



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

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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