



ES-935 CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE WAGES AND REASON FOR SEPARATION – UCFE
 JOB SERVICE NORTH DAKOTA/UI BENEFITS AREA
 SFN59872 (R. 03-19)

State Agency: Job Service North Dakota		Local Office: Central		Contact Telephone Number: (701)328.4995	
Name (First, M, Last Name)		Social Security Number		Birthdate	
				For Internal Use Only Type of Claim <input type="checkbox"/> New <input type="checkbox"/> Additional Date Filed Effective Date	
Employer (Federal Agency Name)			3-Digit Code (from the SF8)		Dates of Employment From: To:
Place of Employment: Address (per the SF8)		City			
State		ZIP Code			
Gross Wages Received From the Above Agency (last 6 months with agency, BASE and LAG Period)				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					
Lump Sum Payments Received for Annual Leave					
Amount of Payment		Date of Payment		Amount of 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 \$					
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.					
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.