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| H:\PublicAffairs\CommOfficer\Graphic Designs\Becky\WDVA Logos\WDVA Signature Exported Files\Print\WDVA_Signature - Black - 300ppi.jpg  Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) |
| **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 State 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.

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| **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. | | | | | | | | | | | | | | | |
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| Employer Name: | | |  | | | | | | | | | | Phone #: | | |
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| Employer FEIN #: | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| Employer Street Address: | | | | | | |  | | | | | | Email: | | |
|  | | | | | | | | | | | | | | | |
| Employer City, State, Zip Code: | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Employer Contact Name: | | | | | |  | | | | | | | | | |
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| 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: | | | | | | | | |  | | | | | | |
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| ***Please check all that apply.*** | | | | | | | | | | | |  | | | |
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| 1. |  | I authorize WDVA to verify my honorable service in the U.S. Armed Forces, and release this information to my employer listed above. | | | | | | | | | | | | | |
| 2. |  | I have a service-connected VA disability rating of at least 50 percent, 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. | | | | | | | | | | | | | |
| 3. |  | I have attached a copy of my disability documentation from the United Stated Department of Veterans Affairs that states I have a service connected VA disability rating of at least 50 percent, under 38 USC 1114 or 1134. | | | | | | | | | | | | | |
| 4. |  | I have attached a copy of my DD Form 214 (Certificate of Release or Discharge from Active Duty). | | | | | | | | | | | | | |
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| Under penalties of law, I declare that the above information is true, correct and complete, to the best of my knowledge. | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |  |  |
| Veteran Signature | | | | | | | | | | | | | |  | Date |