



9 Walter Ave. Unit 5075
Storrs, CT 06029-5075
Telephone: (860) 486-3034
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Employee Information

EMPLOYEE NAME EMPLOYEE NUMBER

PRIOR STATE OF CONNECTICUT/CONNECTICUT COUNTY SERVICE AND MILITARY INFORMATION

Please complete the information below to ensure that the calculation of your State service for all purposes; Longevity, Seniority & Retirement, includes all eligible service under State statutes and in accordance with bargaining unit contract language. All service provided below, including military service, will be evaluated for possible service time credit.

I certify that I have neither qualifying prior service with the State of Connecticut nor Connecticut County Service

I have prior State of Connecticut service, including Student Worker service and Special Payroll Appointments at UConn; and/or I have Connecticut county service (which I understand will be reviewed for eligibility under certain legislative acts)

State Agency/County Service	Employment Dates: From To	Full/Part Time *

*Part-time will be pro-rated to full-time equivalency for some purposes.

I certify that I have no qualifying military service.

I certify I have active duty military service and I am attaching required documentation (DD-214). **

**If not attached to this form; please provide DD-214's as soon as possible to Human Resources

Employee Signature _____ Date _____

EMPLOYEE NAME

EMPLOYEE NUMBER

The information below is being sought to fulfill the University's legal obligation to report its equal employment opportunity profile to state and federal reviewing agencies. Any information you provide is strictly confidential.

US VETERAN STATUS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment the following classifications of **protected veterans** (protected under the non-discrimination and affirmative action provisions of the Act): (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A **"special disabled veteran"** is one of the following:
 - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability:" (A) rated at 30% or more; or (B) rated at 10 or 20% in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- A **"veteran of the Vietnam era"** means a person who:
 - Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in all other cases; or
 - Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in all other cases.
- An **"armed forces service medal veteran"** means a veteran who, while serving on active3 duty in the U.S. military, ground, naval or air service3, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. (Your Form DD-214 may help you make this determination).

Please check all that apply:

Active Reserve Inactive Reserve

I am not a Protected Veteran

I identify as one or more of the classifications of protected veterans listed above

Please provide your most recent active duty military service discharge release date (mm/dd/yyyy)

I decline to disclose my protected veteran status

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submissions of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA. If you are a disabled veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider request for accommodation on a case-by-case basis.

By signing below, I attest that the information provided by me on this form above is true and accurate.

Employee Signature _____ Date _____