

ELIGIBILITY DATA FORM: For claims under the Uniformed Services Employment and Reemployment Rights Act (USERRA) and/or claims under the Veterans' Preference (VP) provisions of the Veterans Employment Opportunities Act of 1998
U.S. Department of Labor, Veterans' Employment and Training Service

PLEASE TYPE OR PRINT

Section I: Claimant Information

1. Name: _____
Last Name First Name M.I.
2. Address: _____
Street City State ZIP
3. Social Security No: _____ 4. Home Phone: _____ 5. Work Phone: _____
6. Email Address _____

Section II: Uniformed Service Information

7. Serve(d) In: Army Navy Marine Corps Air Force Coast Guard National Guard Reserve
 Public Health Service Other (Explain in "Comments") None (Retaliation Claim – Explain in "Comments")
8. If Reserve/National Guard:
- (a) Name of Unit: _____
- (b) Unit Address: _____
- (c) Unit Phone: _____
9. Dates of Service (If applicable): (a) From: _____ To: _____
OR (b) Date of Examination/Rejection for Service: _____
10. Type of Discharge or Separation: Honorable Conditions Entry Level Uncharacterized Medical
 Other than Honorable Conditions Other (Explain in "Comments") Not Applicable

Section III: Employer Information

11. Employer or Prospective Employer's Name: _____
12. Address: _____
Street City County State ZIP
13. Principal Employer Contact (PEC):
(a) PEC Name/Title: _____ (b) PEC Phone: _____
14. Employment Dates (If applicable): From: _____ To: _____
15. Since beginning work with this employer, has your cumulative uniformed service exceeded 5 years? Yes No
If **YES**, explain in Comments box at end of this claim form.
16. Name of Union(s) That Represent You: _____

Section IV: Claim Information

17. Was the Employer Support of the Guard and Reserve (ESGR) involved in handling your claim initially? Yes No

If Claim Concerns Veterans' Preference in Federal Employment

18. Preference Issue (Check One): Hiring Reduction-in-Force (RIF)

If Claim Concerns Employment Discrimination under USERRA

19. Employment Discrimination Issue(s): Hiring Reemployment Promotion Termination Benefits of Employment

If Claim Concerns Hiring, Promotion, RIF or Termination

20. Title of Position Held or Applied For: _____

21. Pay Rate: _____

22. Date of Application Employment/Promotion: _____

20a. Vacancy Announcement No.: _____

20b. Date Vacancy Opened: _____ 20c. Date Vacancy Closed: _____

If Claim Concerns Reemployment Following Service

23. Was Prior Notice of Service Provided to Employer? Yes No (If "No," Explain in Comments)

24. (a) Who Provided Notice of Service to Employer? Self Other (name): _____

(b) Was the Notice of Service: Written Oral Both

(c) Date Notice of Service was given to Employer: _____

25. Name/Title of Person to Whom Notice of Service was Provided: _____

26. Date Applied for Reemployment: _____ **OR** Date Returned to Work: _____

27. Reemployment Application Made To: Name: _____ Title: _____

28. Reemployed or Reinstated? Yes (date): _____ No

(a) If **YES**, what position? _____ at what pay rate? _____

(b) If **NO**, Date denied: _____ Reason given: _____

(c) Who denied (name): _____

PUNISHMENT FOR UNLAWFUL STATEMENTS

The information provided in this complaint will be utilized by the U.S. Department of Labor, Veterans' Employment and Training Service (VETS) to initiate an investigation of alleged violations of the Uniformed Service Employment and Reemployment Rights Act (USERRA) and/or the Veterans' Preference (VP) provisions of the Veterans Employment Opportunities Act of 1998 (VEOA). Potential claimants should keep in mind that it is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Accountability Act of 1996 by a fine and/or imprisonment of not more than 5 years. 18 U.S.C. § 1001.

I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact my employer or any other person for information concerning this claim. I further authorize my employer or any other person to release such information to the U.S. Department of Labor. Pursuant to 5 U.S.C., Section 552a(b) of the Privacy Act, I authorize the U.S. Department of Labor and the U.S. Department of Defense to release information and records necessary for the investigation and prosecution of my claim.

SIGNATURE: _____ **DATE:** _____

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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, Veterans' Employment and Training Service, Room-S1316, 200 Constitution Avenue, N.W., Washington, DC 20210.

NOTIFICATION OF USERRA CLAIMANT'S RIGHTS

For claims arising under USERRA, a person has a right to commence an action for relief directly against the employer in the appropriate federal district court (in the case of a complaint against a State or private employer), pursuant to 38 U.S.C. § 4323(a)(2), or the Merit Systems Protection Board (in the case of a complaint against a Federal executive agency or the Office of Personnel Management), pursuant to 38 U.S.C. § 4324(b).

PRIVACY ACT STATEMENT

The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA or laws/regulations relating to veterans' preference in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance on your claim.

Continue in Comments box &/or use additional sheet(s) to explain items if needed – Sign and date form (above)

