

Employment Security Division

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 500 East Third Street
 Carson City, NV 89713-0035
 North Tel (775) 684-0350
 South Tel (702) 486-0350



DETR
 Nevada Department of Employment,
 Training and Rehabilitation



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<http://www.nvdetr.org>

ONE NEVADA - Growing A Skilled, Diverse Workforce

		1. Agent State 32		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		8. Dates of Employment	
		City		From: To:	
		County			
		State			
9. Gross Wages Received From the Above Agency (Complete Only if a New Claim)			10. Documentary Evidence (Submitted by the claimant showing Federal Civilian Employment)		
FOR THE BASE AND LAG PERIODS					
QUARTER ENDING	GROSS WAGES	HOURS WORKED	WEEKS WORKED	MAIL CLAIMANTS- Send in with this form copies 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 necessary, originals will not be returned to you.	
	\$				
	\$				
	\$				
	\$				
	\$				
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 - Are you entitled to receive severance pay provided by Section 9 of Public Law 89-01, other Federal law or agency-employee agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Reason for Separation					
I, the claimant, understand: 1) The 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.					
SIGNATURE OF CLAIMANT		Date Signed		Department Representative	

Return this form to:

For immediate consideration Fax to:

(775) 684-0463

or

Mail to:

Employment Security Division/Monetary
 500 East Third Street
 Carson City, Nevada 89713



Report suspected UI Fraud online at <https://uifraud.nvdetr.org> or call (775) 684-0475



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