

## ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2014				
<b>SECTION A. CLAIMS ACTIVITIES</b>									
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	24,158	12,239	11,035	884	77	532	849	
UCFE No UI	102	112	59	45	8	6	15	6	
UCX Only	103	133	111	19	3	3	1	9	
		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	161,023		8,568	7,930
UCFE No UI	202	0	0	1,202	87	83			
UCX Only	203	0	0	1,662	90	196			
<b>SECTION B. PAYMENT ACTIVITIES</b>									
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	144,576	126,703	6,933	3,444	1,139	1,652
Amount	302	46,079,055	41,727,718	2,597,553	1,413,641	431,849	831,681	662,714	
		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	7,441	7,139	302	69	58	3,507

**Comments:**

UI Payments:

#: 145,989

\$: 46,127,865

Interstate Phone ICs (UI/UCFE/UCX):

New: 807/2/0

AC/RO: 101/3/2

**OMB No.:** 1205-0010    **OMB Expiration Date:** 10/31/2015    **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 [EB]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 06/30/2014		
<b>SECTION A. CLAIMS ACTIVITIES</b>							
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 Liabile State (7)	
State UI	101	0	0	0	0	0	
UCFE, No UI	102	0	0	0	0	0	
UCX Only	103	0	0	0	0	0	
		Eligibility Reviews		Continued Weeks Claimed			
		Intrastate (8)	Interstate Liabile (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liabile State (13)	
State UI	201	0	0	35	0	0	
UCFE, No UI	202	0	0	0	0	0	
UCX Only	203	0	0	0	0	0	
<b>SECTION B. PAYMENT ACTIVITIES</b>							
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	1	0	0	0	
Amount	302	115	115	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	0	0	0	0	0	

**Comments:**

UI Payments:

#: 1

\$: 115

Interstate:

#: 0

\$: 0

Interstate Phone ICs:

New: 0/0/0

AC/RO: 1/0/0

**OMB No.:** 1205-0010 **OMB Expiration Date:** 10/31/2015 **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 [EUC08]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 06/30/2014		
SECTION A. CLAIMS ACTIVITIES						
Program	Line No.	Initial Claims				
		New Intrastate Excluding Transitional (1)	Additional Intrastate (2)	Interstate Filed from Agent State (3)	Interstate Taken as Agent State (4)	Interstate Received as Liable State (5)
State UI	101	1	98	0	0	0
UCFE, No UI	102	0	1	0	0	0
UCX Only	103	0	1	1	1	0
		Eligibility Reviews		Continued Weeks Claimed		
		Intrastate (6)	Interstate Liable (7)	Intrastate (8)	Interstate Filed from Agent State (9)	Interstate Received as Liable State (10)
State UI	201	0	0	12	0	0
UCFE, No UI	202	0	0	0	0	0
UCX Only	203	0	0	0	0	0

SECTION B. FIRST TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (12)	Total Unemployment (13)	Total (14)	UCFE, No UI (15)	UCX Only (16)	
Number	301	22	20	0	0	0	
Amount	302	6,151	5,398	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 (17)	UCFE, No UI (18)	UCX Only (19)	Total (20)	UCFE, No UI (21)	UCX Only (22)
Number	303	1	0	0	1	0	0

SECTION C. SECOND TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (23)	Total Unemployment (24)	Total (25)	UCFE, No UI (26)	UCX Only (27)	
Number	401	16	14	0	0	0	
Amount	402	5,643	5,163	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 (28)	UCFE, No UI (29)	UCX Only (30)	Total (31)	UCFE, No UI (32)	UCX Only (33)
Number	403	1	0	0	1	0	0

SECTION D. THIRD TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (34)	Total Unemployment (35)	Total (36)	UCFE, No UI (37)	UCX Only (38)	
Number	501	4	4	0	0	0	
Amount	502	1,277	1,277	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 (39)	UCFE, No UI (40)	UCX Only (41)	Total (42)	UCFE, No UI (43)	UCX Only (44)
Number	503	1	0	0	3	0	0

SECTION E. FOURTH TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (45)	Total Unemployment (46)	Total (47)	UCFE, No UI (48)	UCX Only (49)	
Number	601	3	3	0	0	0	
Amount	602	461	461	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 (50)	UCFE, No UI (51)	UCX Only (52)	Total (53)	UCFE, No UI (54)	UCX Only (55)
Number	603	3	0	0	2	0	0

**Comments:**

UI Payments - All Tiers:

#: 104

\$: 14,228

Interstate T1:

#: 0

\$: 562

Interstate T2:

#: 0

\$: 718

Interstate T3:

#: 0

\$: 638

Interstate T4:

#: 0

\$: 161

EUC 2nd Tier Final Weeks UI: 1

EUC 2nd Tier Final Weeks UCFE: 0

EUC 2nd Tier Final Weeks UCX: 0

Interstate Phone ICs:

New: 0/0/0

AC/RO: 0/0/0

**OMB No.:** 1205-0010 **OMB Expiration Date:** 10/31/2015 **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]**

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 06/30/2014		
<b>SECTION A. CLAIMS ACTIVITIES</b>						
Program	Initial Claims					
	New Intrastate Excluding Transitional (2)			Additional Intrastate (3)		
101   State UI	99			2		
Items	Continued Weeks Claimed					
	Intrastate (9)					
201   State UI	1,278					
<b>SECTION B. PAYMENT ACTIVITIES</b>						
Items	Weeks Compensated					
	State UI Program All Weeks Compensated (14)					
301   Number	1,131					
302   Amount	110,837					
303   Number	First Payments for All Unemployment State UI Program Intrastate (21)			Final Payment for All Unemployment State UI Total (25)		
	123			1		
<b>SECTION C. FULL TIME EQUIVALENTS</b>						
	Equivalent Initials			Equivalent Weeks Claimed		
Number	16			267		
<b>SECTION D. WORKSHARE COVERAGE</b>						
	Number of Participating Employers					
Number	141					

**OMB No.:** 1205-0010    **OMB Expiration Date:** 10/31/2015    **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**

REPORT FOR PERIOD ENDING: 06/30/ 2014 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	0	0	0	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	0	6	0	0	
UCFE, No UI	202	0	0	0	0	0	0	
UCX Only	203	0	0	0	8	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	0	0	0	0	0	0			
Amount	302	0	0	0	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)	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	0	0	0	

Comments:

**Interstate Phone ICs:**  
 New: 0 - 0 - 0  
 AC/RO: 0 - 0 - 0

## ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING:

06/30/ 2014

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	169	130	39	0	0	0	0
UCFE, No UI	102	6	5	1	0	0	0	0
UCX Only	103	15	13	2	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	6,053	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	5,758	5,316	0	982	64	814		
Amount	302	1,943,657	1,818,638	9	472,929	26,538	419,339		
		First Payments for All Unemployment					Final Payments for All Unemployment		
		State UI Program			UCFE and UCX Programs		State UI Program	UCFE and UXC 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	325	5	47

Comments:

## UI Payments:

#: 5,762  
\$: 1,944,147