

CLAIMANT INSTRUCTIONS

Government of the District of Columbia Department of Employment Services

Claimant Affidavit of Federal Civilian Services, Wages and Reasons for Separation

Form ES-935, or the *Claimant's Affidavit of Federal Civilian Services, Wages and Reasons for Separation* is used to establish potential eligibility for unemployment benefits for individuals who worked in a civilian capacity for the Federal Government. When wage information is received from your employer, your wage records will be corrected if necessary. You shall be responsible for repayment of any overpayment of benefits resulting from a correction of your wage records. Not all employment with the Federal Government is considered covered employment and may not be usable to establish a claim for unemployment benefits.

COMPLETE THE FOLLOWING INFORMATION:

- 1. CLAIMANT INFORMATION.** This includes your full name, social security number, date of birth, date filed, federal employer name, complete address of the agency, and dates of employment.
- 2. BASE PERIOD INFORMATION.** Your base period is determined according to the week you filed your claim. Your base period is the first four of the last five completed calendar quarters prior to the quarter you file your claim. For claimants affected by the *December 2018 Federal Government Shutdown*, please use the base period on the back of this form.
- 3. REPORT GROSS WAGES.** Enter gross wages earned (before any deductions) for each quarter of the base period based upon your payment dates NOT your dates of employment. If no wages were paid to you during any of the time periods listed, please enter "0".
- 4. REPORT ADDITIONAL INCOME: Severance Pay and Pension.** If you received or are entitled to receive severance pay provided by any federal law or agency-employee agreement or pension from any branch of the Federal Government, enter the gross amounts in the appropriate fields of that section.
- 5. PROVIDE REASON FOR SEPARATION.** Reason for separation due to a federal furlough is *lack of work*. If other reason, please indicate discharge or quit as appropriate and provide a short narrative statement regarding the reason given for this separation.
- 6. CAREFULLY READ THE DISCLAIMER** at the bottom of the form.
- 7. SIGN and DATE.**
- 8. PROVIDE REQUIRED DOCUMENTATION.** Include COPIES of your most recent SF-8, SF-50 as well as any evidence you may have of your earnings, including five (5) of your most recent paycheck stubs, 2017 W2 forms or earnings statements. If you fail to provide the documentation that supports the wage information you entered above, your claim cannot be processed.
- 9. SUBMISSION OF FORM AND REQUIRED DOCUMENTS.** The Claimant's Affidavit form and accompanying wage documents can be either scanned and EMAILED to po.e.does@dc.gov or FAXED to **(202) 724-1348**.

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) _____

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
July, August, September	2017	
October, November, December	2017	
January, February, March	2018	
April, May, June	2018	
July, August, September	2018	

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)

DOES Representative's Signature Date (mm/dd/yyyy)