

(STATE AGENCY IDENTIFICATION)

CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES AND REASON FOR SEPARATION

1. State Agency Address: 2. Claimant's Name and mailing Address

3. LO/Call Center ID: 4. Date of Request: 5. Eff. Date of Claim: 6. Separation Date

7. Federal Agency Name & Address: 8. Social Security Number

Instructions: Complete and Return Immediately

9. Affidavit of Federal Wage and Separation Information/Documentary Evidence

a. Enter the location of your Official Duty Station: (City, State)

b. Enter your wages with the above named employer below. Show wages by quarter starting with the wages that you earned after (base period begin date) up to the date you separated from this employer. Under Documentary Evidence, enter the source of the information provided and attach a copy. If additional space is needed to explain reason for separation, attach your signed explanation.

Table with 4 columns: Quarter Ending, Year, Gross Wages, and Documentary Evidence. The table is currently empty.

c. Severance Pay. Did you receive or are you entitled to receive severance pay provided by Federal law or agency employee agreement? Yes No If "Yes" complete the following information: Total Entitlement: \$ Severance Pay Period Beginning date: / / Ending Date / /

d. Pension: Are you entitled to receive a pension from any branch of the Federal Government? Yes No. Enter Gross Monthly Pension \$

e. Reason for Separation:

I, the claimant, understand that penalties are provided by law for an individual making false statements to obtain benefits and that determinations based on an affidavit are not final; that determinations are subject to correction upon receipt of wage and separation information from the Federal agency, that benefit payments made as a result of such determination may have to be adjusted on the basis of information from the Federal agency, and that any amount overpaid will have to be repaid or offset against future benefits. I, the claimant, swear or affirm, that the above statements, to the best of my knowledge, are true and correct.

10. Signature of Claimant Date / /