

DIVISION OF EMPLOYMENT SECURITY  
UNEMPLOYMENT INSURANCE DIVISION  
Raleigh, North Carolina

CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE,  
WAGES, AND REASON FOR SEPARATION

1. Employment Security Commission of North Carolina PO Box 25903 Raleigh, NC 27611		2. Claimant's Name and Mailing Address			
3. LO/Call Center ID	4. Date of Request	5. Effective Date of Claim	6. Separation Date		
7. Federal Agency Name and Address		8. Social Security No.  - -			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO   If "Yes" complete the following information: Total Entitlement: \$ _____. Severance Pay Period Beginning Date _____ and Ending Date _____.					
d. Pension: Are you entitled to receive a pension from any branch of the Federal Government? <input type="checkbox"/> YES <input type="checkbox"/> 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 the 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	