



Montana Military Service Employment Rights Act (MMSERA)

PLEASE TYPE OR PRINT

Section I: Claimant Information

1. Name: _____
Last Name First Name M.I.
2. Address: _____
Street City State ZIP
3. Soc. Sec. No: _____ 4. Home Phone: _____ 5. Work Phone: _____

Section II:

6. If Reserve/National Guard:
- (a) Name of Unit: _____
- (b) Unit Address: _____
- (c) Unit Phone: _____
7. Dates called to service (If applicable): (a) From: _____ To: _____
- (a) Nature of call to service (e.g. flood, fire, earthquake) _____

Section III: Employer Information

8. Employer or Prospective Employer's Name: _____
9. Address: _____
Street City County State ZIP
10. Principal Employer Contact (PEC):
(a) PEC Name/Title: _____ (b) PEC Phone: _____
11. Employment Dates (If applicable): From: _____ To: _____
12. Name of Union(s) or others that Represent You: _____

Section IV: Claim Information

If Claim Concerns Employment Discrimination under MMSERA

13. Date incident or alleged incidents occurred: _____

14. Employment Discrimination Issue(s):

Hiring Reemployment Promotion Termination Benefits of Employment

If Claim Concerns Hiring, Promotion, RIF or Termination

15. Title of Position Held or Applied For: _____

16. Pay Rate: _____

17. Date of Application Employment/Promotion: _____

17a. Vacancy Announcement No.: _____

17b. Date Vacancy Opened: _____ 17c. Date Vacancy Closed: _____

If Claim Concerns Reemployment Following Service

18. Was Prior Notice of Service Provided to Employer? Yes No (If "No," Explain in Comments)

19. (a) Who Provided Notice of Service to Employer? Self Other (name): _____

(b) Was the Notice of Service: Written Oral Both

(c) Date Notice of Service was given to Employer: _____

20. Name/Title of Person to Whom Notice of Service was Provided: _____

21. Date Applied for Reemployment: _____ **OR** Date Returned to Work: _____

22. Reemployment Application Made To: Name: _____ Title: _____

23. Reemployed or Reinstated? Yes (date): _____ No

(a) If **YES**, what position? _____ at what pay rate? _____

(b) If **NO**, Date denied: _____ Reason given: _____

(c) Who denied (name): _____

I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the Montana Department of Labor and Industry to contact my employer or any other person for information concerning this claim. I further consent to the release of the above information and any records necessary for the investigation and prosecution of my claim.

SIGNATURE: _____ **DATE:** _____

