(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**____/____/_____

ETA-931A (Revised 1/2003)

0MB No.: 1205-0179 **0MB Expiration Date:** XX/XX/XXXX **Estimated Average Response Time: 5 Minutes**

O M B 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 0MB control number. Publlc 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