



VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

LABOR MARKET INFORMATION-VETERAN READINESS & EMPLOYMENT

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 3. Use this form to submit Labor Market Information (i.e., Labor Market trends, salaries, physical requirements, required education or skills, 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. 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 READINESS & EMPLOYMENT (VR&E) LABOR MARKET INFORMATION (LMI)

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. COMPLETED BY STATE WORKFORCE (PROVIDE NAME & TITLE)		
3. VETERAN ID	4. DATE REFERRED Month Day Year - - -	5. DATE COMPLETED Month Day Year - - -
6. APPROVED OCCUPATION(S)		
7. DISTANCE WILLING TO TRAVEL		
8. VR&E CASE MANAGER		

SECTION II: LABOR MARKET INFORMATION
 (Document the appropriate individual labor market information in both columns below)

9. JOB DESCRIPTION/DUTIES/ACTIVITIES	12. WORK ENVIRONMENT (SEDENTARY/PHYSICAL)
11. WORK ENVIRONMENT (SEDENTARY/PHYSICAL)	10. JOB DESCRIPTION/DUTIES/ACTIVITIES

SECTION II: LABOR MARKET INFORMATION (CONTINUED)
(Document the appropriate individual labor market information in both columns below)

13. CAREERS REQUIRING SIMILAR SKILLS

14. CAREERS REQUIRING SIMILAR SKILLS

15. TRAINING/EDUCATION/APPRENTICESHIP REQUIRED

16. TRAINING/EDUCATION/APPRENTICESHIP REQUIRED

17. SALARY RANGE/BENEFITS:

18. SALARY RANGE/BENEFITS:

19. EMPLOYMENT OUTLOOK

20. EMPLOYMENT OUTLOOK

21. ANNUAL JOB OPENINGS

22. ANNUAL JOB OPENINGS

23. CAREER PERCENT GROWTH	24. CAREER PERCENT GROWTH
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25. ADDITIONAL NOTES/COMMENTS

SECTION III: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have completed this statement and that its information is true and correct to the best of my knowledge and belief.

26. STATE WORKFORCE REPRESENTATIVE	27. DATE SIGNED <div style="text-align: center; margin-top: 5px;"> Month Day Year _____ </div>
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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. Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA Form 28-10290 to this email address.