

 **Department of Veterans Affairs** **VA DATE STAMP**  
DO NOT WRITE IN THIS SPACE

**REQUEST FOR EMPLOYMENT INFORMATION IN CONNECTION WITH CLAIM FOR  
 DISABILITY BENEFITS**

1. NAME AND ADDRESS OF EMPLOYER OF VETERAN <i>(Complete)</i>	RETURN TO	2. ADDRESS <i>(Complete)</i>
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**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 address below. Please be sure to sign and date this form in Items 23A and 23B. 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.

**Where to Send Correspondence** - After completing the form, mail to:  
 Department of Veterans Affairs  
 Evidence Intake Center  
 P.O. Box 4444  
 Janesville, WI 53547-4444

**SECTION I - IDENTIFICATION INFORMATION**

**NOTE:** You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

3. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

4. SOCIAL SECURITY NUMBER  — —	5. VA FILE NUMBER <i>(If applicable)</i>	6. DATE OF BIRTH Month                  Day                  Year —                                  —
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**SECTION II - EMPLOYMENT INFORMATION *(To be completed by employer)***

7. BEGINNING DATE OF EMPLOYMENT Month                  Day                  Year —                                  —	8. ENDING DATE OF EMPLOYMENT Month                  Day                  Year —                                  —	9. TYPE OF WORK PERFORMED
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10. AMOUNT EARNED DURING 12 MONTHS PRECEDING LAST DATE OF EMPLOYMENT (BEFORE DEDUCTIONS) \$	11. TIME LOST DURING 12 MONTHS PRECEDING LAST DATE OF EMPLOYMENT (DUE TO DISABILITY)
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12A. NUMBER OF HOURS WORKED <i>(Daily)</i>	12B. NUMBER OF HOURS WORKED <i>(Weekly)</i>
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13. CONCESSIONS *(if any)* MADE TO EMPLOYEE BY REASON OF AGE OR DISABILITY

14A. IF VETERAN IS NOT WORKING, STATE THE REASON FOR TERMINATION OF EMPLOYMENT: <i>(IF RETIRED ON DISABILITY, PLEASE SPECIFY)</i>	14B. DATE LAST WORKED Month                  Day                  Year —                                  —
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15A. DATE OF LAST PAYMENT Month                  Day                  Year —                                  —	15B. GROSS AMOUNT OF LAST PAYMENT \$	16A. WAS LUMP SUM PAYMENT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO GROSS AMOUNT PAID \$	16B. DATE PAID Month                  Day                  Year —                                  —
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**SECTION III - RESERVE OR NATIONAL GUARD DUTY STATUS**  
*(Only complete if claimant is currently serving in the Reserve or National Guard)*

17A. WHAT IS THE VETERAN'S CURRENT DUTY STATUS?

17B. DOES THE VETERAN HAVE ANY DISABILITIES THAT PREVENT THEM FROM PERFORMING THEIR MILITARY DUTIES?  
 YES     NO

