



STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION
EMPLOYMENT SECURITY DIVISION
CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICES,
WAGES AND REASON FOR SEPARATION

		1. Agent State 032 LO #			
2. Name (Last, First, MI)		3. Claimant ID	4. Type of Claim <input type="checkbox"/> New <input type="checkbox"/> Additional 5. Date Filed		
6. Employer (Federal Agency)		7. Place of Employment City County State	8. Dates of Employment From: To:		
Gross Wages Received From the Above Agency (Complete Only if a New Claim) FOR THE BASE AND LAG PERIODS		10. Documentary Evidence (Submitted by the claimant showing Federal Civilian Employment) MAIL CLAIMANTS- Send in with this form copies of all papers 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 official documents. 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
	\$				
	\$				
	\$				
	\$				
	\$				
11. Lump Sum Payments Received for Terminal Annual Leave					
A. Amount of Payment	B. Date of Payment	C. Amount of Leave	D. Effective Period of Terminal Leave		
\$			From To		
\$			From To		
12. Severance Pay—Is claimant entitled to receive severance pay provided by Section 9 of Public Law 89-301, other Federal law or agency-employee agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. 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 OF CLAIMANT		Date Signed	Department Representative		
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Return this form to:
State of Nevada
Employment Security Division
500 E. 3rd St. Attn: Benefits Monetary Unit
Carson City, NV 89713

Instructions for Completing Form ES-935

Complete Only the Items Indicated from the following instructions. Please print legibly. Return the completed form, along with **copies** of any proof of earnings you may have (Paycheck Stubs, Leave and Earnings Statements, W2 Forms) to:

**Department of Employment, Training and Rehabilitation
Employment Security Division Attn: Monetary-UCFE
500 E. 3rd St.
Carson City, NV 89713**

If you choose, you may fax the completed document with your proof of earnings to:
(775)684-0463, Attn: Monetary-UCFE.

You must return this information within 10 days of the mailing date shown on the cover letter. In the event the employer does not respond in a timely manner, the information you provide may be used to determine your eligibility for benefits.

Please complete:

Item 6: Print the name and mailing address of the Federal Employer who paid your checks. Obtain the address from your Form SF-8 or SF-50, if available. If not, provide the address on your pay stubs, Leave and Earnings Statement or Form W-2.

Item 7: Provide the City, County and State of your Duty Station. This is the office to which you were normally assigned. This office may be different than the location where you were working.

Item 8: Provide the dates of employment. If you have worked for this employer on more than one occasion, complete both sections.

Item 11: Please list any Terminal Annual Leave you may have received upon separation from this employer. This is commonly known as vacation pay.

Item 12: Please indicate whether or not you received Severance Pay on or after your separation with this employer.

Item 13: Please provide a **brief** description as to why you no longer work for this employer.

Certification: Please sign and date the form at the bottom in the space provided prior to returning.