

DEPARTMENT OF EMPLOYMENT SERVICES

Office of Unemployment Compensation

CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE

WAGES AND REASONS FOR SEPARATION

Claimant's Name (First, Last, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Date Filed (mm/dd/yyyy): \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Employer Name: \_\_\_\_\_ Federal Employer Acct # (FIC) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Duty Station Address: \_\_\_\_\_

\*Duty Station must be in the District of Columbia

Dates of Employment (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_

Base Period		Enter Gross Wages
Quarter Ending	Year	Enter Whole Dollar Amounts Only
October, November, December	2015	
January, February, March	2016	
April, May, June	2016	
July, August, September	2016	
October, November, December	2016	

Severance Pay: Did you receive or are you entitled to receive severance pay provided by any federal law or agency-employee agreement? Yes\_\_ 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? Yes\_\_ No\_\_ If Yes, enter the gross monthly pension \$ \_\_\_\_\_

Reason for Separation:

\_\_\_\_\_

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.

I, THE CLAIMANT, SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS, TO THE BEST OF MY KNOWLEDGE OR BELIEF, ARE TRUE AND CORRECT.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)