

**ETA-935**

**(STATE AGENCY IDENTIFICATION)  
CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES AND REASON  
FOR SEPARATION, ETA-935**

1. State Agency Address:		2. Claimant's Name and Mailing Address:	
3. Local Office/Call Center ID:	4. Date of Request:	5. Effective Date of Claim:	6. Separation Date
7. Federal Agency Name and 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.

Quarter Ending	Year	Gross Wages	Documentary Evidence

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 Begin 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: \_\_\_/\_\_\_/\_\_\_