



June 28, 2013

OMB NO. 1293-0002 (EXP 10/31/2013)

**VETS 1010 Form On-line Submission**

VETS/USERRA/VP Form 1010 (REV 1/2010)

*NOTE: All information you enter will be saved automatically when you move to another section. If you do not submit your claim by completing the "Signature" section before you logout, you can log back in later to finish and submit your claim. An asterisk (\*) indicates a required field in the e-1010 Form.*

Section I Claimant	Section II Service	Section III Employer	Section IV Claim Type	Comments	Signature
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**Section III: Employer Information**

12. Employer or Prospective Employer's Name: \_\_\_\_\_ \*

Is this employer a Federal government executive agency?  Yes  No \*

13. Address:

US Address  Overseas Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State:  \*

Zip Code: \_\_\_\_\_

14. Principal Employer Contact (PEC):

(a) PEC Name/Title: \_\_\_\_\_

(b) PEC Phone: \_\_\_\_\_

15. Employment Dates (if applicable, ex. mm/dd/yyyy):

From: \_\_\_\_\_ To: \_\_\_\_\_ \*

16. Since beginning work with this employer, has your cumulative uniformed service exceeded 5 years?

Yes  No if YES, explain in Comments Section at the end of this form.

17. Name of Union(s) That Represent You: \_\_\_\_\_

18. Title of the Position or Occupation that is related to your claim (the job that you either now hold, or used to hold, or applied for, with this employer): \_\_\_\_\_ \*

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