



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Memorandum for Human Resources Directors and Equal Employment Opportunity Directors

From: Veronica E. Hinton
Associate Director
Workforce Policy & Innovation

Subject: Agency Disabled Veterans Affirmative Action Program (DVAAP) Annual Reporting

Federal Executive Branch departments, independent agencies, and their components in the Government are required by statute to have an affirmative action program for the recruitment, employment, and advancement of disabled veterans. Agencies must submit a report to the U.S. Office of Personnel Management (OPM) on the past fiscal year (FY) 2024 DVAAP Accomplishments and certify that a DVAAP Plan is in place for the following FY 2024. Specific DVAAP references can be found in [38 United States Code 4214](#), and reporting requirements can be found in [5 Code of Federal Regulations, Part 720, Subpart C](#).

The following items must be electronically submitted to DVAAP@opm.gov no later than Monday, December 2, 2024:

- FY 2024 DVAAP Accomplishment Report form and, if needed, supporting addenda
- FY 2025 DVAAP Plan and Plan Certification form and, if required, supporting addenda

OPM's Veterans Programs Office reviews and analyzes the agency's submission to determine if it is consistent with laws and regulations. Over the last few years, the analysis of the DVAAP Accomplishment Reports shows positive results, including an increase in the number and percentages of onboard disabled veterans. This performance reflects consistency and the robust application of veterans' preferences in recruitment efforts, particularly concerning disabled veterans.

Agencies must clearly outline the methodology used for recruitment, employment, advancement opportunities, monitoring, reviewing, and evaluating their DVAAP programs. The analysis of agency's DVAAP is used to provide each agency feedback when needed.

Attached are fillable forms for the FY 2024 DVAAP submission; these forms must not be altered or modified. Agencies with operating components and field installations should ensure that essential and pertinent information from their operating components and field installations is integrated into the agency submission.

If you have any questions or require additional information, please contact the Veterans' Program office at DVAAP@opm.gov.

Attachments: DVAAP Accomplishment Report, Plan, and Plan Certification Forms (see below)

cc: DVAAP POCs/Certifying Officials, Chief Human Capital Officers (CHCOs), and Deputy CHCOs

Disabled Veterans Affirmative Action Program (DVAAP) Accomplishment Report

1. Agency

2. FY

3. POC Name

4. Phone

5. Methods used to recruit and employ disabled veterans, especially those who are 30 percent or more disabled (Attach supporting addendums if needed)

6. OPM DVAAP Manager Official Use Only: Is there an explanation of the recruitment and employment methods they have used?

Yes

Somewhat

No

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	
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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 their DVAAP Activities? (If applicable as well as for major operating components and field installations)

Yes	Somewhat	No	
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**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)**

Empty response area for item 11.

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

Agency Disabled Veterans Affirmative Action Program Accomplishment Report Electronic Reporting Instructions

General Instructions:

1. Complete all items and questions in the forms field.
2. Electronic Requirements – Agency should only submit data for what they have accomplished the previous Fiscal Year in accordance with the minimal requirements of the accomplishment report content from Title 5 CFR Part 720 Subpart C, which is provided on this form.
3. Collection of accomplishment data requires a completed accomplishment report data element that has been recorded throughout the previous Fiscal Year. Accomplishment reports may vary from agency to agency. This form provides conformity and standardization for the minimal required core data. The forms have limited characters so agency may attach addendums when needed, if the form does not allow you to capture the data completely.

DVAAP Accomplishment Report Information

1. **Agency** – Provide the name of the agency.
2. **FY** – Provide the Fiscal Year of which the accomplishment report will be covered under. Examples: 2023.
3. **POC Name** – Provide the name of the point of contact.
4. **Phone** – Provide the phone number of point of contact.
5. **Methods used to recruit and employ disabled veterans, especially those who are 30 percent or more disabled** – Provide methods used to recruit and employ disabled veterans, especially those who are 30 percent or more disabled. You may attach supporting addendums if the information provided pertains to the requirement.
6. **Is there an explanation of the recruitment and employment methods they have used?** – OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided an explanation of the recruitment and employment methods they have used.
7. **Methods used to provide or improve internal advancement opportunities for disabled veterans** – Provide methods used to offer or improve internal advancement opportunities for disabled veterans. You may attach supporting addendums if the information provided pertains to the requirement.
8. **Does agency explain the career advancement methods they have used?**
OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency explains the career advancement methods they have used.

9. **A description of how the activities of major operating components and field installations were monitored, reviewed, and evaluated – Provide a description of how the activities of major operating components and field installations were monitored, reviewed, and evaluated.** You may attach supporting addendums if the information provided pertains to the requirement.

10. **Does agency describe how they monitored, reviewed and evaluated their DVAAP Activities?** -OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided a description of how they monitored, reviewed and evaluated their DVAAP Activities. If applicable, indicate as well for major operating components and field installations.

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** - Provide 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 should cite reasons for the lack of progress, along with specific plans for overcoming cited obstacles to progress. You may attach supporting addendums if the information provided pertains to the requirement.

12. **Did 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?** -OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency explained the progress in implementing DVAAP. If there was no progress, were there reasons for the lack of progress or challenges and specific plans to overcoming their challenges?

13. **POC's Name, Email, and Phone Number of Operating Components and Field Installations** – If applicable provide Point of contact's name, email, and phone number of operating components and field installations.

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

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

7. Total number of Employees		8. Number of Veterans		9. Number of Disabled Veterans		10. Number of 30% or More Disabled Veterans	
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11. An assessment of disabled veteran employment within the agency, with emphasis on those veterans who are 30 percent or more disabled.

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	
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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: Does agency provide a description of recruiting methods that they will use to seek out disabled veterans?

Yes	Somewhat	No	
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15. OPM DVAAP Manager Official use Only: Does 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)

17. OPM DVAAP Manager Official use Only: Does 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, does agency provide a description of how they will improve internal advancement opportunities for disabled veterans?

Yes	Somewhat	No	Not Needed	
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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)

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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	
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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)

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

Yes	Somewhat	No	
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23. OPM DVAAP Manager Official use Only: Did agency provide a description on how they will review its planned efforts? (If applicable as well as for major operating components and field installations)

Yes	Somewhat	No	
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24. OPM DVAAP Manager Official use Only: Did agency provide a description on how they will evaluate its planned efforts? (If applicable as well as for major operating components and field installations)

Yes	Somewhat	No	
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25. POC's Name, Email, and Phone Number of Operating Components and Field Installations (If Applicable)

Plan Certification

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.

Each agency must have an agency wide plan covering all of its operating components and field installations. Agency wide plans shall include instructions assigning specific responsibilities on affirmative actions to be taken by the agency's various 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 it. OPM may require operating components and field installations to develop separate plans in accordance with program guidance and/or instructions.

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.

26. Dates of the Period of Time the Plan is Covered		From		To	
27. Agency Name					
28. DVAAP Certifying Official's Name					
29. Title					
30. Telephone Number			31. Email		
32. DVAAP POC's Name					
33. Title					
34. Telephone Number			35. Email		
36. Date Plan Last Amended			37. Date Effective		
38. DVAAP Certifying Official			39. Date		

Agency Disabled Veterans Affirmative Action Program Electronic Reporting Instructions

General Instructions:

1. You must complete all questions in the forms field.
2. Electronic Requirements – An agency should only submit data for what they are planning to do for the next Fiscal Year in accordance to the minimal requirements of the plan content from Title 5 CFR Part 720 Subpart C, which is provided on this form.
3. Collection of plan data requires a completed plan data element that has been recorded to be used throughout the Fiscal Year. Plans may vary from agency to agency. This form provides conformity and standardization for the minimal required core data. The forms have limited characters so you may attach addendums when needed if the forms do not allow you to capture the data completely.

DVAAP Plan & Plan Certification Information

1. Agency – Provide the name of the agency.
2. FY – Provide the Fiscal Year of which the plan will be covered under. If the plan is covering more than one year capture it in the form field, as seen on the following example: 2016-2018.
3. POC Name – Provide the name of the point of contact.
4. Phone – Provide the phone number of point of contact.
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– Provide a statement of the agency's policy in regard to the employment and advancement of disabled veterans, especially those who are 30 percent or more disabled. You may attach supporting addendums if the information provided pertains to the requirement.
6. Does agency provide a policy in regard to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled? – Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a policy in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled.
7. Number of Employees– Provide the total number of employees within the agency.
8. Number of Veterans– Provide the total number of veterans within the agency.
9. Number of Disabled Veterans - Provide the total number of disabled veterans within the agency.
10. Number of 30% or More Disabled Veterans – Provide the total number of 30% or more disabled veterans within the agency.
11. 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 - Provide an

assessment of the current status within the agency of the total amount of employees, veterans, disabled veterans and emphasizing those veterans who are 30 percent or more disabled. You may attach supporting graphs, charts, and addendums if it pertains to the requirement.

12. Does agency provide an assessment of the current status of disabled veterans, especially those that are 30 percent or more? - Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides an assessment of the current status of disabled veterans, especially those that are 30 percent or more disabled.
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 – Provide 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. You may attach supporting addendums if the information that is being provided pertains to the requirement.
14. Does agency provide a description of recruiting methods that they will use to seek out disabled veterans? - Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a description of recruiting methods that they will use to seek out disabled veterans.
15. Does agency provide special steps that would be taken to recruit 30 percent or more disabled veterans? - Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides special steps that would be taken to recruit 30 percent or more disabled veterans.
16. A description of how the agency will provide or improve internal advancement opportunities for disabled veterans – Provide a description of how the agency will provide or improve internal advancement opportunities for disabled veterans. You may attach supporting addendums if the information that is being provided pertains to the requirement.
17. Does agency provide a description of how they will provide internal advancement opportunities for disabled veterans? - Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a description of how they will provide internal advancement opportunities for disabled veterans.
18. If needed, does agency provide a description of how they will improve internal advancement opportunities for disabled veterans? - Certifying Official should click on “Yes”, “Somewhat”, “No”, or “Not Needed” if agency provides a description of how they will improve internal advancement opportunities for disabled veterans.
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 – Provide 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. You may attach supporting addendums if the information that is being provided pertains to the requirement. For smaller agencies that do not have operating components or field installations it may not be applicable, state in the form field N/A.

20. Does agency provide a description on how they will inform their operating components and field installations on a regular basis, on responsibilities such as the employment and advancement of disabled veterans? - Certifying Official should click on “Yes”, “Somewhat”, “No”, or “Not Applicable” if agency provides a description on how they will inform their operating components and field installations on a regular basis, on responsibilities such as the employment and advancement of disabled veterans. Not Applicable for smaller agencies that do not have operating components or field installations.
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 – Provide a description of how the agency will monitor, review, and evaluate its planned efforts, if applicable, including implementation at operating component and field installation levels during the period covered by the plan. You may attach supporting addendums if the information that is being provided pertains to the requirement.
22. Does agency provide a description on how they will monitor its planned efforts? Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a description on how they will monitor its planned efforts.
23. Does agency provide a description on how they will review its planned efforts? Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a description on how they will review its planned efforts.
24. Does agency provide a description on how they will evaluate its planned efforts? Certifying Official should click on “Yes”, “Somewhat” or “No” if the agency provides a description on how they will evaluate its planned efforts.
25. POC’s Name, Email, and Phone Number of Operating Components and Field Installations – If applicable provide point of contact’s name, email, and phone number of operating components and field installations.
26. Date(s) of the Period of Time the Plan is Covered – 26a provide the start date of the plan. 26b provide the end date of the plan.
27. Agency Name – Provide the name of the agency.
28. DVAAP Certifying Official’s Name – Provide the DVAAP certifying official’s name.
29. Title – Provide the title of the certifying official.
30. Telephone Number – Provide the phone number of the certifying official.
31. Email – Provide the email of the certifying official.

32. DVAAP POC's Name – Provide the DVAAP point of contact's name.
33. Title – Provide the title of the point of contact.
34. Telephone Number – Provide the phone number of the point of contact.
35. Email – Provide the email of the point of contact.
36. Date Plan Last Amended – Provide the date of when the plan was last amended.
37. Date Effective – Provide the date when the plan is effective.
38. Certifying Official's Signature – Certifying official must provide an electronic signature or print out the page and hand sign the plan certification.
39. Date – Provide the date that plan was signed.