



ES-935 CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE WAGES AND REASON FOR SEPARATION - UCFE

SFN 59872 (R. 10-15)

Unemployment Insurance Claims Center
 PO Box 5507 Bismarck, ND 58506-5507
 800-366-6888 (TTY) • 701-328-2728 (Fax)

For Internal Use Only	
Type of Claim	<input type="checkbox"/> New <input type="checkbox"/> Additional
Date Filed	<input type="text"/>
Effective Date	<input type="text"/>

Please fill out the following form, print it, sign it, and mail it or fax to Job Service of North Dakota

Name (First, M, Last Name)		Social Security Number		Birthdate		Dates of Employment			
Employer (Federal Agency Name)						From: _____ To: _____			
Place of Employment Address (per the SF8)						3-Digit Code (from SF8)			
City				State	ZIP Code				
Gross Wages Received From the Above Agency (last 6 quarters)						Documentary Evidence (Submitted by the claimant showing Federal Civilian Employment) MAIL CLAIMANTS - Send in with this form and copies of documentation you have showing that you worked for the listed federal agency. This includes SF-50, W-2 forms, pay stubs, leave and earnings statements, payroll change slips, or other creditable evidence of wages and reason for separation. These copies become part of your official record. Please DO NOT send originals unless absolutely necessary; originals will be returned to you.			
Quarter Ending		Gross Wages		Hours Worked				Weeks Worked	
Total		\$0.00		0				0	
Lump Sum Payments Received for Annual Leave									
Amount of Payment		Date of Payment		Amount of Leave		Effective Period of Annual Leave			
						From: _____ To: _____			
						From: _____ To: _____			
Severance Pay									
Did you receive or are you entitled to receive severance pay provided by any federal law or agency-employee agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, complete the following information:									
Weekly Amount		Number of Weeks		Total Entitlement \$		Severance Pay Period			
						From: _____ To: _____			
Pension									
Are you entitled to receive a pension from any branch of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, enter the gross monthly pension _____ \$0.00									
Reason for Separation									
<p>I, the claimant, understand: 1) That penalties are provided by law for an individual making false statements to obtain benefits; 2) That any determination based on this affidavit is not final; 3) That it is subject to correction upon receipt of wage and separation information from the federal agency for which I worked; 4) That benefit payments made as a result of such determination may have to be adjusted on the basis of information furnished by the federal agency; 5) That any amount overpaid may have to be repaid or offset against future benefits.</p> <p>I, THE CLAIMANT, SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS, TO THE BEST OF MY KNOWLEDGE OR BELIEF, ARE TRUE AND CORRECT.</p>									
Signature						Date			

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes, and program performance accountability.