

(STATE AGENCY IDENTIFICATION)

REQUEST FOR INFORMATION REGARDING CLAIMS FILED UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT

1. Name (Last, First, Middle, If any)		2. Social Security Number	
3. Local Office/Call Center:	4. Date of Request:	5. Effective Date of Claim	6. Separation Date
7. Federal Agency Name, 3 Digit Agency Code, and Address:			

SECTION II. FEDERAL AGENCY REPLY

Instructions: Federal agency to complete at least Item I of Section II and return copy to state agency as soon as possible; extensive delay may cause unnecessary postponement of unemployment benefits or result in overpayment of such benefits.

1. Has the above employee filed a claim for Federal employees' compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Date claim Filed	3. "X" one only: CLAIM IS/WAS -----APPROVED; ----- REJECTED; ---- PENDING
NOTE: If claim is "pending," please return one copy of this form to the state (address on reverse) complete O.M.B Approval Subsequently, when a decision has been made, please furnish – on a second copy of this form – appropriate, No. 1205-0179 and send it to the State agency.	

4. If claim was "approved" rate of compensation \$	5. "X" one only: rate in item 4 is for -- week; -- 2 weeks -- month	6. Date Compensation Began	7. Ending Date If Known
8. Describe the disability for which compensation was claimed in terms of nature, degree, and expected duration:			

9. List compensation paid for the past periods with respect to week-ending dates (If any) shown below. (If none shown, information is not needed by state agency)

WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT

10. REMARKS:

SECTION III CERTIFICATION

I CERTIFY THAT I have examined this report and that the shown information was obtained from the official records of this agency (see address on reverse.)

1. Signature of Official	2. TITLE	3. DATE
4. Name of this Federal Agency (If different from that shown on reverse)		5. ADDRESS OF THIS OFFICE (If different from address shown on reverse)

ETA-933 (Revised 3/2003)