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| H:\PublicAffairs\CommOfficer\Graphic Designs\Becky\WDVA Logos\WDVA Signature Exported Files\Print\WDVA_Signature - Black - 300ppi.jpgWis. 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** |
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| 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 hasa service-connected Federal VA disability rating of at least 50%, under 38 USC 1114 or 1134.  |
|  |
| Employer Name: |       |
|  |
| Employer FEIN #: |       |  |
|  |
| Employer Street Address: |       |
|  |
| Employer City, State, Zip Code: |       |
|  |
|  |  |  |
| Employer Authorized Signature |  | Date |
| **TO BE COMPLETED BY EMPLOYEE** |  |
|  |  |
| Employee Name: |       |
|  |  |
| Employee Social Security Number: |       |  |
|  |  |
| Employee Street Address: |       |
|  |  |
| Employee City, State, Zip Code: |       |
|  |  |
| ***Please check all that apply.*** |  |
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| 1. | [ ]  | I authorize WDVA and the U.S. Department of Veterans Affairs to verify my honorable service in the U.S. Armed Forces, and release this information to my employer listed above. |
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| 2. | [ ]  | I have a service-connected VA disability rating of at least 50 percent, under 38 USC 1114 or 1134.I authorize WDVA and the U.S. Department of Veterans Affairs to verify my disability rating percentage and effective date, and release this information to my employer listed above. |
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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 |