

# **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 Department 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 (see Page 4 for specific instructions).

The second step is for the trainee to **apply** to the DVA for educational benefits (see below). Applying to the DVA for benefits involves the determination of eligibility for the trainee.

## Veterans' Application Process

Once the program is approved, the Veteran or eligible person can start the individual claim application process with the VA. To start the process, the veteran must fill out form 22-1990, "Application for Veterans' Educational Benefits", which can be found on the GI Bill website: <http://www.gibill.va.gov> (under "Education Benefits"). He/she can either fill out and submit the application online or print and send a hard copy.

In 4 to 6 weeks, the veteran will receive a letter from the VA confirming their eligibility for GI Bill benefits. If the veteran has any questions regarding his/her payments, he/she can contact the VA either through their website (see "Questions and Answers") or at 1-888-442-4551.

# Veteran Eligibility

## 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.

## Program Approval Requirements

- 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.

# Program Approval Procedures

If you feel that your program is eligible, first contact the MA State Approving Agency:

Office of Veterans' Education  
Massachusetts Board of Higher Education  
One Ashburton Place, Room 1401  
Boston, MA 02108  
617-994-6914, [veted@bhe.mass.edu](mailto:veted@bhe.mass.edu)

- 1.) The State Approving Agency will mail out an application packet for approval of the On-The-Job Training program.
- 2.) 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.
- 3.) **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 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 application and program. Partial or incomplete applications will not be considered.

## ROLE OF THE EMPLOYER

The employer, upon VA approval, agrees to designate a person who will be the Certifying Official. The Certifying Official is responsible for the following:

- Signing VA paperwork (the only representative allowed to do so).
- Keeping the training file current.
- Notifying the State Approving Agency of any changes that have an effect on VA approval.

Your facility will need to maintain and submit certain documentation at regular intervals to ensure the veteran will continue to receive his/her benefits. Please see the following pages for the proper documentation procedures.

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**

<u>Topics</u>	<u>Hours</u>
Arc & Acetylene Welding	400
Diesel Engine Repair & Maintenance	800
Electrical Repair & Maintenance	275
Hydraulic Repair & Maintenance	700
Maintenance of Equipment	275
Power Train Repair & Maintenance	700
Removing & Replacing Parts	600
Safety Procedures	50
Shop Procedures	<u>200</u>
<i>Total</i>	<i>4000 hours</i>

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:

Massachusetts Board of Higher Education  
Office of Veterans' Education  
One Ashburton Place, Room 1401  
Boston, MA 02152  
617-994-6914, [veted@bhe.mass.edu](mailto:veted@bhe.mass.edu)

## 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	<a href="mailto:jdoe@johndoesgarage.com">jdoe@johndoesgarage.com</a>
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: 24 (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: \$ 20 (Hour) Per Hour/Month/Year

3. Work Hours per Week (Normal): 40

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.



**TABLE A**

6 Months @ \$ 10.00

6 Months @ \$ 12.00

6 Months @ \$ 14.00

6 Months @ \$ 17.00

\_\_\_\_\_ Months @ \$ \_\_\_\_\_

\_\_\_\_\_ Months @ \$ \_\_\_\_\_

\_\_\_\_\_ Months @ \$ \_\_\_\_\_

\_\_\_\_\_ Months @ \$ \_\_\_\_\_

**TABLE B**

6 Months @ 50 %

6 Months @ 60 %

6 Months @ 70 %

6 Months @ 85 %

\_\_\_\_\_ Months @ \_\_\_\_\_ %

\_\_\_\_\_ Months @ \_\_\_\_\_ %

\_\_\_\_\_ Months @ \_\_\_\_\_ %

\_\_\_\_\_ 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. g. 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.

**THIS PAGE FOR STATE APPROVING AGENCY USE ONLY**

**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 1<sup>st</sup> 2005.**
4. Effective date of approval **February 14<sup>th</sup>, 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 10<sup>th</sup>, 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 Z. Doe

Signature of above-named individual

Owner

Title

\*\*\*\*\*
\*\*\*\*\*

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

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

**Department of Veterans Affairs**

VA Regional Office  
PO Box 4616  
Buffalo, NY14240-4616

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

**FOR VA USE ONLY**

VA FILE NUMBER C-123-456-7891	PAYEE 00
FACILITY CODE 2-0-2376-41	TYPE TRAINING G

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

**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.

**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 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.

**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.

1. MONTHS TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If "No," complete <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Items 4 & 5.)	4. DATE TERMINATED (Mo. Day, Yr.)	
June 1-30, 2002	176			
		5. REASON FOR TERMINATION		
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," complete Items 6B and 6C.)	6B. RATE	6C. EFFECTIVE DATE

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 <i>Vincent V. Veteran</i>	8B. DATE SIGNED July 8, 2002
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>John Doe, Owner</i>	9B. DATE SIGNED July 8, 2002

This page is blank intentionally.

## ***ADDITIONAL DOCUMENTATION***

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

**NOTE:** 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.

After the basic application has been completed, the employer will need to maintain and submit the following documentation in order for the veteran to continue receiving his GI Bill benefits.

## ***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***

<u>TRAINING TASKS:</u>	<u>HOURS TO COMPLETE</u>
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	<u>6</u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>\$10.00</u>	per hr.
2nd period of	<u>6</u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>\$12.00</u>	per hr.
3rd period of	<u>6</u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>\$14.00</u>	per hr.
4th period of	<u>6</u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>\$17.50</u>	per hr.
5th period of	<u>        </u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>        </u>	per hr.
6th period of	<u>        </u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>        </u>	per hr.
7th period of	<u>        </u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>        </u>	per hr.
8th period of	<u>        </u>	mo.,	per mo.,	<u>        </u>	bi-wk.,	<u>        </u>	per wk.,	<u>        </u>	per hr.

*Vincent V. Veteran*

\_\_\_\_\_  
**Employee --Signature**

**444-33-7777**

\_\_\_\_\_  
**Social Security Number**

*John Z. Doe*

\_\_\_\_\_  
**Employer -- Signature**

**3/5/04**

\_\_\_\_\_  
**Date**

# **WORK RECORD FORMS**

*(Monthly)*

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 Regular Work Week 40

	Training Schedule	Hours Assigned	This Month Hours	Previous Total	Total To Date
<b>A</b>	Arc and Acetylene Welding	400	10	50	60
<b>B</b>	Diesel Engine Repair and Maintenance	800	29	100	129
<b>C</b>	Electronic Repair and Maintenance	275	12	25	37
<b>D</b>	Hydraulic Repair and Maintenance	700	49	100	149
<b>E</b>	Maintenance of Equipment	275	8	25	33
<b>F</b>	Power Train Repair and Maintenance	700	49	100	149
<b>G</b>	Removing and Replacing Parts	600	11	100	111
<b>H</b>	Safety Procedures	50	4	1	5
<b>I</b>	Shop Procedures	200	4	15	19
<b>J</b>					
<b>K</b>					
<b>L</b>					

Supervisor's Signature John Z. Doe Month March Year 2004

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
<b>TOTAL FOR MONTH</b>																	

**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 Boston, address follows:

***Office of Veterans' Education  
Massachusetts Department of Education  
One Ashburton Place, Room 1401  
Boston, MA 02108***

**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 Address: Main Street, Anywhere, MA 57000  
Trainee: Vincent V. Veteran Effective Date: 3/5/2004  
Job Objective: Mechanic Regular Work Week: 40  
This report covers the period from 3-5-04 to 6-30-06  
(Date) (Date)

	TASKS	HOURS ASSIGNED	TOTAL HRS. TO DATE
<b>A</b>	Arc and Acetylene Welding	400	60
<b>B</b>	Diesel Engine Repair and Maintenance	800	129
<b>C</b>	Electrical Repair and Maintenance	275	37
<b>D</b>	Hydraulic Repair and Maintenance	700	149
<b>E</b>	Maintenance of Equipment	275	33
<b>F</b>	Power Train Repair and Maintenance	700	149
<b>G</b>	Removing and Replacing Parts	600	111
<b>H</b>	Safety Procedures	50	5
<b>I</b>	Shop Procedures	200	19
<b>J</b>			
<b>GRAND TOTAL TO DATE:</b>			<b>692</b>

### 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

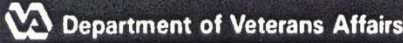
The records agreement is an agreement the states the applicant acknowledges that he/she is responsible for the following:

- 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) 994-6914 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.

		<b>APPLICATION FOR VA EDUCATION BENEFITS</b> (See attached Information and Instructions)	
INTERNET VERSION AVAILABLE. You can submit this application over the Internet at the following site: <a href="http://www.gibill.va.gov">www.gibill.va.gov</a>			
<b>PART I - APPLICANT INFORMATION</b>			
1. EDUCATION BENEFIT BEING APPLIED FOR:			
<input checked="" type="checkbox"/> A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.)			
<input type="checkbox"/> B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342)			
<input type="checkbox"/> C. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (Chapter 1606, Title 10 U.S.C.)			
<input type="checkbox"/> 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			
<input type="checkbox"/> E. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME			
2. NAME OF APPLICANT (First, Middle, Last) John M. Doe		3. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> 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," complete Items 8 thru 14 in Part II. If "Yes," skip to Part III, Item 15) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PART II - TRANSFER OF ENTITLEMENT INFORMATION</b> (Only Spouse and Childen should complete Part II)			
8. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU? <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		9. IF YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER IS A SPOUSE OR CHILD, IS VA FORM 21-686c ATTACHED? (See Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. NAME OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU (First, Middle, Last)		11. SEX OF VETERAN OR SERVICE MEMBER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
13. ADDRESS OF VETERAN OR SERVICE MEMBER		12. SOCIAL SECURITY NUMBER OF VETERAN OR SERVICE MEMBER	
		14. DATE OF BIRTH OF VETERAN OR SERVICE MEMBER (Month, Day, Year)	
<b>PART III - ADDITIONAL APPLICANT INFORMATION</b>			
15. TELEPHONE NUMBER OF APPLICANT (Including Area Code)		16. E-MAIL ADDRESS OF APPLICANT	
A. DAY (605) 352-1111	B. EVENING (605) 352-6666	johndoe@guesswho.com	
<b>17. DIRECT DEPOSIT INFORMATION</b> Please attach a voided personal check or provide the following information. Direct Deposit may not be available for VEAP. See Item 17 of Instructions.			
A. TYPE OF ACCOUNT (Check the type of account. If you do not have an account, check the box) <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I 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)			
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS		<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS	
<input type="checkbox"/> B. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS		<input checked="" type="checkbox"/> E. NONE	
		<input type="checkbox"/> F. OTHER (Specify)	
<input type="checkbox"/> D. DISABILITY COMPENSATION OR PENSION BENEFITS			
<b>COMPLETE ONLY IF ITEM 19B IS CHECKED</b>		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) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			



**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  I 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 your monthly subsistence allowance)

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.)

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

		<b>APPLICATION FOR VA EDUCATION BENEFITS</b> (See attached Information and Instructions)	
INTERNET VERSION AVAILABLE. You can submit this application over the Internet at the following site: <a href="http://www.gibill.va.gov">www.gibill.va.gov</a>			
<b>PART I - APPLICANT INFORMATION</b>			
1. EDUCATION BENEFIT BEING APPLIED FOR: <input checked="" type="checkbox"/> A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.) <input type="checkbox"/> B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342) <input type="checkbox"/> C. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (Chapter 1606, Title 10 U.S.C.) <input type="checkbox"/> 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 <input type="checkbox"/> E. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME			
2. NAME OF APPLICANT (First, Middle, Last) John M. Doe		3. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> 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," complete Items 8 thru 14 in Part II. If "Yes," skip to Part III, Item 15) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PART II - TRANSFER OF ENTITLEMENT INFORMATION</b> (Only Spouse and Childen should complete Part II)			
8. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU? <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		9. IF YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER IS A SPOUSE OR CHILD, IS VA FORM 21-686c ATTACHED? (See Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. NAME OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU (First, Middle, Last)		11. SEX OF VETERAN OR SERVICE MEMBER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
13. ADDRESS OF VETERAN OR SERVICE MEMBER		12. SOCIAL SECURITY NUMBER OF VETERAN OR SERVICE MEMBER	
		14. DATE OF BIRTH OF VETERAN OR SERVICE MEMBER (Month, Day, Year)	
<b>PART III - ADDITIONAL APPLICANT INFORMATION</b>			
15. TELEPHONE NUMBER OF APPLICANT (Including Area Code)		16. E-MAIL ADDRESS OF APPLICANT	
A. DAY (605) 352-1111	B. EVENING (605) 352-6666	johndoe@guesswho.com	
<b>17. DIRECT DEPOSIT INFORMATION</b> Please attach a voided personal check or provide the following information. Direct Deposit may not be available for VEAP. See Item 17 of Instructions.			
A. TYPE OF ACCOUNT (Check the type of account. If you do not have an account, check the box) <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I 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)			
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS		<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS	
<input type="checkbox"/> B. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS		<input type="checkbox"/> D. DISABILITY COMPENSATION OR PENSION BENEFITS	
<input checked="" type="checkbox"/> E. NONE			
<input type="checkbox"/> F. OTHER (Specify)			
<b>COMPLETE ONLY IF ITEM 19B IS CHECKED</b>		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) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			



**PART VII. MARITAL AND DEPENDENCY STATUS** (See Instructions)

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30B. DO YOU HAVE ANY CHILDREN WHO ARE:	
(1) UNDER AGE 18? <u>OR</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? <u>OR</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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)	32B. DATE SIGNED
SIGN HERE IN INK  <i>John M. Doe</i>	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	33B. DATE SIGNED
SIGN HERE IN INK 	



## **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.

**OJT/APPRENTICESHIP EXAMPLE**

OMB Approved No. 2900-0074  
Respondent Burden: 12 minutes

<b>Department of Veterans Affairs</b>		<b>REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING</b> <i>For Veterans, Servicepersons, &amp; Members of the Selected Reserve</i>	
IMPORTANT: Please read the attached instructions <u>before</u> 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.		1. VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER <p align="center" style="font-size: 1.2em;">345-67-8901</p>	
2. FIRST-MIDDLE-LAST NAME OF APPLICANT <p align="center" style="font-size: 1.2em;">Susan A. Thomas</p>	3A. HOME TELEPHONE NO. <i>(Include Area Code)</i> <p align="center" style="font-size: 1.2em;">(605) 224-8899</p>	3B. WORK TELEPHONE NO. <i>(Include Area Code)</i> <p align="center" style="font-size: 1.2em;">None</p>	
4. MAILING ADDRESS <i>(No. and address or rural route, city or P.O., State and ZIP Code)</i> <p align="center" style="font-size: 1.2em;">666 Burke Drive Pierre, SD 57501</p>		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? <p align="center"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO                 </p>	
<b>YOUR PROGRAM</b>			
6. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i> <p align="center" style="font-size: 1.2em;">Journeyman Electrician</p>		7. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING? <i>(Specific degree, major, certificate, diploma)</i> <p align="center" style="font-size: 1.2em;">Apprenticeship Electrician</p>	
8. HOW WILL YOU TAKE THIS TRAINING? <input type="checkbox"/> SCHOOL ATTENDANCE <input checked="" type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> INDEPENDENT STUDY DISTANCE LEARNING/INTERNET <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> FLIGHT TRAINING			
9A. NAME AND ADDRESS OF YOUR <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i> <p align="center" style="font-size: 1.2em;">ABC Electrical Service; 894 Hughes; Pierre, SD 57501</p>		9B. NAME AND ADDRESS OF YOUR <b>OLD</b> SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i> <p align="center" style="font-size: 1.2em;">Capital University Center; PO Box 600; Pierre, SD 57501</p>	
10. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. <p align="center" style="font-size: 1.2em;">December 20, 2000                      Better Vocational Opportunity</p>			
<b>CURRENT DEPENDENCY INFORMATION</b>			
ANSWER ONLY IF YOU'RE RECEIVING CHAPTER 30 (MGIB) BENEFITS AND SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978.			
11A. ARE YOU CURRENTLY MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM? <p align="center" style="font-size: 1.2em;">None</p>	
11B. SPOUSE'S NAME <p align="center">-----</p>		13. DO YOU CLAIM ANY PARENTS AS DEPENDENTS? <p align="center"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO                 </p>	
<b>CURRENT ACTIVE DUTY INFORMATION</b>			
14. ARE YOU NOW ON ACTIVE DUTY? <input type="checkbox"/> YES <i>(IF "YES," GIVE DATE ACTIVE DUTY BEGAN)</i> _____ <input checked="" type="checkbox"/> NO <i>(IF "NO," GO TO ITEM 16A)</i>			
15. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>(BE SURE TO HAVE YOUR EDUCATION SERVICE OFFICER COMPLETE ITEM 17.)</b>			
<b>CERTIFICATION AND SIGNATURE OF APPLICANT</b>			
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.			
16A. SIGNATURE OF APPLICANT <i>(Do Not Print)</i> <p align="center" style="font-size: 1.2em; font-family: cursive;">Susan A. Thomas</p>		16B. DATE SIGNED <p align="center" style="font-size: 1.2em; font-family: cursive;">6/20/2004</p>	
<b>CERTIFICATION NEEDED FOR PERSONS ON ACTIVE DUTY</b>			
(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 <p align="center" style="font-size: 1.5em;">(Do Not Complete Unless on Active Duty)</p>		17B. DATE SIGNED	

## **VA Form 22-1999**

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

OMB Control No. 2900-0073  
Respondent Burden: 10 minutes

NOTE: Tear off and read the Instruction and Certification Sheet before completing the form.

 <b>Department of Veterans Affairs</b>				<b>Side B</b>
<b>ENROLLMENT CERTIFICATION FOR APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING</b> (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)				
<b>IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.</b> 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)		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number)		
Vincent V. Veteran		C-123-456-7891		
3. CURRENT ADDRESS OF STUDENT		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above)		
PO Box 32 Anywhere, SD 57000		123-45-6789		
5. TYPE OF TRAINING		6. NAME OF PROGRAM		
<input type="checkbox"/> FLIGHT TRAINING  <input type="checkbox"/> CORRESPONDENCE  <input checked="" type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB		Mechanic		
		7. CREDIT FOR PREVIOUS TRAINING (Not Flight)		
		None		
<b>VOCATIONAL FLIGHT TRAINING (Chapters 30, 32, and 1606) (See Instructions)</b>				
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
				\$
<b>CORRESPONDENCE TRAINING (Chapters 30, 32, 35 (Spouses and Surviving Spouses) and 1606)</b>				
IMPORTANT - A signed VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before payment may be authorized by VA for a 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")	
<b>APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING</b>				
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	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING	<input type="checkbox"/> APPRENTICESHIP  <input checked="" type="checkbox"/> OTHER-ON-THE-JOB	40 HRS.	40 HRS.
3/1/2004	2/28/2006			
11. REMARKS				
OJT Hours Worked to Date Mar. (1-31) 2004    150 hrs. Apr. 2004            170 hrs. May 2004            155 hrs.				
NOTE: READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 12A THROUGH 12E BELOW.				
<b>CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified.</b>				
12A. SIGNATURE OF CERTIFYING OFFICIAL		12B. SCHOOL NAME AND ADDRESS		
John Z. Doe, Owner		John Doe's Garage Main Street, Anywhere, SD 57000		
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL		12D. DATE SIGNED		12E. FACILITY CODE
(605) 123-4567		6/1/2004		10-0000-41



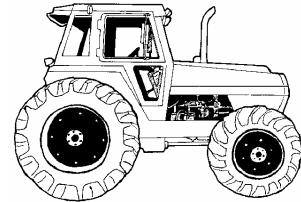
## **Letterhead Stationary**

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.

**JOHN  
DOE'S**

**GARAGE**

Main Street  
Anywhere, MA 57000  
(617)123-4567



Date June 3, 2004

Name: Vincent Veteran  
SS# : 123-45-6789  
Job Title: Mechanic

Dear Sirs:

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

March	2004	184 hours
April	2004	164 hours
May	2004	168 hours

*John Z. 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

<p>VA Regional Office PO Box 4616 Buffalo, NY 14240-4616 1-888-GI Bill1 (1-888-442-4551)</p> <p>Vincent V. Veteran 11 South 5th Street Anytown, MA 59000</p>	Department of Veterans Affairs
MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING	
FOR VA USE ONLY	
VA FILE NUMBER C-123-456-7891	PAYEE 00
FACILITY CODE 2-0-2376-41	TYPE TRAINING G
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.	

**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 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.

**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.

1. MONTHS TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If "No," complete <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Items 4 & 5.)	4. DATE TERMINATED (Mo. Day, Yr.)
June 1-30, 2002	176	5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," complete Items 6B and 6C.)	6B. RATE
			6C. EFFECTIVE DATE

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 <i>Vincent V. Veteran</i>	8B. DATE SIGNED July 8, 2002
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>John M Doe, Owner</i>	9B. DATE SIGNED July 8, 2002

## **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