

**(STATE AGENCY IDENTIFICATION)  
REQUEST FOR WAGE AND SEPARATION INFORMATION- UCFE**

1. State Agency Address:	2. Name of Federal Agency, 3 Digit Agency Code, and Address:		
3. Local Office/Call Center ID: Claim:	4. Date of Request:	5. Date claim taken:	6. Effective Date of Claim:
7. Name (Last, First, Middle Initial)	8. Social Security Number		

**Complete and Return Within 4 Workdays**

9. Location of Official Duty Station. If outside U.S., enter Country: \_\_\_\_\_

10. Did this person perform Federal Civilian Service, @ as defined for UCFE purposes, for your agency at any time on or after the base period begin date shown in Item 11a below? \_\_Yes \_\_No

If No, Complete Items a – e below.

a. Under what legal authority was the individual hired? \_\_\_\_\_

b. What funding Source was used for salary payments? \_\_\_\_\_

c. Were payroll deductions made for Federal and State taxes? \_\_Yes \_\_No

d. Was Employee eligible for:

(1) Annual and Sick leave? \_\_Yes \_\_No

(2) Health and Life insurance? \_\_Yes \_\_No

(3) Civil Service or FERS retirement? \_\_Yes \_\_No

e. Did the Federal agency provide direction and control? \_\_Yes \_\_No

11. Are base period wages provided electronically? \_\_Yes \_\_No

If "Yes," go to Item 12. If "no," report all Wages from base period begin date to separation date.

a. Base period beginning date \_\_\_\_\_

b. Report wages for quarters ending after date in "a" above.

Qtr. Ending Wages	# of Weeks Worked	# of Hours Worked	Gross
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

12. Separation, Lump Sum Annual Leave, and Severance Pay Information

a. Did this person receive payment for annual leave on or after the date of separation? \_\_Yes \_\_No

If , "Yes" or if currently entitled to such a payment, enter below:

Amt of payment : \$ \_\_\_\_\_ Date of payment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Number of days of Leave: \_\_\_\_\_

b. Date of Separation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

c. Reason for separation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Did this person receive or is he/she entitled to receive severance pay provided by Federal law or agency employee agreement? \_\_Yes \_\_No

If "yes," complete the following information:

Total Amount: \$ \_\_\_\_\_

Beginning date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Print Name _____	Title _____
Signature _____	Telephone Number (_____) _____ Date _____/_____/____

ETA- 931 (Revised 1/2003)

**OMB Burden Statement:** These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is required to obtain or retain benefits under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.

### Important Notice

If a completed Form ETA-931 is not received by the 12<sup>th</sup> calendar day from the "date of request," the State agency is authorized by the Department of Labor's Regulation, published at 20 CFR 609.6(e)(2), to pay benefits to the ex-federal civilian employee based on his/her affidavit. Any benefit payments made to the claimant will be charged to the Federal employing agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980(94 Stat. 2599).

### INSTRUCTIONS TO FEDERAL AGENCY

As an alternative to completing this form, attaching a computer printout that contains all of the information requested is acceptable if the layout of the print out is cleared with the U.S. Department of Labor, Washington, DC 20210.

Item 9. Enter the name of the state where the ex-federal civilian employee's official duty station is located. If it is outside of the U.S., enter the name of the country.

Item 10. If the federal agency's response is "No" to this question, provide the information requested in questions 10 a - e.

Item 11. The state agency will provide the beginning date of the base period for the unemployment compensation claim filed by the ex-federal civilian employee. All employment and wages from the base period beginning date through the date of separation are reportable in response to this request. Enter the number of weeks worked, number of hours worked and gross wages for the current calendar quarter and all other calendar quarters ending after the base period begin date. **Include as wages** the amount of any lump sum annual leave payment. **Do not include** severance pay as wages (Refer to 5 USC 5595).

Item 12. Agency findings are available from SF 50. If payroll office records are incomplete or inadequate, or if information on SF-50 is not sufficient, check with personnel for additional information and add as part of separation information.

Signature of Official. Form is not complete unless it (or attached computer printout) is signed and dated; also enter signer's title and telephone number.

ETA 931 (Revised 1/2003)