

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. If you have not already filed an unemployment claim, please file [here](#).

After submitting your online application, you must complete Sections 2, 3, 6, 7, 8, 9a, 9b, 10a-d and 11 and sign the bottom before submitting the form to your local career center. Include proof of your federal employment wages for the last 18 months (e.g. Standard Form 50, W-2, pay stubs, etc.) to be used to determine your monetary eligibility if your federal employer fails to respond.

NOTE: Submission of the ES-935 form does not replace the requirement to complete an unemployment claim. A claim is considered filed only after you receive a confirmation number.

GEORGIA DEPARTMENT OF LABOR EMPLOYMENT SECURITY AGENCY CLAIMANT'S AFFIDAVIT OF FEDERAL CIVILIAN SERVICE, WAGES, AND REASON FOR SEPARATION	1. CAREER CENTER
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2. NAME OF CLAIMANT	3. SOCIAL SECURITY NUMBER(S)	4. TYPE OF CLAIM ("X" one) <input checked="" type="checkbox"/> New <input type="checkbox"/> 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 IIfill! 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		
	Days		From	Time	Date
10b. DATE OF PAYMENT	Hours		To	o'clock	

11. REASON FOR SEPARATION

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.

I, the claimant, swear, or affirm, that the above statements, to the best of my knowledge and belief, are true and correct.

SIGNATURE OF CLAIMANT 	DATE	SIGNATURE OF STATE AGENCY REPRESENTATIVE	DATE
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