



## VVA Service Officer Quarterly Activity Report

Service Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service Officer Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

QUARTER REPORTING: \_\_\_\_\_ YEAR REPORTING: \_\_\_\_\_  
[1 (Jan-Mar)/ 2 (Apr-Jun)/ 3 (Jul-Sep)/ 4 (Oct-Dec)]

I have a VA PIV Card (Yes or No): \_\_\_\_\_

### NEW CLAIMS

Total Number of POAs Taken: \_\_\_\_\_

Total Number of VVA Representation Agreements Signed: \_\_\_\_\_

\*\*Copies of signed Representation Agreements have been (mark one):

Uploaded to VetPro \_\_\_\_\_

Attached to this Report \_\_\_\_\_

### CLAIMS ACTIVITY

1. Service-Connected Disability Compensation Claims: Number of:
  - a. Original Application for S/C Compensation \_\_\_\_\_
  - b. Requests for Increased S/C Compensation \_\_\_\_\_
  
2. Nonservice-Connected (NSC) Disability Pension Claims:
  - a. Original Application for NSC Pension \_\_\_\_\_
  
3. Survivor's and Dependent's Benefits:
  - a. Dependency and Indemnity Compensation (DIC) \_\_\_\_\_
  - b. Nonservice-Connected Death Pension \_\_\_\_\_



4. Miscellaneous Claims (e.g. SMC, educational benefits, special adaptive housing)

a. Please specify type: \_\_\_\_\_ Total Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Rating Decisions Reviewed in the VSO Queue

Total Number: \_\_\_\_\_

a. Please list Regional Office(s) covered:

\_\_\_\_\_

**APPEALS ACTIVITY**

	<u>Number of</u>
1. <u>Notice of Disagreement (NOD) Filed</u>	_____
2. <u>Substantive Appeals Filed (VA Form 9)</u>	_____
3. <u>Statement of Accredited Rep (VA Form 646)</u>	_____

**GRAND TOTAL:** \_\_\_\_\_

**CONTINUING EDUCATION**

If you have completed any advanced training class ***during this reporting quarter***, please let us know what class you attended and attach a copy of any training certificates or certification letters that you received.

Sponsoring Organization(s): \_\_\_\_\_

Date(s) of training: \_\_\_\_\_ Location(s) of training: \_\_\_\_\_

Subject matter(s) covered: \_\_\_\_\_

\_\_\_\_\_