

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2009				
SECTION A. CLAIMS ACTIVITIES									
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	46,875	18,533	26,243	2,099	79	3,782	1,280	
UCFE No UI	102	419	234	162	23	2	11	34	
UCX Only	103	180	136	37	7	0	5	23	
		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	336,653	18,251		12,161	123	
UCFE No UI	202	0	0	1,369	62		96		
UCX Only	203	0	0	1,909	68		233		
SECTION B. PAYMENT ACTIVITIES									
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	310,776	266,314	10,679	4,299	1,062	1,869	911	
Amount	302	93,779,777	83,527,535	3,463,235	1,419,288	960,549	834,610	372,925	
		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	15,089	13,041	2,048	86	104	12,205

Comments:

UI Payments = # 313,105 \$ 93,881,466

Interstate = # 10,679 \$ 3,463,235

Interstate Phone ICs: New 1,820 - 20 - 6 AC/RO 200 - 1 - 1

OMB No.: 1205-0010 **OMB Expiration Date:** 07/31/2009 **OMB Burden Minutes:** 120**OMB Burden Statement:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and

reviewing the information. 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, Employment and Training Administration, Office of Workforce Security, Room S-4231, 200 Constitution Avenue NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0456, expiration date March 31, 2009)

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [EB]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2009		
SECTION A. CLAIMS ACTIVITIES							
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 Liable State (7)	
State UI	101	3,527	417	77	0	109	
UCFE, No UI	102	3	5	2	1	1	
UCX Only	103	19	0	0	0	2	
		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	42,679	1,126	1,414	
UCFE, No UI	202	0	0	113	6	18	
UCX Only	203	0	0	303	6	20	
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	44,229	39,511	597	134	312	
Amount	302	13,181,462	12,145,409	220,500	46,669	140,756	
		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	3,267	4	19	2,431	10	9

Comments:

UI Payments: # 44,296 \$ 13,185,440

Interstate: # 1,414 \$ 458,357

Interstate Phone ICs: New 71 - 1 - 0 AC?RO 6 - 0 - 0

OMB No.: 1205-0010 OMB Expiration Date: 07/31/2009 OMB Burden Minutes: 105

OMB 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 mandatory 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 [EUC08]

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 10/31/2009		
SECTION A. CLAIMS ACTIVITIES							
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 Liable State (7)	
State UI	101	12,029	4,446	328	0	337	
UCFE, No UI	102	40	7	4	0	3	
UCX Only	103	43	13	2	0	5	
		Eligibility Reviews		Continued Weeks Claimed			
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (12)	
State UI	201	0	0	252,505	8,890	6,172	
UCFE, No UI	202	0	0	535	62	34	
UCX Only	203	0	0	1,278	51	99	
SECTION B. FIRST TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (14)	Total Unemployment (15)	Total (17)	UCFE, No UI (18)	UCX Only (19)	
Number	301	190,764	168,422	1,862	427	891	
Amount	302	60,339,158	54,875,324	659,729	139,139	405,929	
		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)	UCFE, No UI (24)	UCX Only (25)	Total (26)	UCFE, No UI (27)	UCX Only (28)
Number	303	11,112	40	47	7,383	12	43
SECTION C. SECOND TIER PAYMENT ACTIVITIES							
Item		Weeks and Amounts Compensated					
		State UI Program		UCFE and UCX Programs			
		All Weeks Compensated (29)	Total Unemployment (30)	Total (31)	UCFE, No UI (32)	UCX Only (33)	
Number	401	65,299	58,646	792	121	432	
Amount	402	20,055,236	18,513,740	277,947	38,345	198,040	
		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 (34)	UCFE, No UI (35)	UCX Only (36)	Total (37)	UCFE, No UI (38)	UCX Only (39)
Number	403	7,383	12	43	3,903	2	30

Comments:

UI Payments: # 257,758 \$ 80,419,987

Interstate T1: # 4,533 \$ 1,485,368

Interstate T2: # 1,645 \$ 682,637

Interstate Phone ICs: New 270 - 3 - 1 AC/RO 58 - 1 - 1

OMB No.: 1205-0010 **OMB Expiration Date:** 07/31/2009 **OMB Burden Minutes:** 120

OMB Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. 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, Employment and Training Administration, Office of Workforce Security, Room S-4231, 200 Constitution Avenue NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0456, expiration date March 31, 2009)

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

OMB Approval No 1205-D01
Expires 5/31/2000

REPORT FOR PERIOD ENDING:

STATE: 41

REGION: 10

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							
UCFE, No UI	102							
UCX Only	103							
		Eligibility Reviews		Continued Weeks Claimed				Entering Self Employment All Programs (14)
		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)	
State UI	201							
UCFE, No UI	202							
UCX Only	203							

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									
Amount	302									
		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									

Comments:

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

OMB Approval No 1205-D01
Expires 5/31/2000

REPORT FOR PERIOD ENDING:

STATE: 41

REGION: 10

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							
UCFE, No UI	102							
UCX Only	103							
		Eligibility Reviews		Continued Weeks Claimed				Entering Self Employment All Programs (14)
		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)	
State UI	201							
UCFE, No UI	202							
UCX Only	203							

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									
Amount	302									
		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									

Comments:

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

OMB Approval No 1205-D01
Expires 5/31/2000

REPORT FOR PERIOD ENDING:

STATE: 41

REGION: 10

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							
UCFE, No UI	102							
UCX Only	103							
		Eligibility Reviews		Continued Weeks Claimed				Entering Self Employment All Programs (14)
		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)	
State UI	201							
UCFE, No UI	202							
UCX Only	203							

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									
Amount	302									
		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									

Comments:

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR		REGION: 06	REPORT FOR PERIOD ENDING: 10/31/2009
SECTION A. CLAIMS ACTIVITIES			
Program	Initial Claims		
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	
101 State UI	852	270	
Items	Continued Weeks Claimed		
	Intrastate (9)		
201 State UI	17,510		
SECTION B. PAYMENT ACTIVITIES			
Items	Weeks Compensated		
	State UI Program All Weeks Compensated (14)		
	301 Number	15,944	
302 Amount	1,723,681		
303 Number	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)	
	643	4	
SECTION C. FULL TIME EQUIVALENTS			
	Equivalent Initials	Equivalent Weeks Claimed	
Number	294	5,224	

OMB No.: 1205-0010 **OMB Expiration Date:** 07/31/2009 **OMB Burden Minutes:** 60

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