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## TABLE: ae5159

## ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES (EB)

REPORT FOR PERIOD ENDING: STATE: **REGION:** SECTION A. Claims Activities **Initial Claims** Interstate New Received or Interstate Interstate Intrastate Excluding Transitional Additional Filed from Taken as Taken as Agent State Agent State Liable State Line Intrastate Program (4)(5)No. (2)(3) (7) State UI 101 с1 c46 c2 c49 с3 UCFE, No UI 102 c4 c47 с5 c50 с6 **UCX Only** 103 с7 c48 с8 с9 c51 Eligibility Reviews Continued Weeks Claimed Interstate Interstate Interstate Inter-Received state Filed from Taken as as Liable Intrastate Agent State Intrastate Liable Agent State State (9)(10)(11)(12)(13)(8) State UI 201 c10 c11 c12 c13 c14 c15 UCFE, No UI 202 c16 c17 c18 c19 c20 c21 **UCX Only** 203 c22 c23 c24 c25 c26 c27

SECTION B. Payment Activities												
		Weeks and Amounts Compensated										
		State UI Program				UCFE and UCX Programs						
Items		All Weeks Compensated (15)		Total Unemploy- ment (16)		Total (18)					X Only (20)	
Number	301	c29		c30		c31		c3	c32		c33	
Amount	302	c35		c36		c37		c3	c38		c39	
		First Payments for All Unemploymer										
		State UI Program		UCFE & U Program				ite UI gram	U	JCFE & UCX Programs		
		Total (22)		UCFE, No UI (25)	ι	JCX Only (26)		otal 27)	UCFE, UI (28)		UCX On (29)	nly
Number	303	c40		c41		c42	c43		c44	t c45		