



TULLY RINCKEY^{PLLC}

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USERRA INTAKE FORM

Contact Information:

NAME: ____Mr. ____Ms. _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____

OFFICE PHONE: _____

CELL PHONE: _____

EMAIL (home): _____

EMAIL (work): _____

How did you hear about our USERRA practice? _____

Are you currently deployed out of the United States? _____

*Please complete Page 2

Military Service Information:

Beginning Date of Service: _____ Ending Date: _____

Which branch(es) did you serve in? _____

*Please include breakdown of dates served in each branch

Any year(s) you did **not** use any military leave? _____

Did you get charged military leave for non-workdays? _____YES _____NO _____DONT KNOW

Were you forced to use any of the following due to the agency charging you on off-duty days?

_____ Annual Leave _____ Sick Leave _____ LWOP

Have you filed any other military leave claims with your personnel office? _____YES _____NO

If **Yes**, for which year(s) were you compensated for? _____

If **Yes**, did you sign a Settlement Agreement & please provide agency? _____

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.)

Any break in civilian service? _____YES _____NO

When was break? _____

Have you ever signed a Collective Bargaining Agreement? _____YES _____NO

FEDERAL DEPARTMENT(S) EMPLOYED BY: (i.e. Dept. of Defense, Dept. of Justice, Homeland Security, etc.)

FEDERAL AGENCY(IES): (i.e. Border Patrol, Immigration, Customs, Army, Secret Service, etc.)

Place(es) of Employment: _____

Address(es): _____

*Please include breakdown of dates employed by each Agency

Beginning Date of Employment: _____ Ending Date: _____