



**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

**MONTHLY PROGRESS REPORT -  
 VETERAN READINESS AND EMPLOYMENT**

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on Page 4. Use this form to submit Veteran Employment activity progress (i.e., job referrals, workshops, interviews, etc.) For more information, you can contact us online through Ask VA: <https://ask.va.gov/>. Ask us a question online or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, electronically email it to the assigned Veteran Readiness & Employment Case Manager or mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.**

**SECTION I: VETERAN'S IDENTIFICATION INFORMATION**

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check circles to help expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. STATE IDENTIFICATION NUMBER

3. TODAY'S DATE *(MM/DD/YYYY)*

Month                      Day                      Year  
 —                              —

4. MAILING ADDRESS *(If applicable) (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)*

No. &  
 Street  
 Apt./Unit Number                      City  
 State/Province                      Country                      ZIP Code/Postal Code                      —

5. TELEPHONE NUMBER *(Include Area Code)*

Enter International Phone Number *(If applicable)*

6. EMAIL ADDRESS *(Optional)*

7. EMPLOYMENT GOAL

8. REFERRAL DATE *(MM/DD/YYYY)*

Month                      Day                      Year  
 —                              —

9. DATE OF LAST CONTACT *(MM/DD/YYYY)*

Month                      Day                      Year  
 —                              —

10. STATE WORKFORCE CASE MANAGER'S NAME AND TITLE

**SECTION II: MONTHLY INFORMATION REQUIRED**

**Indicate the job search efforts of the VR&E Participant and DVOP/AJC Case Manager during this reporting period.**

11. JOB SEARCH EFFORTS:

- 11A. HAS THE PARTICIPANT DEVELOPED A TARGETED RESUME THIS MONTH?     YES     NO
- 11B. HAS THE PARTICIPANT PARTICIPATED IN AN INTERVIEW THIS MONTH?     YES     NO
- 11C. HAS THE PARTICIPANT ATTENDED A CAREER SEARCH PREPARATION WORKSHOP THIS MONTH?     YES     NO
- 11D. HAS THE PARTICIPANT ATTENDED A CAREER FAIRS/HIRING EVENTS THIS MONTH?     YES     NO
- 11E. HAS THE PARTICIPANT APPLIED FOR CAREER OPPORTUNITIES THIS MONTH?     YES     NO
- 11F. HAS THE PARTICIPANT ACCEPTED AN EMPLOYMENT OFFER THIS MONTH?     YES     NO
- 11G. HAS THE PARTICIPANT BEEN COOPERATIVE/RESPONSIVE THIS MONTH?     YES     NO

**SECTION III: SUMMARY REPORT  
New Employment Information  
Please provide VR&E Participant's Employment Information**

|  |            |  |  |
|--|------------|--|--|
| 12. START DATE (MM/DD/YYYY)  |            | 13. JOB TITLE  |  |
| 14. NAME OF EMPLOYER   |            |  |  |
| 15. EMPLOYER ADDRESS   |            |  |  |
| 16. HOURS PER WEEK   | 17. SALARY | 18. POSITION TYPE<br><input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | 19. WORK TYPE<br><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME |
| 20. BENEFITS<br><input type="checkbox"/> MEDICAL <input type="checkbox"/> VACATION/TIME OFF <input type="checkbox"/> 401K <input type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> EDUCATION |            |  |  |
| 21. NAME OF SUPERVISOR   |            |  |  |
| 22. TELEPHONE NUMBER (Include Area Code)<br><div style="text-align: center;">Enter International Phone Number (If applicable)</div>  |            |  |  |

**SECTION IV: VETERAN READINESS AND EMPLOYMENT (VR&E)  
VETERANS' EMPLOYMENT AND TRAINING SERVICE (VETS)  
JOB REFERRALS**

| 23. DATE REFERRED<br>(MM/DD/YYYY) | 24. JOB TITLE | 25. EMPLOYER | 26. APPLIED/<br>STATUS                                      |
|-----------------------------------|---------------|--------------|---|
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                   |               |              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**SECTION V: VR&E PARTICIPANT'S JOB SEARCH EFFORTS**

**NOTE:** For submission of additional information, use a separate form (VA Form 28-10289) for each statement.

27. VR&E PARTICIPANT'S JOB SEARCH EFFORTS

**SECTION VI: DVOP/AJC CASE MANAGER'S JOB SEARCH ASSISTANCE:  
INDIVIDUALIZED CAREER SERVICES; REFERRALS FOR SUPPORTIVE SERVICES; LIVER SUPPORT**

28. DVOP/AJC CASE MANAGER'S JOB SEARCH ASSISTANCE

**SECTION VII: ADDITIONAL INFORMATION**

29. REMARKS

**SECTION VIII: AUTHORIZED SIGNATURE**

30. CASE MANAGER SIGNATURE (**REQUIRED**)

31. DATE SIGNED (*MM/DD/YYYY*)

**PENALTY:** The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-XXXX, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA Form 28-10289 to this email address.