed from Agent State (4)		Interstate Taken as Agent State (5)		Interstate Received as Liable State (7)		
State 1	UI	101		101		2		0		0			0
UCFE, UI	UCFE, No UI		1			0		0		0	r.		0
UCX O	nly	103		0		0		1		0	0		
			Elig	ibility F	Reviews				Continued W	eeks Claimed			
			Intrastate (8)		Intersta Liable (9)		Intrastate (10)		Interstate Filed from Agent State (11)		Interstate Received as Liable State (13)		e
State V	UI	201		0		0	29		2				0
UCFE, UI	No	202		0		0			0				0
UCX O	nly	203		0		0		0		0			0
SECTIO	NB.	PAYME	PAYMENT ACTIVITIES										
					Week	s ar	nd Amour	nts (Compensated				
			State	te UI Program					UCFE and UCX Programs				
Item	tem (15)		nsated	Total Unemployme (16)		yme	ent				, No UI 9)	UCX Or (20)	nly
Number	301		200		194			1		1		0	
Amount	302		69,600		66,418			170		170		0	
		First Payments for All Unemploy			loyı	nent	ent Final Payments for All Unemployment						
		State UI Program			UCFE and UCX Programs				State UI U Program		JCFE and UCX Programs		
		Tot (22			, No UI 5)	UC	CX Only (26)				, No UI 8)	UCX Or (29)	nly
Number	303		25		0		0		5		0		0

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STAT	ГЕ: OR		REGION:	06	REPORT FOR PERIOD ENDING: 01/31/2022							
		SECT	ION A. CL	AIMS ACTI	IVITIES							
			Initial Claims									
Program	Line No.	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	199	98	1	0	5						
UCFE, No UI	102	1	0	0	0	0						
UCX Only	103	0	1	0	0	0						
		Eligibility F	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	1,251	2	12						
UCFE, No UI	202	0	0	0	0	0						
UCX Only	203	0	0	0	0	0						

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES (PEUC)

SECTION B. PAYMENT ACTIVITIES

		Weeks and Amounts Compensated									
		State	e UI Program		UCFE and UCX Programs						
Item		All Weeks Compensated (15)	Tota Unemplo (16)	yment	Total (18)	UCFE, No UI (19)	UCX Only (20)				
Number	301	5,152		5,102	48	36	0				
Amount	302	983,518		971,774	5,075	4,358	0				
		First Payments	s for All Unemp	loyment	Final Payments for All Unemployment						
		State UI Program	UCFE and Progra		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	135	1	0	277	2	0				

								Sl	JD		
			ETA 5159 -	CLAIMS AN	D PAYMENT	ACTIVITIES					
REPORT F	OR P	ERIOD ENDING:	01/31/	2022	STATE:	41	REGION:	6			
050TIO			•								
SECTION	N A. (Claims Activit	lies								
			Initial Claims								
	Line	Total Sum of Columns 2-4	Exculding Transitional	Additional Intrastate	Interstate Filed from Agent State	Interstate Taken as Agent State	Transitional	Interstate as Liab	Received le State		
Program	No.	(1)	(2)	(3)	(4)	(5)	(6)	(7	7)		
State UI	101	30	29	1	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		Con	tinued Weeks Cla	aimed				
						Interstate Taken as			ng Self		
		Intrastate (8)	Intrastate Liable (9)	Intrastate (10)	Agent State (11)	Agent State (12)	as Liable State (13)		ment All 4)		
State UI	201	0	0	1,040	0	0	0				
UCFE, No UI	202	0	0	0	0	0	0				
UCX Only	203	0	0	0	0	0	0				
SECTION	NB.	Payment Acti	vities								
				Weeks a	nd Amounts Com	pensated					
			State UI Program		UC	FE and UCX Progra	ms				
ltomo		All Weeks Compensaated	Total Unemployment	Interstate	Total	UCFE, No UI	UCX Only	Self Emplo Prog	rams		
Items		(15)	(16)	(17)	(18)	(19)	(20)	(2	:1)		
Number	301	1,041	1,012	0	41	13	20				
Amount	302	428,504	418,191	0	22,150	5,867	13,085				
			First Pay	ments for All Unem	ployment		Final Payments for All Unemployment				
			State UI Program			ICX Programs					
			State Of Program				State UI Program	UCFE,	rams		
		Total	Intrastate	Interstate	UCFE, No UI	UCX Only	Total	No UI	UCX Only		
	$\left \right $	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)		
Number	303	0	0	0	0	0	4	0	1		