# 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


## 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):
   O Hiring O Reemployment O Promotion O Termination O 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? O Yes O No (If “No,” Explain in Comments)

19. (a) Who Provided Notice of Service to Employer? O Self O Other (name): ____________________________
   (b) Was the Notice of Service: O Written O Oral O 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? O Yes (date): ______________________ O 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: __________________
PRIVACY ACT STATEMENT
The primary use of this information is by staff of the Montana Department of Labor and Industry in investigating cases under MSSERA. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with resolving this claim or any litigation that might ensue from this claim. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor’s ability to provide assistance on your claim.

Continue in Comments box &/or use additional sheet(s) to explain items if needed – Sign and date form (above): and return to:

MONTANA DEPARTMENT OF LABOR AND INDUSTRY
EMPLOYMENT RELATIONS DIVISION
COMPLIANCE & INVESTIGATIONS BUREAU
P.O. BOX 201503
HELENA, MT  59620-1503

Questions concerning this claim or MSSERA can be directed to the above entity or addressed by phone at (406) 444-6543.

Explain your claim in detail either on this sheet or additional sheets – List all remedies you seek

Comments:  _____________________________________________________________
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