	TAKE THIS FORM WITH YOU IF Y	OU GO TO FILE A CLAI	M
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE			
similar to those of worker CLAIM, go to the nearest AGENCY to register for you file a claim. DO NOT not qualify for any benefit To help EXPEDITE your claim, take T employed by a Federal agency. SEP, similar documents that indicate you w	THIS FORM with you, your SOCIAL SECU ARATION or of your present NONPAY state	oved or are in a nonpay status E OFFICE of the STATE EM BIBILITY for UI CANNOT be i unemployment benefits may RITY ACCOUNT NUMBER CA Is (Standard Form 50 if availa	s and want to FILE A PLOYMENT SECURITY determined until AFTER
FEDERAL AGENCY will insert in the box: 1st line - Parent Federal Agency Name and 3 digit code number 2nd line - Major Component (if any) 3rd and 4th line - complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)		3 Digit Identification FEDFRAL AGEN CODE N	To be completed by the Federal
	TH YOU if you file a UCFE/UI claim for une r more information about UCFE/UI, read the		
NSN 7540-00-634-3964			STANDARD FORM 8 (REV. 6-87) Prescribed by Dept. of Labor 20 CFR 609