



TULLY RINCKEY PLLC

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USERRA INTAKE FORM

Please fill in the following information, so we may better evaluate your eligibility for an MSPB claim under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Please complete the form and return to our office via email: intake@fedattorney.com (send complete form as an attachment or imbedded document), fax: (518) 218-0496, or postal mail: Tully Rinckey USERRA Intake, 441 New Karner Road, Albany, NY 12205. Please allow 2-3 weeks from the time we receive this intake form to evaluate and start the initial processing of your paperwork. Incomplete, missing, or vague information may delay the processing of your claim.

Contact Information:

Name: ___ Mr. ___ Mrs. _____

Social Security No.: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Work/Alt. Email: _____

How did you hear about our USERRA practice? _____

Military Service: PLEASE PROVIDE ORDERS FOR EACH ACTIVE PERIOD IF YOU HAVE THEM

Were you a member of the **Reserves or National Guard** since September 11, 2001? _____

Dates of Service in the **Reserve or National Guard**:

Branch: _____ Dates: _____ to _____

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Duty stations and periods of **Active Duty** service (include all active time) since Sept. 11, 2001:

Station: _____ Dates: _____ to _____

Branch: _____ Title: _____

Station: _____ Dates: _____ to _____

Branch: _____ Title: _____

Station: _____ Dates: _____ to _____

Branch: _____ Title: _____

Are you an Iraq War vet? _____

Are you an Afghan War vet? _____

Have you received any of the following awards? (*Check all that apply*)

- _____ Global War on Terror Expeditionary Medal
- _____ Global War on Terror Service Medal
- _____ Iraq or Afghanistan Campaign Medal
- _____ Purple Heart
- _____ Bronze Star Medal

Are you currently deployed outside the United States? _____

Federal Civilian Employment Information:

(If you have been employed by different Federal Departments, Agencies, and/or Places of Duty, please list all with corresponding years of service starting with the most recent. Use additional pages if necessary.)

Were you a Federal Government employee at any point since September 11, 2001? _____

Federal Agency/Department/Employer: _____

Dates of employment: _____ to _____

Address of employment: _____

Type of appointment:

_____ Competitive _____ Excepted _____ Other (*Specify*)

Grade or Pay Band: _____

While employed by the Federal Government, were you ordered to active duty? _____

Did you request the 15 days of paid leave that Fed. employees are generally entitled to? _____

Were you compensated for the 15 days? _____

Did you request the additional 22 days paid leave that you may have been entitled to? _____

Were you compensated for the additional 22 days? _____

While you were on military orders, did you use any form of leave (Annual / LWOP / Sick):

Type: _____ Amount: _____

Have you ever filed any other military leave claims with your personnel office? _____

If yes, did you receive compensation? _____

Have you ever filed any other military leave claims with the Department of Labor (DOL) or the

Merit Systems Protection Board (MSPB)? _____