

# USERRA REQUEST FOR REINSTATEMENT FORM

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Dear Employer:

Please accept this signed form as my written notification that I am requesting reinstatement following my Time Off for Military Service under USERRA.

- ☐ My time off for Military service under USERRA was less than 31 days. I will return to my position at the beginning of the first regularly scheduled work period on the first full calendar day after my release from service (taking into account safe travel home plus an eight-hour rest period).

**Please provide anticipated date and time of return:** \_\_\_\_\_

- ☐ I was scheduled for a fitness of duty exam during my time off for Military Service under USERRA. I will return to my position at the beginning of the first regularly scheduled work period on the first full calendar day after my release from service (taking into account safe travel home plus an eight-hour rest period).

**Please provide anticipated date and time of return:** \_\_\_\_\_

- ☐ My time off for Military service under USERRA was 31 – 180 days. As required by law, I am submitting this request for reinstatement form within 14 days of release from service.

**Please provide anticipated date and time of return:** \_\_\_\_\_

- ☐ My time off for Military service under USERRA was more than 180 days. As required by law, I am submitting this request for reinstatement form within 90 days of release from service.

**Please provide anticipated date and time of return:** \_\_\_\_\_

By signing below, I am certifying that:

- I have not exceeded the cumulative five years of service limitation on reinstatement rights.
- I was not dishonorably discharged from service.
- I will submit all necessary documentation to the company to authenticate the above.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY EMPLOYER:

Your request for reinstatement has been approved. Welcome back! Your first day back on the job will be

\_\_\_\_\_ at the position of \_\_\_\_\_, reporting to

\_\_\_\_\_.

\_\_\_\_\_  
Authorized Company Representative Signature

\_\_\_\_\_  
Date