(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:** _____

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** ____/____/_____

ETA-931A (Revised 1/2003)

OMB No.: 1205-0179 **OMB Expiration Date:** 10/31/2015 **Estimated Average Response Time:** 5 Minutes