

## CERTIFICATION REQUEST FOR VETERANS EMPLOYMENT GRANT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Wisconsin Statute § 45.437, provides a Veteran Employment Grant for employers who hire veterans whom have a service-connected Federal VA disability rating of at least 50% on the hire date.

### TO BE COMPLETED BY EMPLOYER

We request the Wisconsin Department of Veterans Affairs (WDVA) verify that the Employee below is a veteran and a resident of this state in accordance with sections 45.01(12) and 45.02, Wis. Stats., and has a service-connected Federal VA disability rating of at least 50%, under 38 USC 1114 or 1134.

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer FEIN #: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employer City, State, Zip Code: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

\_\_\_\_\_  
Employer Authorized Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY EMPLOYEE

Employee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employee City, State, Zip Code: \_\_\_\_\_

*Please check all that apply.*

- I authorize WDVA to verify my honorable service in the U.S. Armed Forces, and release this information to my employer listed above.
- I have a service-connected VA disability rating of at least 50 %, under 38 USC 1114 or 1134.  
I authorize WDVA to verify my disability rating percentage and effective date, and release this information to my employer listed above.
- I have attached a copy of my disability documentation from the United States Department of Veterans Affairs that states I have a service connected VA disability rating of at least 50 %, under 38 USC 1114 or 1134.
- I have attached a copy of my DD Form 214 (Certificate of Release or Discharge from Active Duty).

Under penalties of law, I declare that the above information is true, correct and complete, to the best of my knowledge.

\_\_\_\_\_  
Veteran Signature

\_\_\_\_\_  
Date