# U. S. Army Combat Capabilities Development Command (DEVCOM) Army Research Laboratory (ARL)



**FY 2023** 

### DISABLED Veterans Affirmative Accomplishment and Action Program Report (DVAAP)



DEVCOM ARL Patrick L. Washington, Chief EEO Officer Office of Equal Employment Opportunity October 2023

D	oD Compon		oled Veteran P) Accompli			tion P	rograi	m
1. Agency							<b>2.</b> FY	
3. POC Nan	ne				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)								
	AAP Manager Of	ficial Use O	nly: Is there an ex	xplanation of	the recruit	ment and	lemploy	ment
Yes	y have used? Somewhat	No						

7. Methods used to provide or improve internal advancement opportunities for disabled veterans (Attach supporting addendums if needed)					
<b>8.</b> OPM DVAAP Manager Official Use Only: Does agency explain the career advancement methods they have used?					
Yes	Somewhat	No			

9. A desci	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 4	1				
the fisca	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 ODM D	VAAD Managas (	Official Liac	Only: Dogs agancy explain the progress in implementing DVA AD9 If		
			Only: Does agency explain the progress in implementing DVAAP? If for the lack of progress or challenges and specific plans for		
	their challenges?				
Yes	Somewhat	No			

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

## DVAAP ACTION PLAN

	oD Compone VAAP) Plan				ffirmati	ve Action	ı Pr	ogram	l
1. Agency								<b>2.</b> FY	
3. POC Na	me					4. Phone			
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)									
	AAP Manager Of and advancemen								abled?
Yes	Somewhat	No							

		veterans w	tus of disabled vetera ho are 30 percent or n graphs/charts if need	nore disal		
8. Total # Employees		t Of erans	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						
Yes	e to seek out disab	No	S?			
<b>15.</b> OPM D		Official Use	Only: Did agency provide special steps that would be taken to recruit			
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)					
	VAAP Manager ( ancement opportu			provide a description of how they will provide	
Yes	Somewhat	No			
	VAAP Manager ( ancement opportu			there a plan of how the agency will improve	
Yes	Somewhat	No	Not Needed		

		their respo		rating components and field installations, oying and advancing disabled veterans ums if needed)
20 ODIAD	WAADM (	Nec - Lata	O. l D' l	
<b>20.</b> 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	

	implementation	n at operat	ncy will monitor, review, and evaluate its planned efforts, ting component and field installation levels during the period n (Attach supporting addendums if needed)	
<b>22.</b> OPM DVAAP Manager Official Use Only: Did agency provide a description on how they will <u>monitor</u> , <u>review</u> and <u>evaluate</u> 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.</b> Dates of the Period of Time the Plan is Covered			From		То	
25. Agency Name						
26. DVAAP POC's Name						
<b>27.</b> Title						
<b>28.</b> Telephone Number		<b>29.</b> Email				
<b>30.</b> Date Plan Last Amended			<b>31.</b> D	ate Effective		
32. DVAAP Certifying Official's Name						
33. Title						
<b>34.</b> Telephone Number		<b>35.</b> Em	ail			
<b>36.</b> DVAAP Certifying Official Signature					<b>37.</b> Date	