



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: _____
