

## Disabled Veterans Affirmative Action Program (DVAAP) Accomplishment Report

|  |          |    |                 |              |  |
|--|----------|----|-----------------|--------------|--|
| <b>1. Agency</b>   |          |    |                 | <b>2. FY</b> |  |
| <b>3. POC Name</b>   |          |    | <b>4. Phone</b> |              |  |
| <b>5. Methods used to recruit and employ disabled veterans, especially those who are 30 percent or more disabled (Attach supporting addendums if needed)</b> |          |    |                 |              |  |
|  |          |    |                 |              |  |
| <b>6. OPM DVAAP Manager Official Use Only: Is there an explanation of the recruitment and employment methods they have used?</b>                             |          |    |                 |              |  |
| Yes  | Somewhat | No |                 |              |  |

## Disabled Veterans Affirmative Action Program (DVAAP) Plan and Certification

|   |          |    |                 |              |  |
|---|----------|----|-----------------|--------------|--|
| <b>1. Agency</b>  |          |    |                 | <b>2. FY</b> |  |
| <b>3. POC Name</b>  |          |    | <b>4. Phone</b> |              |  |
| <b>5. A statement of the agency's policy with regard to the employment and advancement of disabled veterans, especially those who are 30 percent or more disabled (Attach supporting addendums if needed)</b> |          |    |                 |              |  |
|   |          |    |                 |              |  |
| <b>6. OPM DVAAP Manager Official Use Only: Did agency provide a policy outline in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled?</b>  |          |    |                 |              |  |
| Yes   | Somewhat | No |                 |              |  |

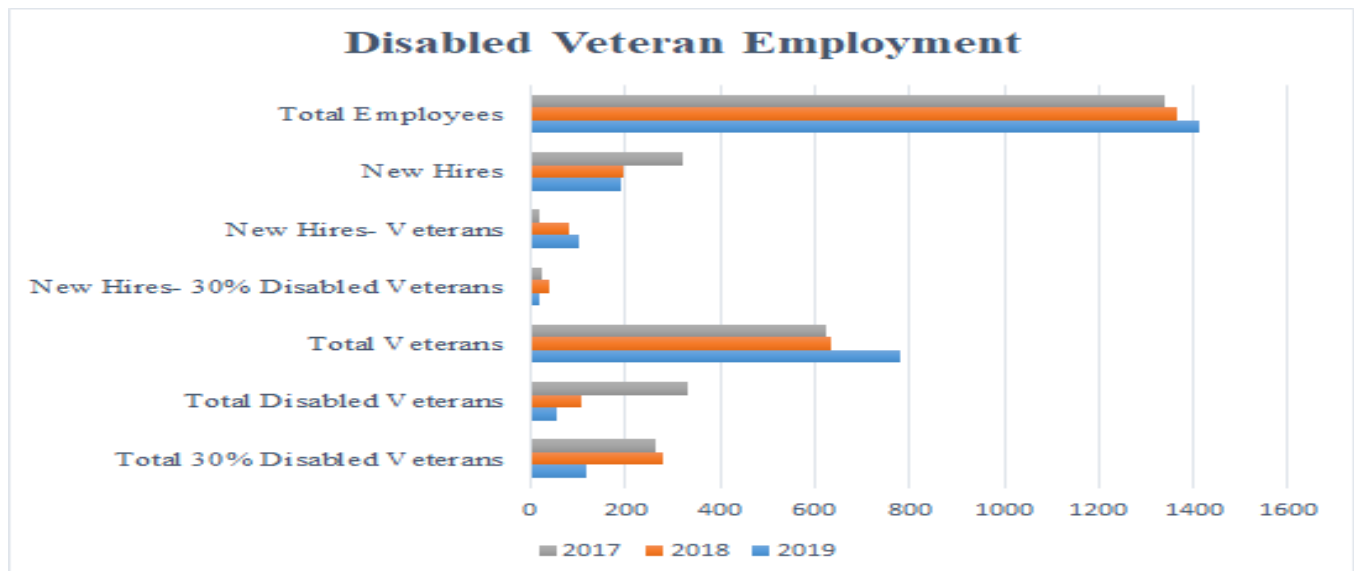
**7. An assessment of the current status of disabled veteran employment within the agency, with emphasis on those veterans who are 30 percent or more disabled (Attach supporting graphs/charts if needed)**

**8. Total # Employees**

**9. # Of Veterans**

**10. # Of Disabled Veterans**

**11. # Of 30% Or More Disabled Veterans**



**12. OPM DVAAP Manager Official Use Only: Did agency provide an assessment of the current status of disabled veterans, especially those that are 30 percent or more disabled?**

Yes

Somewhat

No

**13. A description of recruiting methods which will be used to seek out disabled veteran applicants, including special steps to be taken to recruit veterans who are 30 percent or more disabled (Attach supporting addendums if needed)**

**14. OPM DVAAP Manager Official Use Only: Did agency provide a description of recruiting methods that they will use to seek out disabled veterans?**

Yes

Somewhat

No

**15. OPM DVAAP Manager Official Use Only: Did agency provide special steps that would be taken to recruit 30 percent or more disabled veterans?**

Yes

Somewhat

No

**16. A description of how the agency will provide or improve internal advancement opportunities for disabled veterans (Attach supporting addendums if needed)**

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**17. OPM DVAAP Manager Official Use Only: Did agency provide a description of how they will provide internal advancement opportunities for disabled veterans?**

|     |          |    |  |
|-----|----------|----|--|
| Yes | Somewhat | No |  |
|-----|----------|----|--|

**18. OPM DVAAP Manager Official Use Only: If needed, is there a plan of how the agency will improve internal advancement opportunities for disabled veterans?**

|     |          |    |            |  |
|-----|----------|----|------------|--|
| Yes | Somewhat | No | Not Needed |  |
|-----|----------|----|------------|--|

**19. A description of how the agency will inform its operating components and field installations, on a regular basis, of their responsibilities for employing and advancing disabled veterans (Attach supporting addendums if needed)**

**20. OPM DVAAP Manager Official Use Only: Did agency provide a description on how they will inform their operating components and field installations, on responsibilities such as the employment and advancement of disabled veterans? (Not Applicable for agencies that do not have operating components or field installations)**

|     |          |    |                |  |
|-----|----------|----|----------------|--|
| Yes | Somewhat | No | Not Applicable |  |
|-----|----------|----|----------------|--|

**21. A description of how the agency will monitor, review, and evaluate its planned efforts, including implementation at operating component and field installation levels during the period covered by the plan (Attach supporting addendums if needed)**

**22. OPM DVAAP Manager Official Use Only: Did agency provide a description on how they will monitor, review and evaluate its planned efforts? (If applicable as well as for major operating components and field installations)**

Yes

Somewhat

No

**23. POC's Name, Email, and Phone Number of Operating Components and Field Installations  
(If Applicable)**



## Plan Certification

The plans shall cover a time period of not less than one year, and may cover a longer period if concurrent with the agency's Section 501(b) Plan. Each plan must specify the period of time it covers.

Agency must have a plan covering all of its operating components and field installations. The plan shall include instructions assigning specific responsibilities on affirmative actions to be taken by the agency's operating components and field installations to promote the employment and advancement of disabled veterans. OPM must be informed when headquarters offices require plans at the field or installation level.

Agency operating components and field installations must have a copy of the plan covering them, and must implement their responsibilities under the plan. OPM may require operating components and field installations to develop separate plans in accordance with program guidance and/or instructions.

### Certification

The below certification indicates that the program is being implemented as required by 5 CFR Part 720, Subpart C and appropriate guidance issued by the U.S. Office of Personnel Management. Additionally, this agency has a current plan as required by the regulation.

Please type or print clearly. After an original signature is obtained, scan and return this sheet.

|  |  |             |  |                  |                           |
|--|--|-------------|--|------------------|---------------------------|
| <b>24. Dates of the Period of Time the Plan is Covered</b> |  | <b>From</b> |  | <b>To</b>        |                           |
| <b>25. Agency Name</b>                                     |  |             |  |                  |                           |
| <b>26. DVAAP POC's Name</b>                                |  |             |  |                  |                           |
| <b>27. Title</b>   |  |             |  |                  |                           |
| <b>28. Telephone Number</b>                                |  |             |  | <b>29. Email</b> |                           |
| <b>30. Date Plan Last Amended</b>                          |  |             |  |                  | <b>31. Date Effective</b> |
| <b>32. DVAAP Certifying Official's Name</b>                |  |             |  |                  |                           |
| <b>33. Title</b>   |  |             |  |                  |                           |
| <b>34. Telephone Number</b>                                |  |             |  | <b>35. Email</b> |                           |
| <b>36. DVAAP Certifying Official Signature</b>             |  |             |  | <b>37. Date</b>  |                           |

**7. Methods used to provide or improve internal advancement opportunities for disabled veterans  
(Attach supporting addendums if needed)**

**8. OPM DVAAP Manager Official Use Only: Does agency explain the career advancement methods they have used?**

Yes

Somewhat

No

**9. A description of how the activities of major operating components and field installations were monitored, reviewed, and evaluated (Attach supporting addendums if needed)**

**10. OPM DVAAP Manager Official Use Only: Does agency describe how they monitored, reviewed and evaluated their DVAAP Activities? (If applicable as well as for major operating components and field installations)**

Yes

Somewhat

No

**11. An explanation of the agency's progress in implementing its affirmative action plan during the fiscal year. Where progress has not been shown, the report will cite reasons for the lack of progress, along with specific plans for overcoming cited obstacles to progress  
(Attach supporting addendums if needed)**

**12. OPM DVAAP Manager Official Use Only: Does agency explain the progress in implementing DVAAP? If there was no progress, were there reasons for the lack of progress or challenges and specific plans for overcoming their challenges?**

|     |          |    |  |
|-----|----------|----|--|
| Yes | Somewhat | No |  |
|-----|----------|----|--|

**13. POC's Name, Email, and Phone Number of Operating Components and Field Installations  
(If Applicable)**