

**ETA 5159 CLAIMS AND PAYMENT ACTIVITIES**

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2016				
<b>SECTION A. CLAIMS ACTIVITIES</b>									
<b>Program</b>	<b>Line No.</b>	<b>Initial Claims</b>							
		<b>Total</b>	<b>New Intrastate Excluding Transitional</b>	<b>Additional Intrastate</b>	<b>Interstate Filed from Agent State</b>	<b>Interstate Taken as Agent State</b>	<b>Transitional</b>	<b>Interstate Received as Liable State</b>	
		<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	
State UI	101	17,611	9,625	7,044	942	0	236	704	
UCFE No UI	102	344	162	135	47	0	9	47	
UCX Only	103	69	68	1	0	0	0	9	
		<b>Eligibility Review</b>		<b>Continued Weeks Claimed</b>			<b>Entering Self Employment, All Programs</b>		
		<b>Intrastate</b>	<b>Interstate Liable</b>	<b>Intrastate</b>	<b>Interstate Filed From Agent State</b>	<b>Interstate Received as Liable State</b>			
		<b>(8)</b>	<b>(9)</b>	<b>(10)</b>	<b>(11)</b>	<b>(12)</b>			
State UI	201	0	0	110,232	8,519		5,734	36	
UCFE No UI	202	0	0	976	136		121		
UCX Only	203	0	0	609	38		106		
<b>SECTION B. PAYMENT ACTIVITIES</b>									
<b>Item</b>		<b>Weeks and Amounts Compensated</b>							
		<b>State UI Program</b>			<b>UCFE and UCX Programs</b>			<b>Self Employment, All Programs</b>	
		<b>All Weeks Compensated</b>	<b>Total Unemployment</b>	<b>Interstate</b>	<b>Total</b>	<b>UCFE No UI</b>	<b>UCX Only</b>		
		<b>(14)</b>	<b>(15)</b>	<b>(16)</b>	<b>(17)</b>	<b>(18)</b>	<b>(19)</b>	<b>(20)</b>	
Number	301	98,118	91,646	4,965	1,469	876	593	794	
Amount	302	37,438,806	35,563,329	2,108,611	780,910	333,416	328,322	386,698	
		<b>First Payments for All Unemployment</b>					<b>Final Payments for All Unemployment</b>		
		<b>State UI Program</b>			<b>UCFE and UCX Programs</b>		<b>State UI Program</b>	<b>UCFE and UCX Programs</b>	
		<b>Total</b>	<b>Intrastate</b>	<b>Interstate</b>	<b>UCFE</b>	<b>UCX</b>	<b>Total</b>	<b>UCFE</b>	<b>UCX</b>

					No UI	Only		No UI	Only
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
<b>Number</b>	<b>303</b>	6,620	6,343	277	90	44	2,237	14	13

**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]

STATE: OR		REGION: 06		REPORT FOR PERIOD ENDING: 10/31/2016		
<b>SECTION A. CLAIMS ACTIVITIES</b>						
<b>Program</b>	<b>Initial Claims</b>					
	<b>New Intrastate Excluding Transitional (2)</b>			<b>Additional Intrastate (3)</b>		
<b>101   State UI</b>	140			0		
<b>Items</b>	<b>Continued Weeks Claimed</b>					
	<b>Intrastate (9)</b>					
<b>201   State UI</b>	1,431					
<b>SECTION B. PAYMENT ACTIVITIES</b>						
<b>Items</b>	<b>Weeks Compensated</b>					
	<b>State UI Program All Weeks Compensated (14)</b>					
	<b>301   Number</b>	1,451				
<b>302   Amount</b>	191,781					
<b>303   Number</b>	<b>First Payments for All Unemployment State UI Program Intrastate (21)</b>			<b>Final Payment for All Unemployment State UI Total (25)</b>		
	61			0		
<b>SECTION C. FULL TIME EQUIVALENTS</b>						
<b>Number</b>	<b>Equivalent Initials</b>			<b>Equivalent Weeks Claimed</b>		
	28			358		

**SECTION D. WORKSHARE COVERAGE**

	<b>Number of Participating Employers</b>	
<b>Number</b>		171

**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.

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**ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES**

REPORT FOR PERIOD ENDING: 10/31/ 2016      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	65	56	9	0	0	0	0
UCFE, No UI	102	1	1	0	0	0	0	0
UCX Only	103	11	11	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	1,148	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	1,151	1,065	0	247	3	209			
Amount	302	426,232	403,085	0	128,456	495	115,112			
		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	25	0	2	

