



**Department of Veterans Affairs**

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

VA FILE NUMBER

PAYEE

REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER  
 (See RPO listing on reverse)

TRAINEE'S NAME AND ADDRESS

**IMPORTANT:** Read the instructions carefully. The employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.

**INSTRUCTIONS TO EMPLOYEE/CERTIFYING OFFICIAL**

**ITEMS 1 AND 2** - Enter the number of hours trained for each month/year 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. If trainee has attained the complete job skills for their job (a "journeyman" knowledge and skills), show this information in Item 5.

**ITEMS 6A, 6B, AND 6C** - Check the appropriate box. If trainee received a wage increase (or decrease) not in accordance with their training agreement, show the new wage rate and the effective date of that wage rate (when trainee first received this wage rate).

**ITEM 7** - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if trainee are receiving additional educational allowance for dependents use this item to report any change in the number of the trainee's dependents.

**CHANGE OF ADDRESS** - If the trainee is changing their address permanently, neatly line out the preprinted address shown above. Then, print or type your new address in the remaining space. Be sure to include the ZIP Code.

Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).

**ITEMS 8A and 8B** - Trainee Signature is no longer required.

**ITEMS 9A and 9B** - Certifying Official signature and date. Return form to VA office address shown above.

If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).

1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED (Month, day, year)
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO (If "No," complete Items 4 and 5)	
		5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE
		<input type="checkbox"/> YES	6C. EFFECTIVE DATE
		<input type="checkbox"/> NO (If "No," complete Items 6B and 6C)	
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 VA may result in fines or imprisonment or both.

8A. SIGNATURE TRAINEE (Sign in ink) <b>N/A [TRAINEE SIGNATURE IS NO LONGER REQUIRED]</b>	8B. DATE SIGNED
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL (Sign in ink)	9B. DATE SIGNED

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) VA obtains further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits (licensing and certification test reimbursement). While you do not have to respond, VA cannot reimburse you any licensing and certification test fees until we receive this information (38 U.S.C. 3452(b) and 3501(a)). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for reimbursement of licensing and certification test fees. We cannot pay you any education benefits for this reimbursement until we receive this information (38 U.S.C. 5101). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-800-442-4551) to get information on where to send comments or suggestions about this form. If you are hearing impaired, call 1-888-829-4833.