On The Job (OJT) Application Handbook

A guide for employers or trainees seeking approval of their training program(s) for VA educational benefits.

Provided by

Massachusetts Board of Higher Education
Office of Veterans’ Education
State Approving Agency
Introduction

It may be possible for your employee to receive their “GI Bill” benefits while they receive training at your business. They could receive a monthly training allowance from the Department of Veteran’s Affairs (VA) for a full-time On-The-Job (OJT) Training program, if approved by the Massachusetts State Approving Agency (SAA).

There are two steps involved when veterans, (and certain guardsmen/reservists, survivors/dependents) wish to utilize their educational benefits in On-the-Job or Apprenticeship Training

The first step is to have the program of education or training approved by the appropriate State Approving Agency.

The second step is for the trainee to make application to the DVA for educational benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

If you feel that your program is eligible for approval, and your employee is eligible, then contact the Massachusetts State Approving Agency: Office of Veterans' Education Massachusetts Board of Higher Education 454 Broadway, Suite 200 Revere, MA 02151-3050 (617) 727-9420 x 1333

Department of Veteran’s Affairs (VA)

The VA determines a veteran’s educational eligibility. The veteran needs to contact the VA Education Office by calling the toll free number 1 (888) 442-4551, through their Web site www.gibill.va.gov, or by contacting their local Veterans Service Officer for assistance.

- If the veteran is eligible, the veteran needs to discuss the program with the employer.
- The veteran applies to the VA for their educational benefits.
- The employer will contact the SAA office for approval information.
- The VA must concur with the SAA approval.
- The approved training facility can then enroll the veteran in the approved program. (Refer to procedures and instructions in this handout.)
**Is the Trainee eligible?**

**VETERANS**

- Must be less than 10 years from date of discharge from active duty.

- Chapter 30, 32 and 34 veterans who are eligible for benefits, can use them for On-The-Job 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 6 years obligation after October 1, 1990.

- Contact local **Unit Administrator** to determine eligibility.

- Obtain **copy** of DD 2384, DD 2384-1 or DA 4836 whichever is appropriate.
  (Forms available from the VA)

Eligible veterans, certain dependents/survivors, national guard or reservists can receive their GI Benefits in addition to their salary when enrolled in a firms approved training program.

The State approves the program, the local Unit Administrator determines the National Guard or Reservist’s eligibility, dependent’s/survivor’s, the Veterans Affairs office determines the veteran’s eligibility, the Military Branch of Service determines the veteran’s eligibility, and the Veterans Affairs (VA) pays the benefits.
REQUIREMENTS OR APPROVAL OF AN ON-THE-JOB TRAINING PROGRAM

- Must be entry level of training for a specific job objective. 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. Trainee must also start at least 50% of fully trained wage and be paid at least 85% no less than 30 days prior to completing the training

- Training position must be under direct or immediate supervision

- The length of the OJT program must be at least six months, but not more than 24 months, unless it qualifies for approval as an apprenticeship program

- Provision is made for related instruction for the individual veteran who may need it

- The training content of the program must be adequate to qualify the trainee for appointment to the job for which he or she is being trained

- The training is for a job progression or appointment to the next higher classification based on skills learned through organized training on the job and not just on such factors as length of service or turnover

- Adequate records will be kept to show the progress made by the veteran or the eligible dependent towards his or her job objective and will be made available to the representatives of the VA and/or State Approving Agency at their request

- A signed copy of the training agreement for the veteran or eligible person, including the approved training program and wage scale, will be provided by the employer to the employee, the VA regional Office and the State Approving Agency; The employer retains a copy for their files

- Training must meet or exceed industry standards and prepare the veteran for any applicable professional license(s) that may be required to work in the fully trained position
Procedures for Application & Approval

The program approval process can be done in 4 easy steps:

1.) Firms / businesses seeking approval for On-The-Job Training need to contact the State Approving Agency at:

   Office of Veterans' Education  
   Massachusetts Board of Higher Education  
   454 Broadway, Suite 200  
   Revere, MA 02151  
   617-727-9420 x 1333

2.) The State Approving Agency will mail out an application packet for approval of the On-The-Job Training program

3.) Upon receipt of a complete application, the State Approving Agency will review the program, advise on any changes that need to be made and schedule a visit to inspect the facility / training establishment.

4.) **IF** the program meets the requirements and is deemed sufficient to adequately train a veteran for his or her occupation, the training establishment will receive an approval letter from the State Approving Agency. A copy will also be sent to the VA

Make sure to include copies of all supporting documentation with the completed application so that the SAA can effectively review the completed application and OJT Training program.

Partial or incomplete applications will not be approved.

Once the program is approved, the Veteran or eligible person can contact the VA at 1-888-442-4551 to start the individual claim application process.
The following uses the job objective of “Mechanic” as an example of how to complete an OJT application.

John Doe’s Garage

Background Information

John Doe is a professional mechanic that has owned and operated a well established automotive garage located on Main Street, in the town of Anywhere, Massachusetts for the past 30 years.

During a recent search for a new mechanic, John interviews a promising candidate, Vincent Veteran who indicates that he would like to use his GI Bill benefits to start a career as a mechanic at John’s establishment.

Vincent doesn’t know anything about automotive repair but John likes his ambitions so John accepts Vincent as a person that his establishment is willing to train. John also feels with his 30 years of experience he can create a 2 year structured program under his own direct supervision that can train anyone to be a professional “Mechanic”. John also feels that his program can satisfy the VA’s training requirements since it will prepare this veteran to work as a mechanic at any of his competitors garages should he decide to leave after he is trained.

In addition John also wants to make sure his fully trained mechanic will have the skills required to take a “Professional Welder’s Certification” exam that is required by a state law for mechanics to weld automobiles in Anywhere, Massachusetts. The law stipulates that 350 hours of Arc & Acetylene training are necessary before a candidate can take the exam.

Based on his expertise, industry standards and state requirements, John creates the following 24 month (2 year) OJT Program:
**Job Title:** Mechanic

**Areas of Supervised Training**

<table>
<thead>
<tr>
<th>Topics</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arc &amp; Acetylene Welding</td>
<td>400</td>
</tr>
<tr>
<td>Diesel Engine Repair &amp; Maintenance</td>
<td>800</td>
</tr>
<tr>
<td>Electrical Repair &amp; Maintenance</td>
<td>275</td>
</tr>
<tr>
<td>Hydraulic Repair &amp; Maintenance</td>
<td>700</td>
</tr>
<tr>
<td>Maintenance of Equipment</td>
<td>275</td>
</tr>
<tr>
<td>Power Train Repair &amp; Maintenance</td>
<td>700</td>
</tr>
<tr>
<td>Removing &amp; Replacing Parts</td>
<td>600</td>
</tr>
<tr>
<td>Safety Procedures</td>
<td>50</td>
</tr>
<tr>
<td>Shop Procedures</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4000 hours</strong></td>
</tr>
</tbody>
</table>

Based on a 40 hour week / 2000 hours a year, the training adds up to 4000 hours for the two years.

Supplemental or related instruction in addition to the classes above is not necessary but since Vincent Veteran doesn’t know anything about the automotive industry, John is going to send this Veteran to take a few supplemental non-credit classes on Auto Theory at the local community college. John also wants all of his employees versed in basic CPR for safety reasons so he will also pay for that course too and incorporate it into part of his Mechanic Training program.

A second important area that John focuses on is the wage scale paid to the veteran. The VA requires that:

A. The starting rate shall be at 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.

Seeing that the salary for the fully trained mechanic will be $20.00 per hour, John must start the employee off at 50% of the base fully trained rate. This is $10.00 per hour. John is going to increase the pay rate in regular and periodic increments of 10% each 6 month period after the first. Though not required to do so prior to 30 days before completing the program, John is going to raise the final pay for the last period to 85% of the ending salary. (85% of $20.00 is $17.00)

In order to illustrate the salary progression in dollars and percent increments, John has linked his payment system to correspond with Vincent’s scheduled evaluations. Since the program is 2 years, John will make 4 evaluations so there will be a raise every six months.

**John illustrates this information in the salary schedule on page 2 of the application**

With the above information John contacts the Massachusetts State Approving Agency, requests the information and completes the application as follows:
The information listed below must be completed and returned to this office at the above address to initiate the approval process.

<table>
<thead>
<tr>
<th>Name of Company or Facility</th>
<th>John Doe’s Garage</th>
<th>(Area Code) Telephone</th>
<th>(617) 123-4567</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
<td>123 Main Street</td>
<td>City/State/ZIP Code</td>
<td>Anywhere, MA, 02155</td>
</tr>
<tr>
<td>Physical Address</td>
<td>123 Main Street</td>
<td>City/State/ZIP Code</td>
<td>Anywhere, MA, 02155</td>
</tr>
<tr>
<td>Training Program Manager/Company Training Officer</td>
<td>John Doe</td>
<td>Title</td>
<td>Owner / General Manager</td>
</tr>
<tr>
<td>FAX Number</td>
<td>(617) 123-4444 (fax)</td>
<td>E-mail Address</td>
<td><a href="mailto:jdoe@johndoesgarage.com">jdoe@johndoesgarage.com</a></td>
</tr>
<tr>
<td>Job Title of Training Objective</td>
<td>Mechanic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Fully Trained Employee’s Duties

The fully trained employee will be able to overhaul, repair, and maintain automobiles, trucks and farm related equipment. The employee will also be able to qualify for the Acme Professional Mechanic Exam License when fully trained.

1. Normal Length of Training Program: __________ (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: $ __________ Per Hour/Month/Year

3. Work Hours per Week (Normal): __________
   NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.

4. Recognized Holidays: (Check)
   - [x] New Years Day
   - [ ] Presidents Day
   - [x] Labor Day
   - [x] Martin Luther King Day
   - [ ] Independence Day
   - [ ] Memorial Day
   - [x] Thanksgiving
   - [x] Christmas
   - [ ] Other: ______________________

5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or 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 at 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 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.
### TABLE A

<table>
<thead>
<tr>
<th>6 Months @ $ 10.00</th>
<th>6 Months @ 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Months @ $ 12.00</td>
<td>6 Months @ 60%</td>
</tr>
<tr>
<td>6 Months @ $ 14.00</td>
<td>6 Months @ 70%</td>
</tr>
<tr>
<td>6 Months @ $ 17.00</td>
<td>6 Months @ 85%</td>
</tr>
</tbody>
</table>

### TABLE B

- 6 Months @ ______%
- 6 Months @ ______%
- 6 Months @ ______%
- 6 Months @ ______%
- 6 Months @ ______%
- 6 Months @ ______%
- 6 Months @ ______%

6. Scheduled vacation periods are as follows:

- One week after 6 months
- Other

- One week after 1 year (Specify)

7. I certify the following:

a. 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.

b. A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.

c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.

d. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.

e. 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.

f. I will advise the Department of Veterans Affairs and the Massachusetts 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.

h. I will notify the Massachusetts 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

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 maintained 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) 123 Main Street, Anywhere, MA 02155.
Application for Approval of Veterans Training
On-the-Job Training Program

The information listed below must be completed and returned to this office at the above address to initiate the approval process.

Name of Company or Facility

John Doe’s Garage

(Area Code) Telephone

(617) 123- 4567

Postal Address

123 Main Street

City/State/ZIP Code

Anywhere, MA, 02155

Physical Address

123 Main Street

City/State/ZIP Code

Anywhere, MA, 02155

Training Program Manager/Company Training Officer

John Doe

Title

Owner / General Manager

FAX Number

(617) 123- 4444 (fax)

E-mail Address

jdoe@johndoesgarage.com

Job Title of Training Objective

Mechanic

Description of Fully Trained Employee’s Duties

The fully trained employee will be able to overhaul, repair, and maintain automobiles, trucks and farm related equipment. The employee will also be able to qualify for the Acme Professional Mechanic Exam License when fully trained.

1. Normal Length of Training Program: _______ __ (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: $ _______ Per Hour/Month/Year

3. Work Hours per Week (Normal): ________

 NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.

4. Recognized Holidays: (Check)

☒ New Years Day
☐ Presidents Day
☒ Labor Day
☐ Martin Luther King Day
☐ Independence Day
☐ Memorial Day
☒ Thanksgiving
☒ Christmas
☐ Other: ___________________

5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or 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 at 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 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.
To: Education Liaison Representative
   Department of Veteran Affairs

1. This program meets all requirements of 38 USC 21.4262(c).
2. This program is approved as an Unregistered program.
3. Original application was received on February 1st, 2005.
4. Effective date of approval February 14th, 2005.
5. There is in the training establishment adequate space, equipment, instructional material, and journeyman to provide satisfactory training on the job.
6. Date of initial inspection February 10th, 2005.

(Signature)
Massachusetts State Approving Agency

State Official’s Signature

(Date)
2/14/2005
THE CERTIFICATE PAGE

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

Be sure to read items 1, 2, 3 and 4.
CERTIFICATE

I, ________________ John Doe ___________________________ certify that I am the
_________________________ Owner ___________________________ (Title) of the firm named
as the applicant herein; that said application was duly signed for and on behalf of said firm by
authority of this governing board and is within the scope of its corporate powers.

My signature herein indicates that:

1. The firm’s training facilities and records relating to the On-The-Job
   Training Program will be readily open to inspection by authorized
   representatives of the Massachusetts State Approving Agency and the
   Veterans Administration.

2. I will report to the Massachusetts State Approving Agency any significant
   changes in the information submitted.

3. Records of monthly training hours and salary payments will be
   maintained at this location until three years after the trainee has
   completed training.

4. The foregoing is true and correct.

IN WITNESS WHEREOF, I have hereunto affixed my hand and the seal of said firm this
______ 2nd ______ day of ______ March ________, ______ 2002__.

(CORPORATE SEAL, IF AVAILABLE)

John Q. Doe
Signature of above-named individual
Owner

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
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TO BE COMPLETED BY THE STATE APPROVING AGENCY

The above application is hereby approved to be effective as of ______ 3/5/03 ______
under the provisions of the Veteran’s Readjustment Benefit Acts of 1966 and 1967,
Ch. 30, 32, 34, 35 and 36, Title 38, and Ch. 106, Title10, U.S. Code (Public Law 89-358 and
Public Law 90-77).

Thomas J. Murphy, Ph. D.
Signature

Education Program Representative
Title
Massachusetts State Approving Agency

March 5, 2004
Date of Signature

Page 12
**MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING**

**FOR VA USE ONLY**

<table>
<thead>
<tr>
<th>VA FILE NUMBER</th>
<th>PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-123-456-7891</td>
<td>00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY CODE</th>
<th>TYPE TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-0-2376-41</td>
<td>G</td>
</tr>
</tbody>
</table>

**IMPORTANT**

DO NOT complete, date or sign prior to last date of period to be certified. Read the instructions carefully. You and the employer should complete, date and sign this form on or after the last day of the month shown in Item 1. If form is destroyed or lost, ask the VA for another form.

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**INSTRUCTIONS TO TRAINEE**

**ITEMS 1 AND 2**—Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)

**ITEM 3**—Check the appropriate box, and if training has been terminated, complete Items 4 and 5.

**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 new wage rate and effective date of rate change.

**ITEM 7**—Use this item for reporting any change in the number of dependents for whom you are receiving additional educational assistance allowance. If you acquire any new dependents, send proof to the VA.

**CHANGE OF ADDRESS**—If you are changing your address permanently, neatly line out the preprinted address and print your new address in the remaining space. Be sure to show ZIP Code.

Sign and date the form in Items 8A and 8B and give the form to your employer or an authorized official of your training establishment for verification.

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**INSTRUCTIONS TO EMPLOYER**

**NOTE**—The trainee is not entitled to VA educational benefits and the VA must be immediately notified if the journeyman wage is being paid to the trainee. Please verify the number of hours worked and other information reported by the trainee with the payroll records. Any differences should be reported in Items 6 and 7. Also use Item 7 for reporting termination because of unsatisfactory conduct or progress.

Sign and date the form and return it to the VA Office shown above.

---

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>MONTHS TO BE CERTIFIED</td>
<td>June 1-30, 2002</td>
</tr>
<tr>
<td>2.</td>
<td>NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1</td>
<td>176</td>
</tr>
<tr>
<td>3.</td>
<td>WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If “No,” complete Items 4 &amp; 5.)</td>
<td>YES</td>
</tr>
<tr>
<td>4.</td>
<td>DATE TERMINATED (Mo. Day, Yr.)</td>
<td>July 8, 2002</td>
</tr>
<tr>
<td>5.</td>
<td>REASON FOR TERMINATION</td>
<td>6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?</td>
</tr>
<tr>
<td>6B.</td>
<td>RATE</td>
<td>6C. EFFECTIVE DATE</td>
</tr>
</tbody>
</table>

**7. REMARKS**

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 the VA may result in fine or imprisonment or both.

**8A. SIGNATURE OF TRAINEE**

Vincent V. Veteran

8B. DATE SIGNED

July 8, 2002

9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

John Doe, Owner

9B. DATE SIGNED

July 8, 2002
This page is blank intentionally.
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.
THE TRAINING AGREEMENT

The training agreement is an agreement *between* the employer and the trainee. 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 Employer to the SAA. The VA also 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 V. Veteran (employee) and John Doe’s Garage, Main Street, Anywhere, MA 57000 (employer) for an On-The-Job Training Program for the period from 3/5/04 to 3/5/06 as per the Application for Approval presented to the State Approving Agency (Massachusetts Office of Veterans' Education).

JOB OBJECTIVE: Mechanic

TRAINING TASKS: HOURS TO COMPLETE
Arc and Acetylene Welding 400
Diesel Engine Repair and Maintenance 800
Electrical Repair and Maintenance 275
Hydraulic Repair and Maintenance 700
Maintenance of Equipment 275
Power Train Repair and Maintenance 700
Removing and Replacing Parts 600
Safety Procedures 50
Shop Procedures 200

WAGE SCHEDULE: (Contingent upon satisfactory progress)
1st period of 6 mo., per mo., bi-wk., per wk., $10.00 per hr.
2nd period of 6 mo., per mo., bi-wk., per wk., $12.00 per hr.
3rd period of 6 mo., per mo., bi-wk., per wk., $14.00 per hr.
4th period of 6 mo., per mo., bi-wk., per wk., $17.50 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 V. Veteran
Employee --Signature
444-33-7777

John Q. Doe
Employer --Signature
3/5/04

Social Security Number
Date
These forms are supplied by the State Approving Agency but are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. **Work records must be maintained for at least 3 years after termination of training.**

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

The monthly work records are **kept** on file at the firm.
**ON-THE-JOB MONTHLY WORK RECORD**

**Firm Name:** John Doe’s Garage  
**Address:** Main Street, Anywhere, MA 57000  
**Trainee:** Vincent V. Veteran  
**Effective Date:** 3/5/04  
**Job Objective:** Mechanic

<table>
<thead>
<tr>
<th>Training Schedule</th>
<th>Hours Assigned</th>
<th>This Month Hours</th>
<th>Previous Total</th>
<th>Total To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Arc and Acetylene Welding</td>
<td>400</td>
<td>10</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>B Diesel Engine Repair and Maintenance</td>
<td>800</td>
<td>29</td>
<td>100</td>
<td>129</td>
</tr>
<tr>
<td>C Electronic Repair and Maintenance</td>
<td>275</td>
<td>12</td>
<td>25</td>
<td>37</td>
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<tr>
<td>D Hydraulic Repair and Maintenance</td>
<td>700</td>
<td>49</td>
<td>100</td>
<td>149</td>
</tr>
<tr>
<td>E Maintenance of Equipment</td>
<td>275</td>
<td>8</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>F Power Train Repair and Maintenance</td>
<td>700</td>
<td>49</td>
<td>100</td>
<td>149</td>
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<tr>
<td>G Removing and Replacing Parts</td>
<td>600</td>
<td>11</td>
<td>100</td>
<td>111</td>
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<tr>
<td>H Safety Procedures</td>
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<td>5</td>
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<tr>
<td>I Shop Procedures</td>
<td>200</td>
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<td>15</td>
<td>19</td>
</tr>
<tr>
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**Supervisor’s Signature**  
**John Q. Doe**  
**Month:** March  
**Year:** 2004

(Record number of hours worked daily at each task)

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**TOTAL FOR MONTH**

The monthly work record is to be kept on file at the firm.
WORK RECORD FORMS
(Three Month Report)

This form is supplied by the State Approving Agency and is to be completed by the trainee and submitted to the State Approving Agency in Revere on a quarterly basis. This form is completed to show the accumulated hours worked to date and provides our office with a method of monitoring the trainee’s progress.

Remember--the three month reports are to be mailed to the State Approving Agency in Revere, address follows:

Massachusetts Board of Higher Education
Office of Veterans' Education
454 Broadway, Suite 200
Revere, MA 02151

Be sure to retain a copy of these reports with the trainee’s records.
THREE MONTH REPORT

ON - THE - JOB TRAINING WORK RECORD

Firm: John Doe’s Garage
Trainee: Vincent V. Veteran
Job Objective: Mechanic

Address: Main Street, Anywhere, MA 57000
Effective Date: 3/5/2004
Regular Work Week: 40

This report covers the period from 3-5-04 to 6-30-06

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<th>TASKS</th>
<th>HOURS ASSIGNED</th>
<th>TOTAL HRS. TO DATE</th>
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<tbody>
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<td>A Arc and Acetylene Welding</td>
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<td>B Diesel Engine Repair and Maintenance</td>
<td>800</td>
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<td>C Electrical Repair and Maintenance</td>
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<td>D Hydraulic Repair and Maintenance</td>
<td>700</td>
<td>149</td>
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<td>E Maintenance of Equipment</td>
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<td>33</td>
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<td>F Power Train Repair and Maintenance</td>
<td>700</td>
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<td>G Removing and Replacing Parts</td>
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<td>H Safety Procedures</td>
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<td>I Shop Procedures</td>
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GRAND TOTAL TO DATE: 692

INSTRUCTIONS

At the end of each three month working period, please complete and return this report to the State Approving Agency, Massachusetts Office of Veterans' Education, 454 Broadway, Suite 200, Revere, MA 02151-3050. This form is to be completed from the employee’s monthly work record.

The monthly work record should be kept on file at the firm.
THE RECORDS AGREEMENT

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

• Proper accounting and filing of monthly work records
• Proper accounting and filing of the three month reports
• A photocopy of the original enrollment certification and copies of monthly certifications 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.
• Trainee will report the Massachusetts State Approving Agency any changes that would affect his/her status.

Should the trainee have questions about the Records Agreement he/she should call (617) 727-9420 x1333 and request clarification.
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.
OJT/APPRENTICESHIP EXAMPLE
22. PROGRAM OF EDUCATION OR TRAINING

A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (Please specify)

Journeyman Electrician

B. HAVE YOU SELECTED THE SPECIFIC PROGRAM OF EDUCATION YOU PLAN TO TAKE? (If "Yes," list each diploma and specific degree or vocational course you anticipate needing to reach the final degree or occupation you showed in Item 22A. If "No," leave this item blank)

☐ YES ☐ NO

C. EDUCATION OR TRAINING WILL BE BY (Check more than one, if necessary)

☐ COLLEGE OR OTHER SCHOOL ☑ APPRENTICESHIP OR ON-THE-JOB TRAINING ☐ SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST

☐ CORRESPONDENCE ☐ VOCATIONAL FLIGHT TRAINING ☐ TUITION ASSISTANCE TOP-UP

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If "Yes," Specify its complete name and mailing address. If "No," leave this item blank.) (If you are only applying for licensing and certification tests, do not answer this question, but skip to Item 23)

☒ YES ☐ NO

ABS Electric, Inc.
PO Box 666
Huron, SD 57350

E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If "Yes," specify the date. If "No," leave this item blank)

☒ YES ☐ NO

February 2, 2004

F. DO YOU PLAN TO TAKE ANY REFRESHER COURSES? (See Instructions for Item 22F) (If "Yes," list the refresher courses by name and number and give your reasons for needing such training in Item 31, Remarks)

☐ YES ☐ NO

PART IV - SERVICE INFORMATION

23. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Attach any Title 32 orders)

☐ YES ☐ NO

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

☐ YES ☐ NO

C. ARE YOU A SERVICE ACADEMY (I.E., WEST POINT, NAVAL ACADEMY, ETC.) GRADUATE? (If "Yes," specify the year you graduated and received your commission)

☐ YES ☐ NO

D. WERE YOU COMMISSIONED AS A RESULT OF ROTC (RESERVE OFFICERS TRAINING CORPS) SCHOLARSHIP? (If "Yes," specify in Remarks, Item 31, the date of your commission and the amount of your scholarship for each school year you were in the ROTC program. Do not report any monthly subsistence allowances)

☐ YES ☐ NO

24. PERIODS OF ACTIVE DUTY

Please give the following information about each period of active duty. You should complete Items 24A through 24F unless you are a veteran and you are attaching a certified copy of your discharge paper or orders for each of your periods of active service. (Do not report any Active Duty for Training. See Instructions for these items.)

<table>
<thead>
<tr>
<th>A. DATE ENTERED ACTIVE DUTY</th>
<th>B. DATE SEPARATED FROM ACTIVE DUTY</th>
<th>C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT</th>
<th>D. CHARACTER OF DISCHARGE</th>
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<tr>
<td>12/31/1994</td>
<td>12/30/2002</td>
<td>U. S. Army</td>
<td>Honorable</td>
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E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," attach copies of your orders)

☐ YES ☐ NO

F. IF SERVICE IS NATIONAL GUARD, INDICATE IS AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE) (If Title 32, attach copies of your orders)

☐ YES ☐ NO

You should specify in Item 31, Remarks, any periods of active duty which reflect:

a. Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
b. Attendance at a service academy;
c. Non-creditable time. (Time lost because of industrial or agricultural furlough, under arrest without acquittal, AWOL, desertion, undergoing sentence of court-martial, etc.)

25. CHAPTER 30 CLAIMANTS ONLY

A. COMPLETE THIS ITEM ONLY IF YOU CHECKED BOX 1A. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, YOU MUST CHECK "YES" AND SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN ITEM 31, REMARKS

☐ YES ☐ NO

B. DO YOU QUALIFY FOR A "KICKER"? "KICKERS" ARE AMOUNTS CONTRIBUTED BY DEPARTMENT OF DEFENSE TO AN EDUCATION FUND ON BEHALF OF INDIVIDUALS TO ENCOURAGE ENLISTMENT OR RETENTION IN THE ARMED FORCES, USUALLY IN SPECIALIZED AREAS. THE MILITARY ALSO CALLS THIS THE "COLLEGE FUND." IF YOU QUALIFY FOR A "KICKER," YOU MUST CHECK "YES" AND SHOW THE PERIOD OF ACTIVE DUTY THAT THE "KICKER" APPLIES TO IN ITEM 31, REMARKS

☐ YES ☐ NO

C. COMPLETE THIS ITEM ONLY IF YOU CHECKED BOX 1A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY TO INCREASE THE AMOUNT OF MONTHLY MIB BENSERS PAYABLE? IF YOU MADE ANY ADDITIONAL CONTRIBUTIONS, YOU MUST CHECK "YES" AND SHOW THE AMOUNT OF YOUR ADDITIONAL CONTRIBUTIONS IN ITEM 31, REMARKS

☐ YES ☐ NO

PAGE 2 OF 4
OJT/APPRENTICESHIP EXAMPLE

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

INTERNET VERSION AVAILABLE. You can submit this application over the Internet at the following site: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. EDUCATION BENEFIT BEING APPLIED FOR:
   ☒ A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.)
   ☐ B. VEA/NON-CONTRIBUTARY VEA (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 90-342)
   ☐ C. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (Chapter 1606, Title 10 U.S.C.)
   ☐ D. SPOUSE OR CHILD’S APPLICATION FOR MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 10 U.S.C.) UNDER TRANSFER OF ENTITLEMENT PROVISIONS
   ☐ E. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME

2. NAME OF APPLICANT (First, Middle, Last)
   John M. Doe

3. SEX OF APPLICANT
   ☒ MALE ☐ FEMALE

4. DATE OF BIRTH OF APPLICANT (Month, Day, Year)
   February 24, 1974

5. SOCIAL SECURITY NUMBER OF APPLICANT
   777-33-4444

6. ADDRESS OF APPLICANT
   222 Beach Street
   Huron, SD 57350

7. ARE YOU A VETERAN OR SERVICE MEMBER APPLYING FOR VA EDUCATION BENEFITS BASED ON YOUR OWN SERVICE? (If "No," skip to Part II, Item 15.)
   ☒ YES ☐ NO

PART II - TRANSFER OF ENTITLEMENT INFORMATION
(Only Spouse and Children should complete Part II)

8. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?
   ☒ SPOUSE ☐ CHILD

9. IF YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER IS A SPOUSE OR CHILD, IS VA FORM 21-886c ATTACHED? (See Instructions)
   ☒ YES ☐ NO

10. NAME OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU (First, Middle, Last)

11. SEX OF VETERAN OR SERVICE MEMBER
   ☒ MALE ☐ FEMALE

12. SOCIAL SECURITY NUMBER OF VETERAN OR SERVICE MEMBER

13. ADDRESS OF VETERAN OR SERVICE MEMBER

PART III - ADDITIONAL APPLICANT INFORMATION

15. TELEPHONE NUMBER OF APPLICANT (Including Area Code)
   (605) 352-1111

16. E-MAIL ADDRESS OF APPLICANT
   john doe@guesswho.com

17. DIRECT DEPOSIT INFORMATION
   Please attach a voided personal check or provide the following information. Direct Deposit may not be available for VEA. See Item 17 of Instructions.

   A. TYPE OF ACCOUNT (Check the type of account. If you do not have an account, check the box)
   ☒ CHECKING ☐ SAVINGS ☐ DO NOT HAVE AN ACCOUNT

   B. NAME OF FINANCIAL INSTITUTION
   National Bank

   C. ACCOUNT NUMBER
   666 333 444111

   D. ROUTING OR TRANSIT NUMBER
   527 00 11 33

18. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED
   Jamie A. Doe; 222 Beach Street; Huron, SD 57350 (605) 352-6666

19. TYPE OF EDUCATION BENEFITS PREVIOUSLY APPLIED FOR (Check all applicable boxes) (See instructions for information about these education benefits)
   ☐ A. VETERAN’S EDUCATION BENEFITS
   ☐ B. DEPENDENTS’ EDUCATIONAL ASSISTANCE BENEFITS
   ☒ C. VOCATIONAL REHABILITATION BENEFITS
   ☐ D. DISABILITY COMPENSATION OR PENSION BENEFITS
   ☐ E. NONE
   ☐ F. OTHER (Specify)

   COMPLETE ONLY IF ITEM 19B IS CHECKED

20A. NAME OF VETERAN - PARENT/SPouse

20B. VETERAN - PARENT/SPouse’s FILE NUMBER

21. HAVE YOU ALREADY RECEIVED AN INFORMATION PAMPHLET EXPLAINING EDUCATION BENEFIT YOU ARE APPLYING FOR? (See Instructions)
   ☒ YES ☐ NO

OJTFORM 22-1990

EXISTING STOCKS OF VA FORM 22-1990, JUL 2000, WILL BE USED.

PAGE 1 OF 4
### PART VII. MARITAL AND DEPENDENCY STATUS

**NOTE:** ONLY COMPLETE THIS ITEM IF YOU CHECKED ITEM 1A, MONTGOMERY GI BILL - ACTIVE DUTY with military service (or delayed entry) **before** January 1, 1977. See Instructions.

30A. ARE YOU CURRENTLY MARRIED?

30B. DO YOU HAVE ANY CHILDREN WHO ARE:

   (1) UNDER AGE 18? **OR**

   (2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? **OR**

   (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

30C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?

31. REMARKS *(If more space is needed, please attach separate sheet of paper)*

### PART VIII. CERTIFICATIONS

**CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

**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.

32A. SIGNATURE OF APPLICANT **(DO NOT PRINT)**

SIGN HERE IN INK → **John M. Doe**

32B. DATE SIGNED → February 15, 2004

**CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY**

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

33A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

SIGN HERE IN INK →

33B. DATE SIGNED →
This page is blank intentionally.
VA Form 22-1995

If benefits have been used previously, then the trainee will use VA Form 22-1995 “Request for Change of VA Education Program or Place of Training”. The trainee should complete all items as appropriate. Be sure to sign the form.
**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING**

*For Veterans, Servicepersons, & Members of the Selected Reserve*

| Important: Please read the attached instructions before completing this form. Please type or use ink to complete the form. If you need more space, use the back of this form and write the item number next to your answer. |

| 1A. **VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER** |
| 345-67-8901 |

| 2. **FIRST-MIDDLE-LAST NAME OF APPLICANT** |
| Susan A. Thomas |

| 3A. **HOME TELEPHONE NO.** (Include Area Code) |
| (605) 224-8899 |

| 3B. **WORK TELEPHONE NO.** (Include Area Code) |
| None |

| 4. **MAILING ADDRESS (No. and address or rural route, city or P.O. State and ZIP Code)** |
| 666 Burke Drive |
| Pierre, SD 57501 |

| 5. **ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?** |
| Yes [ ] No [x] |

**Your Program**

| 6. **WHAT EDUCATION, PROFESSIONAL, OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?** (Highest degree or occupation) |
| Journeymen Electrician |

| 7. **WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?** (Specific degree, major, certificate, diploma) |
| Apprenticeship Electrician |

| 8. **HOW WILL YOU TAKE THIS TRAINING?** |
| [ ] School Attendance |
| [x] Apprenticeship or On-The-Job Training |
| [ ] Independent Study |
| [ ] Distance Learning/Internet |
| [ ] Cooperative Training |
| [ ] Flight Training |

| 9A. **NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT** (Include city, State, and ZIP Code) |
| ABC Electrical Service; 894 Hughes; Pierre, SD 57501 |

| 9B. **NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT** (Include city, State, and ZIP Code) |
| Capital University Center; PO Box 600; Pierre, SD 57501 |

| 10. **TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT.** |
| December 20, 2000 |

**Better Vocational Opportunity**

**Current Dependency Information**

*Answer only if you're receiving chapter 30 (mgib) benefits and served on active duty before January 2, 1978*

| 11A. **ARE YOU CURRENTLY MARRIED?** |
| Yes [ ] No [x] |

| 11B. **SPOUSE'S NAME** |
| —————————————————— |

| 12. **HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?** |
| None |

| 13. **DO YOU CLAIM ANY PARENTS AS DEPENDENTS?** |
| Yes [ ] No [x] |

**Current Active Duty Information**

| 14. **ARE YOU NOW ON ACTIVE DUTY?** |
| (if "yes," give date active duty began) [x] No (if "no," go to item 15a) |

| 15. **DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?** |
| Yes [ ] No [x] |

*(Be sure to have your education service officer complete item 17.)*

**Certification and Signature of Applicant**

*I hereby certify that all my statements on this form are true and complete to the best of my knowledge and belief. Penalty: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.*

| 18A. **Signature of Applicant** (Do Not Print) |
| Susan A. Thomas |

| 18B. **Date Signed** |
| 6/20/2004 |

**Certification Needed for Persons on Active Duty**

*(This item doesn't apply to selected reservists or veterans not on active duty.)*

*I certify that this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.*

| 17A. **Signature, Title, and Branch of Service of Education Service Officer** |

| 17B. **Date Signed** |

*(Do Not Complete Unless on Active Duty)*
This form is the “Enrollment Certification”. The trainee needs to complete item 3. The firms need to complete items 14, 16A, and 16D. All other sections of this form do not need to be completed.

It would be very beneficial for the trainee to work through the local County or Tribal Veterans Service officer. They can obtain both the forms and assistance through this veteran service professional.

These forms should not be sent to the VA until the employer is approved and has received four (4) copies of the training agreement and a letter of approval.
### OJT/APPRENTICESHIP EXAMPLE - 22-1999

**Department of Veterans Affairs**

**Enrollment Certification for Apprenticeship or Other On-the-Job, Flight, or Correspondence Training**

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

**IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.**

Complete this side ONLY if you are certifying Apprenticeship, Other On-The-Job, Flight, or Correspondence training as shown in Item 5. (Use the reverse side for other types of training.)

Pull out carbon and reverse before completing this side of the form. Ensure that VA Copy 1 is on top.

1. **Name of Student (First, Middle, Last)**
   - Vincent V. Veteran

2. **VA File No.** (Per chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran’s social security number)
   - C-123-456-7891

3. **Current Address of Student**
   - PO Box 32
   - Anywhere, SD 57000

4. **Social Security Number of Student** (If not entered in item 2 above)
   - 123-45-6789

5. **Type of Training**
   - ☑ Apprenticeship or Other on-the-Job
   - ☐ Flight Training
   - ☐ Correspondence

6. **Name of Program**
   - Mechanic

7. **Credit for Previous Training** (Not Flight)
   - None

---

### Vocational Flight Training (Chapters 30, 32, and 1606) (See Instructions)

<table>
<thead>
<tr>
<th>DUAL</th>
<th>SOLO</th>
<th>Ground School</th>
<th>Certificates and Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DUAL</th>
<th>SOLO</th>
<th>Ground School</th>
<th>Pre- and Post Flight</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CORRESPONDENCE TRAINING** (Chapters 30, 32, 35 [Spouses and Surviving Spouses] and 1606)

8A. **Credit Allowed for Previous Education and Training**
8B. **Date Training Began in Current Course**

<table>
<thead>
<tr>
<th>DUAL</th>
<th>SOLO</th>
<th>Ground School</th>
<th>Pre- and Post Flight</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Apprenticeship and Other On-the-Job Training**

9A. **Date First Lesson Started 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 9B:**
   - ☑ Yes
   - ☐ No

**Remarks**

10A. **Training Dates** (Month, Day, Year)

<table>
<thead>
<tr>
<th>BEGINNING</th>
<th>ENDING</th>
</tr>
</thead>
</table>

10B. **Type of Training**

- ☑ Apprenticeship
- ☐ Other-on-the-Job

10C. **Number of Hours Trained Is Employed Per Week in Training Program**
- 40 HRS.

10D. **Number of Hours in Standard Work Week**
- 40 HRS.

**Remarks**

11. **Remarks**
   - OJT Hours Worked to Date
     - Apr. 2004 170 hrs.
     - May 2004 155 hrs.

**Certifications**

- The provisions described in paragraphs (11) through (13) on the attached sheet are certified by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, “Remarks.”)

12A. **Signature of Certifying Official**

12B. **School Name and Address**

12C. **Telephone Number of Certifying Official**

12D. **Date Signed**

12E. **Facility Code**

---

**OJT/APPRENTICESHIP EXAMPLE - 22-1999**

**Supersedes VA Form 22-1999, Mar 2003, which will not be used.**

---

Page 32
This 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.
Dear Sirs:

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>2004</td>
<td>184</td>
</tr>
<tr>
<td>April</td>
<td>2004</td>
<td>164</td>
</tr>
<tr>
<td>May</td>
<td>2004</td>
<td>168</td>
</tr>
</tbody>
</table>

John Q. Doe  
Employer

Vincent V. Veteran  
Employee

6-3-2004

(This 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.)
**Monthly Certification Form**

This form will be *received* by the trainee each month, after their initial claim for benefits has been approved by the Veterans Administration.

At the end of the month, the trainee should bring this form to their supervisor to be signed. The trainee also signs the form and then the trainee should mail it to the Veterans Administration *(use the envelope which is provided by the VA)*. If this form is not submitted, the educational benefit payments will be *interrupted*.

We advise the firm *not to sign* this form until the monthly work record is received from the trainee and placed on file at the firm.
NOTE: This form is sent directly to the veteran by the VA. The veteran submits this directly back to the VA and if it is not submitted, the payment of educational benefits will be interrupted. - VA form 22-6553d-1

---

**PRIVACY ACT INFORMATION:** No further monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (38 U.S.C. 3880). The information requested on this form will be used to determine continuing eligibility for benefits and proper amount payable. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records -VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0178), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

**INSTRUCTIONS TO TRAINEE**

ITEMS 1 AND 2—Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)

ITEM A—Check the appropriate box, and if training has been terminated, complete Items 4 and 5.

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 new wage rate and effective date of rate change.

ITEM 7—Use this item for reporting any change in the number of dependents for whom you are receiving additional educational assistance allowance. If you acquire any new dependents, send proof to the VA.

**CHANGE OF ADDRESS**—If you are changing your address permanently, neatly line out the preprinted address and print your new address in the remaining space. Be sure to show ZIP Code.

Sign and date the form in Items 8A and 8B and give the form to your employer or an authorized official of your training establishment for verification.

**INSTRUCTIONS TO EMPLOYER**

NOTE—The trainee is not entitled to VA educational benefits and the VA must be immediately notified if the journeyman wage is being paid to the trainee.

Please verify the number of hours worked and other information reported by the trainee with the payroll records. Any differences should be reported in Items 6 and 7.

Also use Item 7 for reporting termination because of unsatisfactory conduct or progress.

Sign and date the form and return it to the VA Office shown above.

**MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING**

<table>
<thead>
<tr>
<th>VA FILE NUMBER</th>
<th>PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-123-456-7891</td>
<td>00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY CODE</th>
<th>TYPE TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-0-2376-41</td>
<td>G</td>
</tr>
</tbody>
</table>

**IMPORTANT**

DO NOT complete, date or sign prior to last date of period to be certified. Read the instructions carefully. You and the employer should complete, date and sign this form on or after the last day of the month shown in Item 1. If form is destroyed or lost, ask the VA for another form.

---

**VA Regional Office**

PO Box 4616
Buffalo, NY 14240-4616
1-888-GI Bill1 (1-888-442-4551)

Vincent V. Veteran
11 South 5th Street
Anytown, MA 59000

**MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING**

<table>
<thead>
<tr>
<th>1. MONTHS TO BE CERTIFIED</th>
<th>2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1</th>
<th>3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If “No,” complete Items 4 &amp; 5.)</th>
<th>4. DATE TERMINATED (Mo. Day, Yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1-30, 2002</td>
<td>176</td>
<td>□ YES □ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. REASON FOR TERMINATION</th>
<th>6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? (If “no,” complete Items 6B and 6C.)</th>
<th>6B. RATE</th>
<th>6C. EFFECTIVE DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. REMARKS</th>
<th>8A. SIGNATURE OF TRAINEE</th>
<th>8B. DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CERTIFY that the previous statements are true and correct to the best of my knowledge and belief.</td>
<td>Vincent V. Veteran</td>
<td>July 8, 2002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL</th>
<th>9B. DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>John M Doe, Owner</td>
<td>July 8, 2002</td>
</tr>
</tbody>
</table>
Certificate of Training

This certificate will be *provided* by the Employer to the employee at the successful completion of the training program.
Certificate Of Training

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, 2001
Date