

(STATE AGENCY IDENTIFICATION)

**REQUEST FOR SEPARATION INFORMATION - ADDITIONAL CLAIM**

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

Federal Agency Response B Complete and Return Within 4 Workdays

**8. Separation, Lump Sum Annual Leave, and Severance Pay Information**

- a. Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_
- b. Reason for separation: \_\_\_\_\_

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c. Did this person receive payment for annual leave on or after the effective date of claim shown in item 5?  
\_\_Yes\_\_ No If "Yes", or if currently entitled to such a payment, complete the following information:

Amount of payment: \$ \_\_\_\_\_ Date of payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days of Leave: \_\_\_\_\_

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 of payment: \$ \_\_\_\_\_ Beginning date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Signature of Official \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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