OMB Control No. 2900-0065 Respondent Burden: 15 minutes Expiration Date: 09/30/2020

Department of Veterans Affairs					VA DATE STAMP DO NOT WRITE IN THIS SPACE					
REQUEST FOR EMPLOYMENT INFORMATION	ON IN (	CONNECTION V	WITH (	CLAIM FOR						
DISABILITY B										
1. NAME AND ADDRESS OF EMPLOYER OF VETERAN (Complete)		2. ADDRESS (Comple	ete)							
F	RETURN TO									
	10									
INSTRUCTIONS: The veteran named in Item 3 has filed a claim f										
arrive at a fair decision in this case, we need the information reque Please be sure to sign and date this form in Items 23A and 23										
Telecommunications Device for the Deaf (TDD), the Federal number					,					
SECTION										
NOTE: You can <i>either</i> complete the form online or by hand.	Please p	rint the information	reques	ted in ink, neatly and	l legibly to help process the form.					
3. VETERAN/BENEFICARY'S NAME (First, Middle Initial, Last)	$\neg \vdash$	<del></del>		<del> </del>						
4. SOCIAL SECURITY NUMBER 5 VA F		BER (If applicable)		6. DATE OF BIRTH	1 (MM/DD/YYYY)					
5. 7/1	ILL NOWL	ETC (If applicable)		Month	Day Year					
SECTION II - EMPLOY										
7. BEGINNING DATE OF EMPLOYMENT (MM/DD/YYYY) 8. ENDING Month Day Year Month		EMPLOYMENT (MM/L) Pay Yea		9. TYPE OF WORK F	PERFORMED					
World - Day real World	_ [			٦						
10. AMOUNT EARNED DURING 12 MONTHS PRECEDING LAST DAT	E OF	11. TIME LOST DU (DUE TO DISA	URING 1	기 2 MONTHS PRECEDIN	NG LAST DATE OF EMPLOYMENT					
EMPLOYMENT (BEFORE DEDUCTIONS)										
\$ 12A. NUMBER OF HOURS WORKED (Daily)										
13. CONCESSIONS (if any) MADE TO EMPLOYEE BY REASON OF AGE OR DISABILITY										
14A. IF VETERAN IS NOT WORKING, STATE THE REASON FOR TER (IF RETIRED ON DISABILITY, PLEASE SPECIFY)	ST WORKED									
(ii kankas on sisialari, i aasas si acii i)	Day Year									
15A. DATE OF LAST PAYMENT  15B. GROSS AM  LAST PAYM		16A. WAS LUMP SU MADE?	JM PAYI	MENT 16B. DATE PA	ID					
Month Day Year		YES	NO	Month	Davi Vana					
s		GROSS AMOUNT F	PAID	Month	Day Year					
	FRVF OF	R NATIONAL GUAR	ידוום מי	Y STATUS						
(Only complete if claiman										
17A. WHAT IS THE VETERAN'S CURRENT DUTY STATUS?										
17B. DOES THE VETERAN HAVE ANY DISABILITIES THAT PREVEN	T THEM F	ROM PERFORMING T	HEIR MI	ILITARY DUTIES?						
YES NO										
VA FORM SEP 2017 21-4192 SUPERSEDES WHICH WILL N		21-4192, JUL 2015, ED.								

VETERAN'S SOCIAL SECURITY NO.			]_		] —														
SECTION IV - INFORMATION ON BENEFIT ENTITLEMENT AND/OR PAYMENTS (To be completed by employer)																			
18. IS VETERAN RECEIVING OR ENTITLED TO RECEIVE, AS A RESULT OF HIS/HER EMPLOYMENT WITH YOU, SICK, RETIREMENT OR OTHER BENEFITS?																			
YES NO (If "Yes," complete Items 19 through 21C)																			
19. TYPE OF BENEFIT																			
20. GROSS MONTHLY AMOUNT OF B	ENEF	IT																	
\$	(7) (7) (7)		lo4 D	DATE E	DOT	243/8	4ENIT	10011	-D 0	0 (/DD //////////	[21C	DATE	RENE	FIT WI	II ST	OP (I	f knou	m)	
21A. DATE BENEFIT BEGAN (MM/DD/YYYY)  21B. DATE FIRST PAYMENT ISSUED (MM/DD/YYYY)  21C. DATE BENEFIT WILL STOP (If known) (MM/DD/YYYY)																			
Month Day	Year		l _	Month	_	Day	<u>/</u>	_		Year	N	lonth		Day		_	Υ	ear	
					- L			-L					_			- L			
22. REMARKS																			
I CERTIFY THAT the statements made in this form are true and complete to the best of my knowledge and belief.																			
23A. SIGNATURE OF EMPLOYER OR	SUPE	RVISOR	(If cl	aimant is	servin	ıg in								SIGNE	D (MM	1/DD/	YYYY)		
then signature of unit commander	or de	esignee is	requ	<b>ired.</b> ) (Sig	zn in i	nk)													
<b>PENALTY:</b> The law provides sev	ere p	enalties	whic	ch includ	e fine	e or	impr	isonn	nent,	or both, for	the wil	lful su	ıbmis	sion o	f any	state	ment	or ev	idence

of a meterial fact, knowing it to be false, or for fraudulent acceptance of any payment to which you are not entitled.

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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN**: We need this information to determine eligibility for disability benefits based on unemployability (38 U.S.C. 1521). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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