

SECOND REQUEST

9/13/57

REQUEST FOR  
WAGES

STATE OF MARYLAND  
DEPARTMENT OF EMPLOYMENT SECURITY  
REQUEST FOR WAGE AND SEPARATION INFORMATION  
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES

BUDGET BUREAU NO. 44-R 1037.1

STATE  
OFFICE NO. 50 N

Name Tscherim Soobzokov SSA No. 137-30-9646

1/1/18 DATE OF BIRTH U. S. Army Materials - Testing Unit - Ft. Meade, Md. PLACE OF EMPLOYMENT 8/29/57 DATE OF REQUEST

The payroll office address below was ( ) was not ( ) based on SF-8.

The claimant states that SF-8 was ( ) was not ( ) issued by your agency.

Payroll Office  
Post Finance Section  
Dept. of the Army  
Fort Geo. G. Meade, Md.

COMPLETE THE ITEMS BELOW

AND

RETURN WITHIN FOUR DAYS

1. FEDERAL SERVICE:

- Did this person perform Federal service (as defined for UCPE Purposes) for your agency at any time during periods indicated in 2 below? Yes  No . If "No," explain why service was not Federal service.
- Indicate the State or country of this individual's last "headquarters" (as recorded on SF-50 or equivalent document). If he had a "duty station" different from his "headquarters," enter his "duty station." (If the individual had no officially designated "headquarters" or "duty station," enter his last place of employment).

2. BASE PERIOD, WAGE INFORMATION

QUARTER	YEAR	GROSS WAGES	IF THESE WAGES WERE PREVIOUSLY ASSIGNED, INDICATE:			
			STATE	DATE ASSIGNED	AMOUNT ASSIGNED	SPECIFIC PERIOD COVERED
2nd	1956					
3rd	1956					
4th	1956					
1st	1957					
TOTAL GROSS WAGES:						

FOR STATE USE ONLY	BASIC W.B.A.	DEP. ALLOW.	TOTAL W.B.A.	MAX. BEN. ALLOW.	FOR COMPUTATION OF JOINT STATE AND FEDERAL BENEFITS

NOTE: If any of the time interval (in 3a below) covered by lump-sum terminal leave is in the base period, include the portion of the payment covering that period as wages in the appropriate quarter or quarters.

3. SEPARATION INFORMATION:

- Lump-sum terminal leave period from \_\_\_\_\_ to \_\_\_\_\_ Date of separation \_\_\_\_\_
- Last day of active pay status if earlier than date of separation, or if employee has not been separated \_\_\_\_\_
- Reason for separation or nonpay status. (Explain in detail. Use continuation sheet if necessary).

I certify that I have examined this wage and separation report, which constitutes the findings made by this agency, and to the best of my knowledge and belief it is a true, correct and complete report.

MAIL TO: STATE OF MARYLAND  
DEPARTMENT OF EMPLOYMENT SECURITY  
UNEMPLOYMENT INSURANCE DIVISION  
6 N. LIBERTY STREET  
BALTIMORE 1, MARYLAND

Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHODS EXEMPTION 3B2B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2005