

WESTERN METAL INDUSTRY PENSION FUND
USERRA – Military Leave Of Absence Record

(Please Type or Print)

1. Employee's Name: _____
Last First M.I.

2. Social Security Number: _____

3. Home Phone: _____ 4. Work Phone: _____

5. Address: _____
Street

_____ City State Zip

Uniformed Service Information:

6. Serve(d) In: Army Navy Marine Corps Air Force Coast Guard National Guard
 Reserve Public Health Service Other None

Note: If you marked either "Other" or "None" please explain:

7. If Reserve/National Guard:

a. Name of Unit: _____

b. Unit Address: _____

c. Unit Phone: _____

8. Dates of Service (If Applicable): a. From: _____ To: _____

OR b. Date of Examination/Rejection of Service: _____

9. Type of Discharge or Separation: Honorable Conditions Entry Level Uncharacterized
 Other than Honorable Conditions Not Applicable
 Other *Note: If you marked "Other" please explain:*

Employer Information:

10. Employer or Prospective Employer's Name: _____

11. Address: _____
Street City State Zip

12. Principal Employer Contact (PEC):

a. PEC Name/Title: _____ PEC Phone: _____

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13. Employment Dates (If Applicable): From: _____ To: _____

14. Since beginning work with this employer, has your cumulative uniformed service exceeded 5 years? Yes No *Note: If you marked "Yes" please explain:*

15. Name of Union(s) That Represent You: _____

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

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

18. Reemployed or Reinstated: Yes (date): _____ No

a. If **YES**, what position? _____ At what pay? _____

b. If **NO**, Date denied: _____ Reason given: _____

c. Who denied (name): _____

Signature: _____ Date: _____

Print Name: _____