

VA ON-THE-JOB TRAINING & APPRENTICESHIP APPLICATION HANDBOOK



A guide for employers and trainees seeking approval
of their program(s) for VA Education Benefits

Provided By:
South Dakota Department of Veterans Affairs State Approving Agency
<http://vetaffairs.sd.gov>
605-773-3565
(Revised 2/24/16)



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Employer:

It may be possible for **your employee** to receive **GI Bill®** benefits while they are training at your business. They could receive a monthly training allowance from the Veteran's Administration for a full-time On-the-Job Training or Apprenticeship program, if approved by the South Dakota State Approving Agency and in accordance with the Veteran's Readjustment Benefits Acts of 1966 and 1967, Chapter 36, Title 38, US Code (Public Law 89-358 and 90-77).

Requirements for approval of an On-The-Job/Apprenticeship Training program:

- Must be **entry level** of training for a specific job object. Entry level meaning that no previous experience or education is required for the position. For Example, mechanic, carpenter, police officer, etc. Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be **paid by a set salary schedule** and **not by commission**. There must be at least one increase in wages during the length of the training period.
- Training position must be under **direct or immediate supervision**.
- The length of the training program must be at least 6 months, but not more than **24 months**, unless it qualifies for approval as an apprenticeship program.
- Must be a **full-time** employee that averages at least 30 hours a week.
- Needs to be a **permanent position** and not a temporary.

If you feel that your program is eligible for approval, and your employee is eligible, then contact:

**SD Department of Veterans Affairs
State Approving Agency
425 E Capitol Avenue
Pierre, SD 57501
(605) 773-3565**

Is the Trainee eligible?

Veterans:

- In most instances you have fifteen (15) years from date of discharge from active duty.
- Veterans, who are eligible for benefits, can use them for On-The-Job or Apprenticeship Training, if employed and being trained for the job.
- May be some exceptions from the above:
 - ⇒ Dependents of veterans
 - ⇒ Medical reasons
 - ⇒ Delimiting date extension

National Guard and Reservists:

- Must have a total of six (6) years obligation after June 30, 1985.
- Contact local Unit Administrator to determine eligibility.
- Guard/Reservist needs to be a member in good standing to retain eligibility.
- Guard/Reservist must use benefits within fourteen (14) years of established date of basic eligibility, if the beginning date was on or after June 30, 1985.

Dependents and Survivors:

- Dependents/Survivors of veterans who died of a service-connected disability or are rated at 100%.
- Spouse generally has ten (10) years to use benefits, with some instances twenty (20) years; and children generally have to be between eighteen (18) and twenty-six (26) years of age.

To receive a certificate of eligibility, you must submit VA Form 22-1990, found on the VA's website (www.va.gov).

Important

To: Firms/businesses seeking approval for the On-The-Job or Apprenticeship Training

From: SD Department of Veterans Affairs
State Approving Agency
425 East Capitol Avenue
Pierre, SD 57501
Phone: 605.773-3565
Fax: 605.773.5380

Subject: Procedures for approval for On-The-Job Training / Apprenticeship Training Programs

- **Approval Visit.** As a part of the approval criteria, a representative from the State Approving Agency must visit with each business before a program can be approved. They will assist you to:
 - Complete an application
 - Complete VA Form 22-8794, "Designation of Certifying Official(s)"
 - Verify name(s) of trainee(s) and the date(s) of their employment, and
 - Verify trainee(s) social security number(s) and previous education/experience
- If approved, your firm will receive an approval packet which will include.
 - Letter of approval
 - Copy of approved application
 - Copy of VA Form 22-8794, "Designation of Certifying Official(s)"
 - 4 copies of the training agreement
 - Master monthly work record
 - VA Form 22-1999, "Enrollment Certification"
 - Records Agreement
 - Monthly Certification Form
- **Application for benefits:**
The trainee must then contact the local Veterans Service Officer for instructions on what is necessary to make application for benefits

The following "**Application for Approval On-The-Job Training Program,**" uses the job objective of "**Mechanic**" as an example.

Guidelines for completing the OJT Application:

Company Information

Job Title: This is the job for which your employee is being trained. In this example it is for "**Mechanic.**" (The number is a DOT designation that will be supplied by SAA personnel.)

Description of Duties: This is a brief description or explanation of the job objective. This further describes and defines "**Mechanic.**"

1. This is the length of the training program or the time necessary to train an employee, with little or no experience, to the level of expertise described in B above. This cannot be less than six (6) months or more than 24 months based on a 40 hour week. Vacations or holidays are not calculated when totaling the length of the program.
2. The journeyman's wage of the trained wage to be paid to the trainee when he/she has finished with the program. This must be more than the last pay period in on page 2 of application.
3. Average work week (at least 30 hours).
4. Number of trainees under one trainer (ratio).
5. The starting salary for veterans/guardsmen and for non-veterans must be the same. The starting salary must be at least half of what they will receive when finished with the program. There must be at least one pay increase during the program and the last salary on the schedule must be at least 85% of what they will receive when the program is completed.
6. The type of training establishment may be "Public", "Private Profit", or "Private Nonprofit."

South Dakota Department of Veterans Affairs State Approving Agency 425 East Capitol Pierre, South Dakota 57501		Application for Approval of Veterans Training On-The-Job Training Program	
The information listed below must be completed and returned to the office at the above address to initiate the approval process.			
Name of Company or Facility		(Area Code) Telephone	
John Doe's Garage		(605-567-1234	
Postal Address		City/State/ ZIP Code	
Main Street		Anywhere, SD 57000	
Physical Address		City/State/ ZIP Code	
Anywhere, SD 57000			
Training Program Manager/Company Training Officer		Title	
John Doe		Trainer	
FAX Number		Email Address	
Job Title		DOT/ONET Code	
Mechanic		49-3023.01	
Description of Fully Trained Employee's Duties			
To be trained in all aspects of automotive repair.			

1. Normal Length of Training Program 24 Months (Months) Minimum 6 months; maximum 24 months.
2. Current Base Wage Rate for the Trained Employee \$15.00 Per Hour Month/Year
3. Average work week (Normal): 40
(NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.)
4. Trainer: Trainee Ratio: 1:3
5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) of the percentage of fully trained (Table B) the trainee shall receive for the duration of training. (Use appropriate number of blocks to equal length of Program.)
 - a. The starting rate shall be a least 50% of the base fully trained rate. b.
Wage increases will be regular and periodic.
 - c. The Final wage will be at least 85% of the fully trained wage.
(Note: Rules 5a, 5b, and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.)
6. Public X Private Private Non-Profit

This page is to be completed and signed by an authorized representative for the business or company.

Proposed wage schedule: This is the proposed (estimated) salary schedule for the entire length of the program. Use as many pay periods as it is necessary to total the length of the entire program. Indicate how the trainee is to be paid, i.e. the rate "per month; per week; or per hour. Program regulations require:

- ⇒ The beginning salary must be at least the minimum wage and at least 50% of the ending wage or the rate paid to employees already trained for this position.
- ⇒ At least one pay increase during the training program. The last pay rate must be within 85% of the rate paid to employees already trained. (The 85% regulation does not apply to local, state or federal governments.)
- ⇒ An ending, trained or a journeyman's rate.

7. Certifying Official must read and sign off.

8. Where the records will be kept for inspection.

Wage Scale

Table A			Table B		
6	Months@	\$9.00	_____	Months@	_____
6	Months@	\$10.00	_____	Months@	_____
6	Months@	\$11.00	_____	Months@	_____
6	Months@	\$12.00	_____	Months@	_____
_____	Months@	\$ _____	_____	Months@	_____
_____	Months@	\$ _____	_____	Months@	_____
_____	Months@	\$ _____	_____	Months@	_____

Example

7. I certify the following:
- The signed training agreement will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.
 - A copy of the training agreement will be furnished to each veteran.
 - The wages paid to a veteran are not less than the wages paid to non-veteran employees.
 - The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
 - This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than that customarily required to train a person to an average level of competency.
 - I will advise the Department of Veterans Affairs and the South Dakota State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.
 - There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
 - I will notify the South Dakota State Approving Agency or the Department of Veteran Affairs of any proposed change in information listed in this application, including:
 - Wage Schedule
 - Changes Training
 - Plan Adjustments
 - Leave or Holiday
 - Schedules
 - A certificate of training will be issued when trainee completes the program.
8. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. Such records must be obtained for a period of three years after the trainee has completed or left training. Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) , Main Street, Anywhere, SD.

I agree to an initial and subsequent inspections and visitations by the South Dakota state Approving Agency and the Department of Veterans Affairs.

John L. Doe	Owner	July 21, 2010
Signature of Certifying Official	Title	Date

9. This section is to indicate if there is **other training or schooling offered in addition** to the regularly scheduled on-the-job training

10. Training Schedule.

Tasks: These are the specific areas of the training program. Normally we divide these into a high, medium, and low area. These task areas should be broad enough to encompass the job description yet general enough to describe the job objective.

Hours Assigned: The estimated hours to be spent in each area over the entire length of the program.

State Approving Representative

Will complete this page.

THIS PAGE FOR STATE APPROVING AGENCY USE ONLY

**To: Education Liaison Representative
Department of Veterans Affairs**

1. This program meets all requirements of 38 USC 21.4262.
2. This program is approved as an On the Job (OJT) training program.
3. Original application was received on 7/21/2010.
4. Effective date of approval 4/12/2010.
5. There is in the training establishment adequate space, equipment, instructional material, and journeyman training on the job.
6. Date of initial inspection 7/21/2010.

Ryan Fowler

July 21, 2010

(Signature)
South Dakota State Approving Agency

(Date)

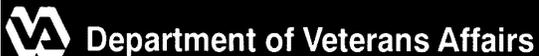
Example

Designation of Certifying Official

VA Form 22-8794

This form provides to the VA and the State Approving Agency, those signatures of the firm's officials, which should be accepted on documents sent to the Veterans Administration and the State Approving Agency.

Submit this form with the original application to the State Approving Agency.



DESIGNATION OF CERTIFYING OFFICIAL(S)

GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT *(Include ZIP Code)*

FOR VA USE ONLY							

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)	(2)
(3)	(4)

The Application for approval for on-the-job training is now complete.

When submitting this application, be sure to indicate the trainee's **name**, employment **beginning** date, the **social security number** and **starting wage**.

It is possible for the State Approving Agency to backdate a program as much as **12 months**, making it possible for a veteran to be paid benefits retroactively.

Training Agreement

The training agreement is an agreement **between** the employer and the employee. It indicates what the training will involve and what the salary will be for that period of time.

The training agreement will be **provided** by the State Approving Agency. The VA requires a copy of the signed training agreement when the trainee applies for their educational benefits.

This agreement is neither a work contract nor a binding employment agreement.

TRAINING AGREEMENT FOR ON-THE JOB TRAINING

This is an agreement between: Vincent Veteran (employee) and John Doe's Garage (employer) Main Street, Anywhere, SD 5700 (employer's address) for an On-The-Job Training Program for the period from July 12, 2010 to July 11, 2012 as per the Application for Approval presented to the State Approving Agency (South Dakota Department of Veterans Affairs).

JOB OBJECTIVE: *Mechanic*

TRAINING TASKS:

HOURS TO COMPLETE

Diagnose, Test, & Repair Transmissions	600
Diagnose, Test, & Repair Engines	600
Diagnose, Test, & Repair Drive Line Systems	600
Shop & Safety Procedures	200
Repair & Adjust Brakes	400
Perform Routine Maintenance Services	600
Repair & Service AC, Heating, Cooling, & Electrical Systems	600
Repair & Rebuild Power Systems, Steering Systems & Linkages	400

Example

Granted 0 Months Credit 4000

WAGE SCHEDULE: (Contingent upon satisfactory progress)

1st period of	<u>6</u>	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	<u>\$9.00</u>	per hr.
2nd period of	<u>6</u>	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	<u>\$10.00</u>	per hr.
3rd period of	<u>6</u>	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	<u>\$11.00</u>	per hr.
4th period of	<u>6</u>	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	<u>\$12.00</u>	per hr.
5th period of	_____	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	_____	per hr.
6th period of	_____	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	_____	per hr.
7th period of	_____	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	_____	per hr.
8th period of	_____	mo., _____ per mo.,	_____ bi-wk.,	_____ per wk.,	_____	per hr.

Vincent Veteran

John L. Doe

Employee -- Signature

Employer -- Signature

111-11-1111

July 21, 2010

Social Security Number

Date

The Records Agreement

The records agreement is an agreement that states the applicant acknowledges that he/she is responsible for the following:

- ⇒ Proper accounting and filing of monthly work records
- ⇒ A photo copy of the original enrollment certification and copies of monthly certificates must be filed in the firm's program file.
- ⇒ The firm's program file is not to be removed from the firm should the trainee terminate or complete the program.
- ⇒ The file is to be kept at the firm for three years after completion or termination of the training program.

Should the trainee have questions about the Records Agreement, he/she should call (605) 773-3565 or 773-3269 and request clarification.

Records Agreement

EXAMPLE

Training Establishment: John Doe's Garage

Program Name: Mechanic

I, Vincent Veteran, understand that I am responsible as
(Name of Trainee)
the applicant for:

1. Proper accounting and filing of training records. This could include the firm's own training records or the monthly work record in enrollment packet.
2. A photocopy of the original enrollment certification and copies of monthly certifications must be filed in the firm's program file.
3. The firm's program file is not to be removed from the firm should the trainee terminate or complete the program.
4. The file is to be kept at the firm for three years after completion or termination of the training program.
5. I will report to the South Dakota State Approving Agency any changes that would affect my status at (605) 773-3565.
6. I understand only actual program hours worked will be certified to the Veterans Administration. Examples of hours not eligible are: sick leave, vacation, holidays, overtime, and military leave.

Signature of above-named individual

Date

APPLICATION FOR VA EDUCATION BENEFITS

Receiving benefits under the "GI Bill" can be thought of as a **two step process**. The first step is to have the program of education or training **approved** by the appropriate State Approving Agency and the VA. The second step is for the trainee to send an education claim to the VA for educational benefits.

Once the training program is approved by the SAA an enrollment packet will be sent to the firm. Now the trainee should apply for their benefits to the VA in St. Louis, Missouri. The trainee may contact the County or Tribal Veterans Service Officer to complete the application process.

VA Form 22-1990

The VA Form 22-1990 "Application for VA Education Benefits" is the application for a trainee who **has not used** any of their benefits. The trainee should complete all items as appropriate. Be sure to sign the form.

Example



Department of Veterans Affairs

APPLICATION FOR VA EDUCATION BENEFITS
(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT 1 1 1 - 1 1 - 1 1 1 1	2. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month Day Year 1 0 - 1 0 - 1 9 7 7
---	---	---

4. NAME (First, Middle Initial, Last)
V I N C E N T V V E T E R A N

5. APPLICANT'S ADDRESS
Number and Street 1 1 1 S O M E P L A C E
Apt./Unit Number
City, State, ZIP Code A N Y W H E R E S D 5 7 7 7 7

6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)
Primary: 6 0 5 2 2 2 2 2 2 2 Secondary: 6 0 5 2 2 2 3 3 3 3

6B. APPLICANT'S E-MAIL ADDRESS (If applicable)
V I N C E N T @ A O L . C O M

7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.)
Routing or Transit Number Account Type Account Number
1 1 1 1 1 1 1 1 1 1 Checking Savings 0 0 0 0 1 1 1 1 1 1 1 1 1 1

8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

A. NAME	B. ADDRESS	C. PHONE NUMBER
VICKI VETERAN	222 SOMEPLACE, ANYWHERE, SD 57000	605-220-0000

PART II - EDUCATION BENEFIT BEING APPLIED FOR (See instructions for benefit eligibility criteria)

9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607)

9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)

9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)

9F. By electing Chapter 33, I acknowledge that I understand the following:

- I may not receive more than a total of 48 months of benefits under two or more programs.
- If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election.
- My election is **irrevocable** and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective 01/01/2010
I understand that my election is irrevocable and may not be changed. (Check only one) (date)

Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

Chapter 1607 - Reserve Educational Assistance Program (REAP)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)	VA DATE STAMP (Do Not Write In This Space)
<input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses) <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING <input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.) <input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)	<input checked="" type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only)

Example

SOCIAL SECURITY NUMBER OF APPLICANT 111 - 11 - 1111

10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN (Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)

JOHN DOE'S GARAGE
10 MAIN ST
ANYWHERE, SD 57777

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)

MECHANIC - VA OJT/APP PROGRAM

PART IV - SERVICE INFORMATION

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training)
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the guard/reserves

11. ARE YOU NOW ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the the Selected Reserve, or if you are on active duty for training)

YES NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

YES NO (Please provide a copy of your DD Form 214 (Member 4) when issued)

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)	D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
9/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

YES DATE: 04/09/2010 NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

YES NO

14C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock)	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			
SDSU	08/2010	05/2014	128	BS	BUSINESS

Example

SOCIAL SECURITY NUMBER OF APPLICANT 111 - 11 - 1111

14D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)			
EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			
PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE			
15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
16. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.			ACTIVE DUTY KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO RESERVE KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO
17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.			Graduation Year
18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).			<input type="checkbox"/> YES <input type="checkbox"/> NO Date of Commission _____
Scholarship Amounts:			
Year: _____	Amount: _____		
Year: _____	Amount: _____		
Year: _____	Amount: _____		
Year: _____	Amount: _____		
Year: _____	Amount: _____		
19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".			<input type="checkbox"/> YES <input type="checkbox"/> NO
21. FOR ACTIVE DUTY CLAIMANTS ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.			<input type="checkbox"/> YES <input type="checkbox"/> NO
22. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."			<input type="checkbox"/> YES <input type="checkbox"/> NO

Example

SOCIAL SECURITY NUMBER OF APPLICANT 1 1 1 - 1 1 - 1 1 1 1

PART VII - INFORMATION ON VA EDUCATION BENEFITS

NOTE: The most current information on VA education benefits is available online at www.gibill.va.gov
If you would like to receive a printed pamphlet check here.

PART VIII - MARITAL AND DEPENDENCY STATUS

NOTE: Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

23. ARE YOU MARRIED?

YES NO

24. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, **OR** OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, **OR** OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

YES NO

25. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?

YES NO

PART IX - REMARKS

(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

APPLICATION SUBMISSION REMINDERS

Did you remember to

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

PART X - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

26A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

26B. DATE SIGNED

(Page was left blank intentionally)

VA Form 22-1995

If benefits have been used previously, then the trainee **will use VA Form 22-1995**, "Requests for Change of VA Education Program or Place of Training."

The trainee should complete all items as appropriate. Be sure to sign the form.



Department of Veterans Affairs

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (<i>First, Middle, Last</i>) VINCENT V. VETERAN		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (<i>Complete street address, City, State, and 9-digit ZIP Code</i>) 220 S. MAIN ANYWHERE, SD 57000		
1C. APPLICANT'S TELEPHONE NUMBER (<i>Including Area Code</i>)		1D. VA FILE NUMBER
DAY 605-222-2222	EVENING 605-555-5555	111-11-1111
1E. APPLICANT'S E-MAIL ADDRESS VINCENT@AOL.COM		1F. SOCIAL SECURITY OF APPLICANT (<i>For transferability cases, enter the veteran's social security number</i>)

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (*Only Select One*)

A. <input checked="" type="checkbox"/> CHAPTER 33 (<i>Post-9/11 GI BILL</i>)	C. <input type="checkbox"/> CHAPTER 32 (<i>Veterans Educational Assistance Program including section 903</i>)	E. <input type="checkbox"/> CHAPTER 1607 (<i>Reserve Educational Assistance Program</i>)
B. <input type="checkbox"/> CHAPTER 30 (<i>Montgomery GI Bill - Active Duty</i>)	D. <input type="checkbox"/> CHAPTER 1606 (<i>Montgomery GI Bill- Selected Reserve</i>)	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (<i>Active Duty Only</i>)	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input checked="" type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? MECHANIC	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING? MECHANIC - VA OJT/APP PROGRAM
4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (<i>If applicable</i>) JOHN DOE'S GARAGE 10 MAIN ST ANYWHERE, SD 57000	4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT SUE SMITH'S GARAGE 20 MAIN ST ANYWHERE, SD 57000

4E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.
JANUARY 2011 - CAREER ENHANCEMENT MOVE

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT (*Attach a voided personal check or provide the information in items A through D below. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.*)

A. TYPE OF ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
B. NAME OF FINANCIAL INSTITUTION BLACK HILLS CREDIT UNION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER 111111111	D. ACCOUNT NUMBER 0001111

Example

PART IV - MISCELLANEOUS INFORMATION					
6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)					
QUESTIONS		YES		NO	
A. ARE YOU CURRENTLY MARRIED?		<input type="checkbox"/>		<input type="checkbox"/>	
B. DO YOU HAVE ANY CHILDREN WHO ARE :					
(1) UNDER AGE 18 OR		<input type="checkbox"/>		<input type="checkbox"/>	
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		<input type="checkbox"/>		<input type="checkbox"/>	
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?		<input type="checkbox"/>		<input type="checkbox"/>	
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		<input type="checkbox"/>		<input type="checkbox"/>	
7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for each period of active service. (Don't report Active Duty for Training.)					
A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
		YES	NO		
ARMY/ARNG	1-1-10 - 1-1-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HONORABLE	TITLE 10
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)					
8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
10. REMARKS					
PART V - CERTIFICATION AND SIGNATURE OF APPLICANT					
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.					
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.					
11A. SIGNATURE OF APPLICANT (DO NOT PRINT)					11B. DATE SIGNED
SIGN HERE IN INK ► Vincent V. V. [Signature]					4-9-15

VA Form 22-1999

The VA Form 22-1999 is the "Enrollment Certification." The trainee needs to complete item 3. The firm's certifying official needs to complete items 11, 12A, and 12D. All other sections of this form will be completed by the State Approving Agency. The certifying official should keep a copy in their records and mail the originals back to SAA.



Side

B

VA ENROLLMENT CERTIFICATION

IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.

1. NAME OF STUDENT (First, Middle, Last)		2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)	
3. CURRENT ADDRESS OF STUDENT		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)	
		5. NAME OF PROGRAM	
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB		7. CREDIT FOR PREVIOUS TRAINING (Not Flight)	

VOCATIONAL FLIGHT TRAINING (See Instructions)

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING					8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS		
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER	
					\$

CORRESPONDENCE TRAINING

IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," show lesson number and date serviced in Item 11, "Remarks")
---------------------------------------	---	----------------------------------	--

APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING

IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")

10A. TRAINING DATES (Month, Day, Year)		10B. TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> OTHER-ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING		HRS.	HRS.
			HRS.	HRS.
			HRS.	HRS.

11. REMARKS

CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.

12A. FACILITY CODE	12B. SCHOOL NAME AND ADDRESS	
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	12D. SIGNATURE OF CERTIFYING OFFICIAL	12E. DATE SIGNED

Monthly Work Record

A master copy is supplied by the State Approving Agency but are to be completed as the program progresses, by the trainee. Trainee will need to make copies from the master copy. They are to be reviewed by the supervisor and kept on file at the firm.

Monthly Work Records must be kept at the firm for at least three (3) years after termination/completion of training.

Compliance of VA regulations relating to progress is met through the maintenance of these records. Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.

Only actual program hours worked will be certified to the Veterans Administration. Examples of hours not eligible are: sick leave, vacation, overtime, and military leave.

The monthly work records are kept on file at the firm.

This supplemental training record is on the back of the monthly work record.

The trainee will need to keep record of all supplemental training, classes, and seminars and should be kept in the employer file.

Monthly Certification of Hours

After approval by the Veterans Administration:

VA 22-6553d-1, "Monthly Certification of on-the-job and apprenticeship training," form is used to certify the trainee's hours. This form is included in the enrollment packet, once their program has been approved by the VA they can send this form to the VA.

At the end of the month, the trainee should bring this form to their **certifying official to be signed**, which certifies these hours are true and correct. The **trainee also signs** the form and mails it to Department of Veterans Affairs or faxes it to 314-552-9707.

If this form is not submitted, the educational benefits payment will be interrupted.

REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER <i>(See RPO listing on reverse)</i>		Department of Veterans Affairs		
		MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING		
		VA FILE NUMBER	PAYEE	
TRAINEE'S NAME AND ADDRESS		IMPORTANT: Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.		
INSTRUCTIONS TO TRAINEE				
<p>ITEMS 1 AND 2 - Enter the number of hours worked for each month/year shown (include any hours of related training given during working hours). Do NOT include overtime hours.</p> <p>ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.</p> <p>ITEMS 6A, 6B, AND 6C - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date of that wage rate (when you first received this wage rate).</p> <p>ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if you are receiving additional educational allowance for dependents use this item to report any change in the number of your dependents.</p> <p>ITEMS 8A and 8B - Sign and date the form. After signing and dating the form give it to your employer/certifying official or an authorized official of your training establishment for verification.</p> <p>CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print or type your new address in the remaining space. Be sure to include your ZIP Code.</p>				
INSTRUCTIONS TO EMPLOYER/CERTIFYING OFFICIAL				
<p>Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.</p> <p>Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).</p> <p>ITEMS 9A and 9B - Sign and date the form and return it to the VA office shown above.</p> <p>If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).</p>				
1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?		4. DATE TERMINATED <i>(Month, day, year)</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>		
		5. REASON FOR TERMINATION		
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>		
7. REMARKS				
<input type="checkbox"/> I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.				
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.				
8A. SIGNATURE OF TRAINEE <i>(Please sign in ink)</i>			8B. DATE SIGNED	
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>(Please sign in ink)</i>		9B. FACILITY CODE	9C. DATE SIGNED	

FILE NUMBER:

Letterhead Stationary

A letter can be used to **certify the hours worked** when the trainee is applying for their benefits or anytime during the program to **certify** hours worked.



Date: September 31, 2010

Name: Vincent V. Veteran
SS#: 504114321
Job Title: Mechanic

Example

Dear Sirs:

This is to certify the hours of OJT at our firm for Mechanic, which have been completed for the following months:

July 12-31	2010	176	hours
August	2010	220	hours
September	2010	196	hours

John Z. Doe
Employer

Vincent V. Veteran
Employee

September 31, 2010

Certificate of Training

This certificate will be **provided** by the State Approving Agency to the firm at the time the trainee has successfully completed the training program. The firm's certifying official **may present this certificate to the trainee at that time.**

Certificate of Training

Example

THIS IS TO CERTIFY THAT

Vincent V. Veteran
has satisfactorily completed a 24 month
On-The-Job Training Program for
Mechanic

WITH: John Doe's Garage, Anywhere, SD

and is entitled to this Certificate of Training. This program has been approved by the South Dakota State Approving Agency, and is in accordance with the Veteran's Readjustment Benefits Acts of 1966 and 1967, Chapter 36, Title 38, US Code (Public Law 89-358 and 90-77)

John Z. Doe
Supervisor of Training

June 1, 2008
Date

LETHO IN U.S.A.

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