



REQUEST FOR EMPLOYMENT INFORMATION IN CONNECTION WITH CLAIM FOR DISABILITY BENEFITS

SECTION I - IDENTIFICATION INFORMATION (To be completed by VA)

1. NAME AND ADDRESS OF EMPLOYER OF VETERAN (Complete)		RETURN TO	2. ADDRESS (Complete)	

INSTRUCTIONS: The veteran named in Item 3 has filed a claim for veterans disability benefits and has stated that he/she was recently employed by you. In order to arrive at a fair decision in this case, we need the information requested below. Please complete Sections II, III and IV and return to this office at the above address. Please be sure to sign and date this form in Items 21A and 21B. For free help in completing this form, call VA toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.

3. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN <input type="text"/> <input type="text"/> <input type="text"/>				
4. SOCIAL SECURITY NO. <input type="text"/> - <input type="text"/> - <input type="text"/>			5. VA FILE NO. <input type="text"/>	

SECTION II - EMPLOYMENT INFORMATION (To be completed by employer)

6. BEGINNING DATE OF EMPLOYMENT Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		7. ENDING DATE OF EMPLOYMENT Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		
8. AMOUNT EARNED DURING 12 MONTHS PRECEDING LAST DATE OF EMPLOYMENT (BEFORE DEDUCTIONS) \$ <input type="text"/>			9. TIME LOST DURING 12 MONTHS PRECEDING LAST DATE OF EMPLOYMENT (DUE TO DISABILITY) <input type="text"/>	
10. TYPE OF WORK PERFORMED 				
11. NUMBER OF HOURS WORKED				
A. DAILY <input type="text"/>		B. WEEKLY <input type="text"/>		
12. CONCESSIONS (IF ANY) MADE TO EMPLOYEE BY REASON OF AGE OR DISABILITY 				
13A. IF VETERAN IS NOT WORKING, STATE REASON FOR TERMINATION OF EMPLOYMENT: (IF RETIRED ON DISABILITY, PLEASE SPECIFY)			13B. DATE LAST WORKED Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	
14A. DATE OF LAST PAYMENT Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		14B. GROSS AMOUNT OF LAST PAYMENT \$ <input type="text"/>		
15A. WAS LUMP SUM PAYMENT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 15B and 15C)		15B. GROSS AMOUNT PAID \$ <input type="text"/>	15C. DATE PAID Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	

SECTION III - RESERVE OR NATIONAL GUARD DUTY STATUS
(Only complete if claimant is currently serving in the Reserve or National Guard)

16A. WHAT IS THE VETERAN'S CURRENT DUTY STATUS?

16B. DOES THE VETERAN HAVE ANY DISABILITIES THAT PREVENT THEM FROM PERFORMING THEIR MILITARY DUTIES?

YES NO

SECTION IV - INFORMATION ON BENEFIT ENTITLEMENT AND/OR PAYMENTS *(To be completed by employer)*

17. IS VETERAN RECEIVING OR ENTITLED TO RECEIVE, AS A RESULT OF HIS/HER EMPLOYMENT WITH YOU, SICK, RETIREMENT OR OTHER BENEFITS?

YES NO *(If "Yes," complete Items 18 through 20C)*

18. TYPE OF BENEFIT

19. GROSS MONTHLY AMOUNT OF BENEFIT

\$

20A. DATE BENEFIT BEGAN

Month Day Year
 - -

20B. DATE FIRST PAYMENT ISSUED

Month Day Year
 - -

20C. DATE BENEFIT WILL STOP *(If known)*

Month Day Year
 - -

21A. SIGNATURE OF EMPLOYER OR SUPERVISOR *(If claimant is serving in the Reserves or National Guard, then signature of unit commander or designee is required)*

21B. DATE SIGNED

Month Day Year
 - -

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for disability benefits based on unemployability (38 U.S.C. 1521). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.