

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES

STATE: OR		REGION: 06			REPORT FOR PERIOD ENDING: 12/31/2009					
SECTION A. CLAIMS ACTIVITIES										
Program	Line No.	Initial Claims								
		Total	New Intrastate Excluding Transitional	Additional Intrastate	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	64,527	28,338	33,727	2,462	68	9,439	1,398		
UCFE No UI	102	610	304	256	50	3	110	25		
UCX Only	103	180	151	25	4	0	8	14		
		Eligibility Review		Continued Weeks Claimed			Entering Self Employment, All Programs			
		Intrastate	Interstate Liable	Intrastate	Interstate Filed From Agent State	Interstate Received as Liable State				
		(8)	(9)	(10)	(11)	(12)		(13)		
State UI	201	0	0	398,692	25,736		13,675	87		
UCFE No UI	202	0	0	3,870	280		326			
UCX Only	203	0	0	2,309	73		273			
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	363,554	306,796	12,078	8,023	3,377	2,273	768		
Amount	302	105,461,029	92,501,986	3,822,527	2,513,078	1,157,665	1,015,531	316,457		
		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	Intrastate	Interstate	UCFE No UI	UCX Only	Total	UCFE No UI	UCX Only	
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
Number	303	24,829	19,981	4,848	308	130	10,916	48	49	

Comments:

UI Payments: #: 367,037 \$: 105,639,356

Interstate: #: 12,078 \$: 3,822,527

Interstate Phone ICs:

IC: 2,124 - 44 - 2 AC/RO: 270 - 3 - 2

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: 12/31/2009		
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	31	0	113	48	1	
UCFE, No UI	102	0	0	2	1	0	
UCX Only	103	1	0	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	18	789	0	
UCFE, No UI	202	0	0	0	10	0	
UCX Only	203	0	0	0	8	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	241	211	6	0	1	
Amount	302	66,891	63,813	850	0	445	
		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	37	0	1	9	0	0

Comments:

UI Payments: #: 267 \$: 68,439

Interstate: #: 7 \$: 2,295

Interstate Phone ICs:

ICs: 53 - 1 - 0 AC/RO: 12 - 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: 12/31/2009		
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 Liabile State (5)	
State UI	101	9,942	4,641	446	0	375	
UCFE, No UI	102	33	6	2	1	4	
UCX Only	103	45	13	2	1	9	
		Eligibility Reviews		Continued Weeks Claimed			
		Intrastate (6)	Interstate Liabile (7)	Intrastate (8)	Interstate Filed from Agent State (9)	Interstate Received as Liabile State (10)	
State UI	201	0	0	371,424	15,209	10,436	
UCFE, No UI	202	0	0	969	123	87	
UCX Only	203	0	0	1,963	110	210	

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	178,985	158,872	2,016	495	983	
Amount	302	56,912,126	51,956,944	714,921	157,702	442,073	
		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	9,452	33	53	8,915	25	54

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	94,830	85,177	1,029	207	476	
Amount	402	29,399,291	27,135,878	346,998	63,202	218,185	
		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	8,915	25	54	11,913	19	62

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	106,105	94,533	1,378	341	676	
Amount	502	31,261,529	28,709,554	490,854	118,101	306,869	
		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	6,236	12	31	5	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	13	10	0	0	0	
Amount	602	4,078	3,916	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	5	0	0	1	0	0

Comments:

UI Payments: #: 386,405 \$: 117,628,348

Interstate T1: #: 4,662 \$: 1,503,386

Interstate T2 + TZ: #: 2,379 \$: 1,056,482

Interstate T3: #: 3,441 \$: 1,306,752

Interstate T4: #: 1 \$: 65

EUC 2nd Tier Final Weeks UI = 6,236

EUC 2nd Tier Final Weeks UCFE = 12

EUC 2nd Tier Final Weeks UCX = 31

Interstate Phone ICs:

IC: 314 - 0 - 0 AC/RO: 153 - 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

REPORT FOR PERIOD ENDING:

12/31/ 2009

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	8	8	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	49	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	53	46	0	0	0	0		
Amount	302	6,812	6,063	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	3	0	0

Comments:

UI Payments:

#: 53
\$: 6,812

ETA 5159 CLAIMS AND PAYMENT ACTIVITIES [WORKSHARE]

STATE: OR		REGION: 06	REPORT FOR PERIOD ENDING: 12/31/2009
SECTION A. CLAIMS ACTIVITIES			
Program	Initial Claims		
	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	
101 State UI	841	179	
Items	Continued Weeks Claimed		
	Intrastate (9)		
201 State UI	20,729		
SECTION B. PAYMENT ACTIVITIES			
Items	Weeks Compensated		
	State UI Program All Weeks Compensated (14)		
	301 Number	17,560	
302 Amount	1,894,528		
303 Number	First Payments for All Unemployment State UI Program Intrastate (21)	Final Payment for All Unemployment State UI Total (25)	
	1,095	3	
SECTION C. FULL TIME EQUIVALENTS			
	Equivalent Initials	Equivalent Weeks Claimed	
Number	284	5,277	

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

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