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June 28, 2013

VETS 1010 Form On-line Submission

OMB NO. 1293-0002 (EXP 10/31/2013) 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 IV: Claim I	nformation				
Select Claim Type:					
Claim Issue: Pk	m Concerns Veterans' F m Concerns Employmen ease Select	nt Discrimination unde	er USERRA	* our claim initially?	
	liring, Promotion, RIF	or Termination:			
22. Title of Position		or reministroni			
23. Pay Rate:			***		
				(mm/dd/yyyy)	
24a. Vacancy Ar	nnouncement No.:				
24b. Date Vacancy Opened:				(mm/dd/yyyy)	
24c. Date Vacancy Closed: (mm/dd/yyyy)					
If Claim Concerns R	Reemployment Follow	ring Service:			
26. (a) Who Provid (b) Was the No	of Service Provided to ded Notice of Service to Er otice of Service: s of Service was given to i	Please Select	🔻	•	
27. Name/Title of Pe	rson to Whom Notice o	of Service was Provide	d:		
28. Date Applied for	Reemployment:	(mm/dd/yyyy)			
OR Date Retur	med to Work:	(mm/dd/yyyy)			
29. Reemployment A	pplication Made To:				
Name:		Title:			
30. Reemployed or R	einstated?	O Yes O No			
Continue in Comn Prev	nents box to explain	items if needed.			<u>Next</u> (
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