

Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation (ES-935)

The Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation (ES-935) form is a required document in addition to filing your unemployment insurance (UI) claim. This documentation should only be submitted if you have already filed an unemployment claim and been notified to submit this information.

Use the following information to complete the indicate questions and meet the requirements for the ES-935: (Questions 1, 4 and 5 are for Agency Staff Only and should be left blank.)

2. NAME OF CLAIMANT: Your full name as listed on your government-issue ID

3. SOCIAL SECURITY NUMBER: Full social security number

6. EMPLOYER: Name of the Federal agency as shown on the SF-50 or SF-8, if available.

7. EMPLOYMENT ADDRESS: Complete address of the Federal agency as shown on the SF-50 or SF-8, if available.

8. DATES OF EMPLOYMENT: From - first date of work. To - last day you worked.

9. BASE PERIOD: Your base period is determined by the date your claim is filed and identifies the wages that will be used to calculate your weekly benefit amount. It is the first four of the last five completed calendar quarters prior to the quarter you file your claim.

9a. Quarter Ending: Provide the last month and year of each quarter in the base period. Use the Base Period Chart below for assistance. If you worked in the most recent quarter just prior to your filing date, list your earnings for that quarter as well.

Example: If you filed your claim on October 1, 2025, the base period ending will be 3rd quarter 2024, 4th quarter 2024, 1st quarter 2025 and 2nd Quarter 2025 and you will enter the following ending dates of each quarter (one quarter per row):

Quarter Ending	Year
September 30	2024
December 31	2024
March 31	2025
June 30	2025

9b. GROSS WAGES IN FEDERAL CIVILIAN SERVICE: Enter gross wages earned (before any deductions) for each quarter of the base period based on your payment dates, NOT your dates of employment. If no wages were paid to you during any of the time periods listed, enter "0."

9c. DOCUMENTARY EVIDENCE: These are the documents you will submit as proof of your employment in wages. This includes copies of your most recent SF-8, SF-50 as well as any evidence you may have of your earnings such as paycheck stubs, W2 forms, or earnings statements. If you fail to provide the documentation that supports the wage information you enter, your wages cannot be added to your claim in the event your federal employer does not respond.

10. TERMINAL ANNUAL LEAVE: If you have been permanently separated from the federal employer and received or will receive a lump sum payment for unused annual leave, enter the details.

10a. Amount of payment – Total amount of pay for the unused terminal leave pay.

10b. Date of payment – Date (month, date and year) the lump sum payment was or will be issued.

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10c. AMOUNT OF TERMINAL ANNUAL LEAVE: Days - Number of days of terminal annual leave covered by the lump sum payment. Hours – Number of hours of terminal annual leave covered by the lump sum payment.

10d. EFFECTIVE PERIOD OF TERMINAL LEAVE: From – The actual time of day and the date in which the terminal leave started. To - The actual time of day and the date in which the terminal leave ended.

11. REASON FOR SEPARATION: Reason for separation, such as, discharge, quit, lack of work, furlough, leave of absence as shown on the SF-50 and provide a short statement with additional details if other than lack of work.

Carefully read the statement at the bottom of the form then sign and date and upload to the MyUI Claimant Portal or hand deliver it to your local career center if you are unable to access the portal.

BASE PERIOD CHART

If You File In...

Your Regular Base Period Will Be...

1st Qtr Jan Feb Mar	4th Qtr Oct Nov Dec Year Before Last	1st Qtr Jan Feb Mar	2nd Qtr Apr May June Last Year	3rd Qtr Jul Aug Sep
2nd Qtr Apr May June	1st Qtr Jan Feb Mar	2nd Qtr Apr May June Last Year	3rd Qtr Jul Aug Sep	4th Qtr Oct Nov Dec
3rd Qtr Jul Aug Sep	2nd Qtr Apr May June Last Year	3rd Qtr Jul Aug Sep	4th Qtr Oct Nov Dec	1st Qtr Jan Feb Mar This Year
4th Qtr Oct Nov Dec	3rd Qtr Jul Aug Sep Last Year	4th Qtr Oct Nov Dec	1st Qtr Jan Feb Mar This Year	2nd Qtr Apr May June

GEORGIA DEPARTMENT OF LABOR EMPLOYMENT SECURITY AGENCY CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES, AND REASON FOR SEPARATION				1. CAREER CENTER	
2. NAME OF CLAIMANT		3. SOCIAL SECURITY NUMBER(S)		4. TYPE OF CLAIM ("X" one) D New 0 Additional	
				5. DATE FILED	
6. EMPLOYER (Federal agency)		7. EMPLOYMENT ADDRESS		8. DATES OF EMPLOYMENT	
Account Number _____				From	
				To	
9. GROSS WAGES RECEIVED FROM THE ABOVE AGENCY (Complete only if a new claim)					
9a. BASE PERIOD		9b. GROSS WAGES IN FEDERAL CIVILIAN SERVICE		9c. DOCUMENTARY EVIDENCE (Submitted by claimant showing Federal civilian employment)	
Quarter Ending	Year				
TOTAL GROSS WAGES ►					
10. LUMP-SUM PAYMENT(S) RECEIVED FOR TERMINAL ANNUAL LEAVE					
10a. AMOUNT OF PAYMENT		10c. AMOUNT OF TERMINAL ANNUAL LEAVE		10d. EFFECTIVE PERIOD OF TERMINAL LEAVE	
				From	o'clock
10b. DATE OF PAYMENT		Hours		To	o'clock
11. REASON FOR SEPARATION					
<p>I, the claimant, understand: that penalties are provided by law for an individual making false statements to obtain benefits; that any determination based on this affidavit is not final; that it is subject to correction upon receipt of wage and separation information from the Federal agency for which I worked; 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; and that any amount overpaid may have to be repaid or offset against future benefits.</p> <p>I, the claimant, swear, or affirm, that the above statements, to the best of my knowledge and belief, are true and correct.</p>					
SIGNATURE OF CLAIMANT		DATE		SIGNATURE OF STATE AGENCY REPRESENTATIVE	
					