



**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 <b>032</b>		LO #	
2. Name (Last, First, MI)		3. SSN		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) <b>FOR THE BASE AND LAG PERIODS</b>				10. Documentary Evidence (Submitted by the claimant showing Federal Civilian Employment)  <b>MAIL CLAIMANTS-</b> Send in with this form <b>copies</b> 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.					
<b>I, THE CLAIMANT, SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS, TO THE BEST OF MY KNOWLEDGE OR BELIEF, ARE TRUE AND CORRECT.</b>					
SIGNATURE OF CLAIMANT		Date Signed		Department Representative	
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Return this form to:  
**State of Nevada**  
**Employment Security Division**  
**500 E. 3<sup>rd</sup> St. Attn: Benefits Monetary Unit**  
**Carson City, NV 89713**