Department of Veterans Affairs									
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 VET	ERAN (Complete)	-	Я	RETURN TO		DRESS (Con	nplete)	
arrive at a fair decision i Please be sure to sign an (TDD 1-800-829-4833).	n this case, we need the i id date this form in Items	nformation requested below. 21A and 21B. FOR FREE H	Please comple IELP IN COM	lete Secti IPLETIN	ions II and NG THIS	d III ar	nd return to I, CALL V	this of A TOI	
3. FIRST NAME - MIDDLE	4. SOCIAL SE	SECURITY NO. 5. VA FILE NO.							
SECTION II - EMPLOYMENT INFORMATION (To be completed by employer)									
6. BEGINNING DATE OF EMPLOYMENT	7. ENDING DATE OF EMPLOYMENT		RING 12 MONTHS PRECEDING YMENT (BEFORE DEDUCTIONS) 9. TIME LOST DURING 12 MONTHS PRECEDIN LAST DATE OF EMPLOYMENT (DUE TO DISABILITY)						
10. TYPE OF WORK PERI	11. NUMBER OF HOURS WORKED								
	A. DAILY B. WEEKLY					Y			
12. CONCESSIONS (IF AN 13A. IF VETERAN IS NOT EMPLOYMENT. IF R			ATE LAST DRKED		14A. DATE	OF LA	ST PAYMENT		
					14B. GROSS AMOUNT OF LAST PAYMENT \$				
15A. WAS LUMP SUM PA	15B. GROSS AMOUNT PAID				15C. DATE PAID				
	\$								
SECTION III - INFORMATION ON BENEFIT ENTITLEMENT AND/OR PAYMENTS (To be completed by employer)									y employer)
16. IS VETERAN RECEIVI HIS/HER EMPLOYMEI BENEFITS?	17. TYPE OF	BENEFI	IT						
18. GROSS MONTHLY AN	f "Yes," complete Items 17 th MOUNT OF BENEFIT	19A. DATE BENEFIT BEGAN	19B. DATE FIRST PAYMENT ISSUED				20. DATE BENEFIT WILL STOP (If known)		
21A. SIGNATURE OF EMP	2LOYER OR SUPERVISC	R	l						21B. DATE
38, Code of Federal Reg collection of money owe benefits, verification of and Vocational Rehabili is considered relevant ar Information submitted is	ulations 1.576 for routine ed to the United States, lit identity and status, and pe tation and Employment F and necessary to determine s subject to verification th	e uses (i.e., civil or criminal la tigation in which the United S ersonnel administration) as id Records - VA, published in the maximum benefits under the urough computer matching pro-	aw enforcemer States is a party lentified in the le Federal Regi e law. The resp ograms with of	nt, congr y or has VA syst ister. Yo ponses y other age	ressional of an interess tem of recour obliga you submincies.	commu st, the ac cords, 5 ation to it are co	nications, e dministratio 8VA21/22/ respond is onsidered co	pidemi on of V 28, Co volunta onfiden	he Privacy Act of 1974 or Title ological or research studies, the A programs and delivery of VA mpensation, Pension, Education, ry. The requested information tial (38 U.S.C. 5701).
Important Notice About Title 38, United States C information, and comple to respond to a collection http:www.reginfo.gov/p	Information Collection: code, allows us to ask for te this form. VA cannot c n of information if this nu ublic/do/PRAMain. If de	We need this information to this information. We estimat conduct or sponsor a collection umber is not displayed. Valid sired, you can call 1-800-827	determine elig te that you will on of informati 1 OMB control 7-1000 to get in	zibility f 1 need an ion unles l number nformati	for disabil n average ss a valid rs can be l ion on wh	ity bend of 15 r OMB c located here to s	efits based on ninutes to re- control num on the OM send comme	on uner eview t ber is c B Inter ents or	nployability (38 U.S.C. 1521). the instructions, find the lisplayed. You are not required net Page at suggestions about this form.