

# EMPLOYERS GUIDE TO RECORDKEEPING

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FOR FACILITIES OFFERING TRAINING TO VETERANS VIA  
APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING

*Guideline to forms and records necessary for enrolling and certifying those  
eligible to collect GI Bill® Benefits while employed in training programs*

Pennsylvania State Approving Agency  
Veterans/Military Education

Revised July 2018

# **GUIDELINES FOR FACILITIES OFFERING TRAINING TO VETERANS VIA APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING**

## *On-the-Job & Apprenticeship Training Programs*

Both on-the-job and apprenticeship training programs are available for Veterans using their VA education benefits, including the Post-9/11 GI Bill®. These programs allow Veterans to learn a trade or skill through training on the job participation rather than attending a formal program of classroom based instruction yielding a degree or certificate. A Veteran generally enters into a training contract for a specific period with an employer or union, and at the end of the training period, the Veteran gains job certification or journeyman status.

### *Training Program Approval*

Employers/training establishments wishing to obtain approval for OJT/APP program(s) must contact the Pennsylvania State Approving Agency (Pennsylvania Department of Education, Veterans/Military Education). If you are reading this, it is assumed that your OJT or APP program(s) has been approved for GI Bill® Benefit purposes. The Certifying Official has received or will receive an approval letter from the Pennsylvania Department of Education, Veterans/Military Education and a letter from the VA which provides a VA facility code as well as pertinent program and certifying information. Please retain these letters in your records as a reference.

Both the employer/training establishment and the specific program(s) require approval. If the employer/training establishment has multiple training programs, each program must be approved separately. When submitting enrollment paperwork, it is vital that the employer/training establishment name and the program name are listed as approved by the State Approving Agency and recognized by the VA.

### *Employer Responsibility*

As an employer, you are the point of contact for veterans enrolled in your program. Providing them with general information regarding your program will be one of your primary responsibilities. In addition, you will also be responsible for the following certification and recordkeeping requirements:

- Completing and forwarding the initial VA Enrollment Certification (22-1999), completed and signed Training Agreement, and Monthly Certification of Hours form (22-6553d-1).
- Adequate records must be kept to show the progress made by the trainee toward the job objective to meet the provisions of 38 U.S.C. 3677.
- Verify and submit hours worked monthly to the VA.
- Notify the VA of trainee absence or withdrawal from a program (VA Form 22-1999b).
- Notify the VA of change in Certifying Official (VA Form 22-8794).
- Notify the SAA of change in requirements for approved program.
- Notify the SAA of change wage scale, program name, facility name or address of organization.

"GI Bill®" is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

## *CERTIFYING ENROLLMENT*

Certifying enrollment of veteran employees requires only a few steps to complete forms:

1. If the veteran does not already have a “Letter of Eligibility” from the VA regarding his GI Bill® Education Benefits, he is required to go online to <https://www.vets.gov/> and apply for his educational benefits. He will complete either the 22-1990 “Application for Benefits” or if he/she has previously used benefits, a 22-1995 “Change of Program” form is used. The veteran should print out a copy of their application form and give it to you along with a copy of his/her DD-214
2. The employer completes the 22-1999 “VA Enrollment Certification”. This certifies when the veteran employee started employment and when he is expected to complete the training program in accordance with the program’s approval.
3. The training agreement that was drawn up by the State Approving Agency and the Employer is completed by having the employer AND the veteran employee complete and sign the Enrollment Certification Statement on the reverse of the training agreement. In the case of Registered Apprenticeships, the Agreement between the Apprentice and the State Apprenticeship Training Council (i.e., Pennsylvania Apprenticeship and Training Council or U. S. Department of Labor. Employment & Training Administration) is used. This is also to be signed by the employer and the veteran employee.

The veteran certification packet now consists of:

- Veteran’s application for benefits
- Veteran’s DD-214
- 22-1999 VA Enrollment Certification
- Training Agreement or Registered Apprentice Agreement

The employer keeps a copy of all of the documents and mails the original completed forms, as a packet to:

Department of Education  
Division of Veterans/Military Education  
301 Fifth Avenue – Suite 204  
Pittsburgh, PA 15222

The veteran certification packet will be reviewed by State Approving Agency staff for accuracy and completeness and then forwarded to the VA for processing.

NOTE: Electronic versions of the forms 22-1990, 22-1995 and 22-1999 are available upon request from the Division of Veterans/Military Education, 717-787-2414 or e-mail [RA-VetEd@pa.gov](mailto:RA-VetEd@pa.gov) .

## *CERTIFYING ENROLLMENT ELECTRONICALLY*

On December 2, 2017 VA-ONCE was updated to include the ability to submit forms electronically. You must first complete a Memorandum of Understanding (MOU), at [https://www.benefits.va.gov/GIBILL/resources/education\\_resources/mou.html](https://www.benefits.va.gov/GIBILL/resources/education_resources/mou.html) and submit it to your Education Liaison Representative (ELR). Your ELR will provide you with a Password, User ID, and instructions for using VA-ONCE.

Once your program has been set up in VA-ONCE you will be able to complete the 22-1999 VA Enrollment Certification form and 22-6553d-1 Monthly Certification of Hours form electronically. The 22-1999 is only submitted during the initial submission and the 22-6553d-1 hours worked form can then be submitted monthly using VA-ONCE. **At this time, VA-ONCE has no capability to upload documents, so the signed Training Agreement will have to be mailed or faxed separately to the VA.**

If the veteran completes a paper copy of the 22-1990 Application for Benefits or a 22-1995 Change of Place of Training form, that this must also be mailed to the VA Regional Processing Office.

## *PAYMENT OF BENEFITS*

The VA will pay a monthly benefit payment to the trainee. The **full** monthly payment is authorized when the trainee works at least **120 hours or more** each month. This does not mean that the trainee is excused from working the full work month. It does allow the trainee vacation time and days off (if properly scheduled) without loss or reduction of the benefit. Time worked under 120 hours should be reported and will be issued a pro-rated benefit amount. Overtime hours can sometimes be certified. The hours must be “training” hours that are tracked; however, if overtime hours are certified the trainee would reach the maximum number of hours for which he/she can be certified before the program is completed.

Initially, the trainee will receive a VA 22-6553d-1 form entitled Monthly Certification of On-The-Job and Apprenticeship Training. Depending upon what chapter the trainee is collecting benefits under, the form will either be sent to him monthly, or enclosed with the award letter the veteran receives after being certified by the employer.

This form must be completed showing the exact number of hours worked during the calendar month and signed by the facility’s authorized certifying official and returned to the issuing VA office. You can either fax or mail the completed form, send an electronic copy of the form by using the "Ask A Question" section of the VA website, or submit it via VA-ONCE if the 22-1999 was previously submitted via VA-ONCE.

- Related training should not be included in the computation of work hours; however,
- Related training may be included if it is given “in plant” during the work day.
- The Payroll Record is the principal source for all hours to be reported.

- Should a certification form be unavailable, the hours can be submitted on facility letterhead as long as the hours are reported monthly, and the trainee's claim number/social security number and the signature of the certifying official are included.
- NOTE: On March 6, 2018, the VA issued a Procedural Advisory: *Effective immediately, Certifying Officials are responsible for submitting the trainee's hours to the VA. The trainee's signature is no longer needed. Use the current VA Form 22-6553d-1, leaving section 8a and 8b (trainee's signature & date) blank. Hours must be reported immediately upon month end, on or after the last day of the month being certified.*

Submit Monthly Certification of Hours form by any of the following methods:

Mailing Address: BUFFALO REGIONAL PROCESSING OFFICE  
P. O. Box 4616  
Buffalo, NY 14240-4616

Fax Number: (716) 857-3274

Electronically: <https://gibill.custhelp.com/app/home> (Ask-A-Question)

- or -

VA-ONCE (In order to submit VA Form 22-6553d-1 electronically, it must be associated with an Enrollment Certification (VA Form 22-1999) submitted through VA ONCE after January 17, 2018.)

### *TRAINING/PROGRESS RECORDS*

A Progress Record form showing the progress made by the trainee toward the job objective must be maintained. You can obtain a copy of this form from the State Approving Agency if needed.

- It is the responsibility of the trainee to complete the form.
- Each month the form must be turned in to the appropriate facility official who should verify the data.
- Related training, if required, should also be noted or tracked.
- Do not mail any of these forms to the VA or to the State Approving Agency. These forms will be reviewed during a compliance audit.
- The Training Progress Records must be retained at the facility for a period of three years following either the trainee's completion of the program or his/her termination.

### *WAGE SCALE*

The wage scale shown on the Training Agreement must be followed. If a general wage increase is authorized by the facility, the new wage scale must be reported to the State Approving Agency.

If a trainee's performance is such that he or she does not merit the wage increase at a scheduled period, it is permissible to delay the increase. Such an action must be fully documented and maintained with the training records so that it will be available for review by officials of either the State Approving Agency or the VA.

## *CHANGES TO PROGRAMS OTHER THAN WAGES*

Changes to currently approved programs such as name of program, total number of hours in the program or work processes must be reported to the State Approving Agency. Your Veteran Education Advisor will assist you in updating your program.

## *INTERRUPTION OF TRAINING*

If the veteran's training is interrupted by illness or lack of work lasting more than 30 days, or if the veteran is called to Active Duty, a 22-1999b Notice of Change in Student Status should be completed. If the veteran is called to Active Duty, the veteran should give the employer a copy of the orders to put in the veteran's file. When the veteran resumes training, a VA form 22-1999 is to be completed re-enrolling veteran in the program. Box #7 titled "credit for previous training" should have the number of hours that the veteran completed prior to stopping training. The training start date will be the date the veteran resumed training and the end date should be adjusted to reflect previous credit and hours needed to complete training. The Training Agreement or Registered Apprenticeship Agreement should also be completed. This same procedure should be used when re-enrolling veterans in the training program after any prolonged absence. Call the State Approving Agency for help in completing these forms if needed.

## *TERMINATIONS*

Should a trainee leave the facility or the program prior to the scheduled completion date, the termination must be promptly reported to the VA. The report can be made on VA Form 22-1999b or facility letterhead and should include all monthly hours worked by the trainee and not previously reported. The following should also be reported and specified as terminations:

- If the trainee is discharged for unsatisfactory progress.
  - If the trainee is discharged for unsatisfactory conduct
  - If the trainee reaches the journeyman wage ahead of schedule
  - If the trainee is promoted to journeyman level ahead of schedule.
  - If the trainee transfers to another position in the facility.
- (NOTE: it may be possible to establish a new training program in such a case.)

## *EXTENSION*

If an employee has not completed the required hours of training and has not yet reached the journeyman's wage rate, the VA Certifying Official at the training facility should send to the VA the **total hours worked** from the start date to the end date indicated on the initial 22-1999 and have the employer request an extension for a specific period of time. The Certifying Official must also state in writing to the VA that the employee has not reached the fully trained/journeyman's rate yet. Correspondence **must** be on training facility letterhead.

## *INSPECTION OF RECORDS*

The State Approving Agency and the U.S. Department of Veterans Affairs conduct periodic inspections of the records and the training facilities to verify accuracy of information that was submitted to the VA. These inspections are called Compliance Surveys. They are conducted on a random selection. You will be called in advance to schedule an appointment should your facility be selected for a compliance survey.

## *RETENTION OF RECORDS*

Per VA regulations, training establishments must keep records and accounts pertaining to periods of enrollment of a veteran, reservist, or eligible person. If those records are not available electronically, the paper records must be kept intact and in good condition at the establishment ***for at least 3 years following the end of the enrollment period.*** The electronic records must be easily accessible at the facility for at least 3 years following the end of the enrollment period.

The records and accounts that are to be kept for three years include but are not limited to the following items:

- VA Enrollment Application
- DD-214
- VA 22-1999 – VA Enrollment Certification
- Signed Training Agreement or Registered Apprenticeship Agreement
- Progress Record
- 22-6553d-1 Monthly Certification of Hours for all months worked
- Payroll records showing hours worked
- 22-1999b Notice of Change in Student Status stating that veteran has reached fully trained/journeyman status or has terminated employment prior to end of training period.

These documents must be available upon request during a compliance survey visit by either the VA or the SAA

ADDRESS & TELEPHONE NUMBERS

THE PENNSYLVANIA STATE APPROVING AGENCY

Harrisburg Office

Veterans/Military Education  
Department of Education  
333 Market Street, 12<sup>th</sup> Floor  
Harrisburg, PA 17126-0333

Phone: 717-787-2414

FAX: 717-772-3622

Pittsburgh Office

Veterans/Military Education  
301 Fifth Avenue – Suite 204  
Pittsburgh, PA 15222

Phone: 412-565-5364

FAX: 412-565-5312

Philadelphia Office

Veterans Military Education  
200 South Broad Street, Suite 1110  
Philadelphia, PA 19102

Phone: 215-239-2352

RA-VetEd@pa.gov

ELR - VETERANS AFFAIRS-PITTSBURGH

Bess Moran, Education Liaison Rep.

Phone: (412) 395-6054

E-mail: [Bess.Moran@va.gov](mailto:Bess.Moran@va.gov)

ELR - VETERANS AFFAIRS-PHILADELPHIA

Tyler Smerlick, Education Liaison Rep.

Phone: (215) 842-2000 ext 5986

E-mail: [Tyler.Smerlick@va.gov](mailto:Tyler.Smerlick@va.gov)

BUFFALO REGIONAL PROCESSING CENTER

P. O. Box 4616  
Buffalo, NY 14240-4616

1-888-442-4551

**Facility Officials only** in need of information or assistance may also call:

855-225-1159

**Veterans** may inquire about eligibility or other matters by calling:

1-888-442-4551

VA Web Site:

<http://benefits.va.gov/gibill>

## FORMS AND SAMPLES INDEX

### *Certifying Enrollment*

VA Form 22-1999 SAMPLE  
VA Form 22-1999  
Enrollment Certification Statement SAMPLE  
Registered Apprenticeship Agreement (s)  
VA Form 22-1990  
VA Form 22-1995

### *Benefits Payments*

Procedural Advisory – March 6, 2018  
VA Form 22-6553d-1 SAMPLE  
VA Form 22-6553d-1  
Sample letter showing hours worked  
How to submit hours using “Ask A Question”

### *Training Progress Records*

Progress Record SAMPLE  
Progress Record

### *Interruptions, Terminations and Extensions*

Outline of process to re-enroll returning employee/veteran  
VA Form 22-1999b SAMPLE  
VA Form 22-1999b  
Excerpt of letter from VA explaining extension request  
Sample letter showing a request for extension

### *VA-ONCE*

System Advisory January 25, 2018  
MOU (Memorandum of Understanding)  
VA-ONCE P053 Training OJT App (Jan 18)

## *Certifying Enrollment Forms & Samples*

- ❖ VA Form 22-1999 Sample
- ❖ VA Form 22-1999
- ❖ Enrollment Certification Statement  
(reverse of SAA Training Agreement) Sample
- ❖ Registered Apprenticeship Agreement - PA  
Apprenticeship & Training Council
- ❖ Registered Apprenticeship Agreement – U.S.  
Department of Labor
- ❖ VA Form 22-1990
- ❖ VA Form 22-1995

NOTE: Tear off the Instructions and Certifications sheet before completing the form.

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

|   |   |  |  |                      |
|---|---|--|--|----------------------|
| <b>Department of Veterans Affairs</b>   |   | <b>Side<br/>B</b>  |  |                      |
| <b>VA ENROLLMENT CERTIFICATION</b>  |   |  |  |                      |
| <b>IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.</b>   |   |  |  |                      |
| 1. NAME OF STUDENT (First, Middle, Last)<br><i>John B. Veteran</i>  |   | 2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number) |  |                      |
| 3. CURRENT ADDRESS OF STUDENT<br><i>123 West Street<br/>Anywhere, PA 10000-0000</i>   |   | 4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)<br><i>123-45-6789</i>                                  |  |                      |
| 6. TYPE OF TRAINING<br><input type="checkbox"/> FLIGHT TRAINING<br><input type="checkbox"/> CORRESPONDENCE<br><input checked="" type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB  |   | 5. NAME OF PROGRAM<br><i>Insert program name as listed on training agreement</i>                                       |  |                      |
|   |   | 7. CREDIT FOR PREVIOUS TRAINING (Not Flight)<br><i>0 - or actual hours</i>   |  |                      |
| <b>VOCATIONAL FLIGHT TRAINING (See Instructions)</b>  |   |  |  |                      |
| 8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING  |   | 8B. DATE TRAINING BEGAN IN CURRENT COURSE  |  |                      |
| DUAL  | SOLO  |  |  |                      |
| 8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE  |   | 8D. TOTAL CHARGES  |  |                      |
| DUAL  | SOLO  |  | GROUND SCHOOL  | PRE- AND POST FLIGHT |
|   |   | \$   |  |                      |
| <b>CORRESPONDENCE TRAINING</b>  |   |  |  |                      |
| <b>IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.</b>  |   |  |  |                      |
| 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?<br><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>   |   |  |  |                      |
| <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.")</b>   |   |  |  |                      |
| 10A. TRAINING DATES (Month, Day, Year)  |   | 10B. TYPE OF TRAINING  |  |                      |
| BEGINNING   | ENDING  | <input checked="" type="checkbox"/> APPRENTICESHIP<br><br><input type="checkbox"/> OTHER-ON-THE-JOB                    |  |                      |
| <i>List date training program begins</i>  | <i>List expected date training program will end</i> |  |  |                      |
|   |   |  |  |                      |
|   |   | 10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM  | 10D. NUMBER OF HOURS IN STANDARD WORK WEEK   |                      |
|   |   | HRS.   | HRS.   |                      |
|   |   | <i>40</i>  | <i>40</i>  |                      |
|   |   | HRS.   | HRS.   |                      |
| 11. REMARKS<br><br><i>List hours worked per month since program began, for instance: worked 148 hours January 2016, worked 160 hours in February 2016. If paperwork is submitted in the same month that trainee began work, leave this space blank. Hours can also be listed on VA Form 22-6553d-1 and accompany the 22-1999 or listed on Company letterhead and signed by Certifying Official and Veteran.</i> |   |  |  |                      |
| <b>CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.</b>  |   |  |  |                      |
| 12A. FACILITY CODE<br><i>12 B456 38</i>   |   | 12B. SCHOOL NAME AND ADDRESS<br><i>My Establishment<br/>123 anyplace Street, Anyplace, PA 10000</i>                    |  |                      |
| 12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL<br><i>215-123-4567</i>   |   | 12D. SIGNATURE OF CERTIFYING OFFICIAL<br><i>I Am Certifying Official</i>   | 12E. DATE SIGNED<br><i>Current Date</i>  |                      |

NOTE: Tear off the Instructions and Certifications sheet before completing the form.

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



Department of Veterans Affairs

Side

B

**VA ENROLLMENT CERTIFICATION**

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

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

**VOCATIONAL FLIGHT TRAINING (See Instructions)**

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

**CORRESPONDENCE TRAINING**

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

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

**APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING**

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

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

11. REMARKS

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

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



**REGISTRATION AGENCY  
PENNSYLVANIA APPRENTICESHIP AND TRAINING COUNCIL  
APPRENTICESHIP AGREEMENT  
BETWEEN APPRENTICE AND SPONSOR**

| <i>This AGREEMENT may be terminated by either of the parties, citing cause(s) with notification to the registration agency, in compliance with Title 34, Part IV, Chapter 83.</i>   |                |   |  | <small>PRIVACY ACT STATEMENT</small><br><i>The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the undersigned apprentice.</i><br><small>Privacy Act of 1974 - P.L. 93-579</small> |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
|---|----------------|---|--|--|---|---|------------------------------------|------------------------------------|----|----|----|----|----|----|----|----|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|---|--|---|--------|----|--|---|--------|--|--|--|--|--|--|--|
| <b>1. AGREEMENT BETWEEN APPRENTICE AND:- ("X" one)</b><br>a. <input type="checkbox"/> Employer<br>b. <input checked="" type="checkbox"/> Joint Committee<br>c. <input type="checkbox"/> Non-Joint Committee   |                | <b>2. PROGRAM NUMBER</b><br><br>PA  |  | <b>3. NAME OF APPRENTICESHIP STANDARDS (Name &amp; Address of Sponsor)</b>   |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| The program sponsor and apprentice agree to the terms of the apprenticeship standards as incorporated as part of this agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Section 30.3, Title 29, Code of Federal Regulation, Part 30.   |                |   |  |  |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>4. NAME OF APPRENTICE (Last, First, Middle)</b>  |                |   | <b>5. DATE OF BIRTH (Mo., Day, Year)</b> |  | <b>6. SEX ("X" one)</b><br>a. <input type="checkbox"/> Male<br>b. <input type="checkbox"/> Female |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>7. SOCIAL SECURITY NO.</b><br>[ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ]  |                | <b>8. APPRENTICE'S ADDRESS (No., Street, City, County, State, ZIP Code)</b>   |  |  |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>9a. RACE ("X" one or more)</b><br>a. <input type="checkbox"/> Am. Indian or Alaskan Nat.<br>b. <input type="checkbox"/> Asian<br>c. <input type="checkbox"/> Black or African American<br>d. <input type="checkbox"/> Native Hawaiian or other Pacific Islander<br>e. <input type="checkbox"/> White   |                | <b>9b. ETHNIC GROUP ("X" one)</b><br>a. <input type="checkbox"/> Hispanic or Latino<br>b. <input type="checkbox"/> Not Hispanic or Latino |  | <b>10. VETERAN STATUS ("X" one)</b><br>a. <input type="checkbox"/> Non-Veteran<br>b. <input type="checkbox"/> Veteran  |   | <b>11. HIGHEST EDUCATION LEVEL ("X" one)</b><br>a. <input type="checkbox"/> 8th grade or less<br>b. <input type="checkbox"/> 9th to 12th grade<br>c. <input type="checkbox"/> GED<br>d. <input type="checkbox"/> High School or greater |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>12. CAREER LINKAGE OR DIRECT ENTRY ("X" one)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> School-to-Registered-Apprenticeship<br><input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Job Corps <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Direct Entry: _____   |                |   |  |  |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>13. SIGNATURE OF APPRENTICE</b>  |                |   | <b>DATE</b>                              | <b>14. SIGNATURE OF PARENT/GUARDIAN (if minor)</b>   |   | <b>DATE</b>   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>15a. TRADE</b>   |                |   | <b>15b. RAIS Code</b>                    | <b>16. TERM (Hours, Months, Years)</b>   |   | <b>17. PROBATIONARY PERIOD (Hours, Months, Years)</b>   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>18. CREDIT FOR PREVIOUS EXPERIENCE (Hrs., Mos., Yrs.)</b>  |                | <b>19. TERM REMAINING (Hrs., Mos., Yrs.)</b>  |  | <b>20. DATE APPRENTICESHIP BEGINS (Indenture Date)</b>   |   | <b>21. RELATED INSTRUCTION TRAINING (No. Hrs. per Yr.)</b><br>144 hours per year  |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>22. RELATED INSTRUCTION SOURCE</b>   |                |   |  | <b>23. APPRENTICE WAGES FOR RELATED INSTRUCTION TRAINING ("X" one)</b><br>a. <input type="checkbox"/> will be paid<br>b. <input type="checkbox"/> will not be paid   |   | <b>24. PRESENT JOURNEYMAN'S HOURLY WAGE RATE</b>  |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>25. APPRENTICE WAGES: The apprentice schedule of pay shall be listed for each advancement period. The work processes listed in the standards (item 3 above) are a part of this agreement.</b>  |                |   |  |  |   |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">PERIOD</th> <th style="width: 15%;">TERM (Mo./Yr.)</th> <th style="width: 10%;">%</th> <th style="width: 15%;">DOLLAR AMOUNT (in dollars &amp; cents)</th> <th style="width: 10%;">PERIOD</th> <th style="width: 15%;">TERM (Mo./Yr.)</th> <th style="width: 10%;">%</th> <th style="width: 15%;">DOLLAR AMOUNT (in dollars &amp; cents)</th> </tr> <tr> <th>a.</th> <th>b.</th> <th>c.</th> <th>d.</th> <th>a.</th> <th>b.</th> <th>c.</th> <th>d.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">7</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">8</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">10</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table> | PERIOD         | TERM (Mo./Yr.)  | %  | DOLLAR AMOUNT (in dollars & cents)   | PERIOD  | TERM (Mo./Yr.)  | %                                  | DOLLAR AMOUNT (in dollars & cents) | a. | b. | c. | d. | a. | b. | c. | d. | 1 |  | % | \$0.00 | 6 |  | % | \$0.00 | 2 |  | % | \$0.00 | 7 |  | % | \$0.00 | 3 |  | % | \$0.00 | 8 |  | % | \$0.00 | 4 |  | % | \$0.00 | 9 |  | % | \$0.00 | 5 |  | % | \$0.00 | 10 |  | % | \$0.00 |  |  |  |  |  |  |  |
| PERIOD  | TERM (Mo./Yr.) | %   | DOLLAR AMOUNT (in dollars & cents)       | PERIOD   | TERM (Mo./Yr.)  | %   | DOLLAR AMOUNT (in dollars & cents) |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| a.  | b.             | c.  | d.                                       | a.   | b.  | c.  | d.                                 |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| 1   |                | %   | \$0.00                                   | 6  |   | %   | \$0.00                             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| 2   |                | %   | \$0.00                                   | 7  |   | %   | \$0.00                             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| 3   |                | %   | \$0.00                                   | 8  |   | %   | \$0.00                             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| 4   |                | %   | \$0.00                                   | 9  |   | %   | \$0.00                             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| 5   |                | %   | \$0.00                                   | 10   |   | %   | \$0.00                             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>26. SIGNATURE OF SPONSOR REPRESENTATIVE</b><br>a.  |                |   | <b>DATE SIGNED</b>                       |  | <b>27.</b>  |   |                                    |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |
| <b>SIGNATURE OF SPONSOR REPRESENTATIVE</b><br>b.  |                |   | <b>DATE SIGNED</b>                       |  | <b>28. SIGNATURE (Director, Pennsylvania Apprenticeship &amp; Training Council)</b>               |   | <b>DATE REGISTERED</b>             |                                    |    |    |    |    |    |    |    |    |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |   |  |   |        |    |  |   |        |  |  |  |  |  |  |  |

Program Registration and  
Apprenticeship Agreement  
Office of Apprenticeship

U.S. Department of Labor  
Employment and Training Administration



APPRENTICE REGISTRATION-SECTION II

OMB No. 1205-0223 Expires: 01/31/2012

**Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 22)**

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

**PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. Name (Last, First, Middle) and Address<br>*Social Security Number<br><br>(No., Street, City, State, Zip Code, Telephone Number) |  | Answer Both A and B (Voluntary)<br>(Definitions on reverse)   |  | 5. Veteran Status (Mark one)<br><input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Veteran   |  |
| 2. Date of Birth (Mo., Day, Yr.)   |  | 4. a. Ethnic Group (Mark one)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br>b. Race (Mark one or more)<br><input type="checkbox"/> American Indian or Alaska native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White  |  | 6. Education Level (Mark one)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th to 12th grade<br><input type="checkbox"/> GED<br><input type="checkbox"/> High School Graduate or Greater<br><input type="checkbox"/> Post Secondary or Technical Training |  |
| 3. Sex (Mark one)<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  | 7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Incumbent Worker<br><input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> Job Corps<br><input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Direct Entry: _____ <input type="checkbox"/> Adult <input type="checkbox"/> Youth<br><input type="checkbox"/> School-to-Registered Apprenticeship |  |  |  |
| 8. Signature of Apprentice   |  | Date  |  | 9. Signature of Parent/Guardian (if minor)   |  |
|  |  |   |  | Date   |  |

**PART B: SPONSOR:**

|   |   |  |  |                                |  |
|---|---|--|--|--------------------------------|--|
| 10. Sponsor Program No.<br><br>Sponsor Name and Address (No. Street, City, County, State, Zip Code) |   | 11a. Trade/Occupation (The work processes listed in the standards are part of this agreement). |  |                                |  |
|   |   | 11b. Occupation Code   |  | 12. Term (Hrs., Mos., Yrs.)    | 13. Probationary Period (Hrs., Mos., Yrs.) |
|   |   | 14. Credit for Previous Experience (Hrs., Mos., Yrs.)  | 15. Term Remaining (Hrs., Mos., Yrs.)    | 16. Date Apprenticeship Begins |  |
| 17a. Related Instruction (Number of Hours Per Year)   | 17b. Apprentice Wages for Related Instruction<br><input type="checkbox"/> Will Be Paid<br><input type="checkbox"/> Will Not Be Paid |  | 17c. Related Training Instruction Source |                                |  |

18. Wages: (Instructions on reverse)

18a. Pre-Apprenticeship Hourly Wage \$ \_\_\_\_\_ Apprentice's Entry Hourly Wage 18b. \$ \_\_\_\_\_ Journeyworker's Hourly Wage 18c. \$ \_\_\_\_\_

|   |          |   |   |   |   |   |   |   |   |    |
|---|----------|---|---|---|---|---|---|---|---|----|
| Check Box   | Period 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 18d. Term<br><input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs. |          |   |   |   |   |   |   |   |   |    |
| 18e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>                         |          |   |   |   |   |   |   |   |   |    |

|  |  |             |  |  |  |  |  |
|--|--|-------------|--|--|--|--|--|
| 19. Signature of Sponsor's Representative(s) |  | Date Signed |  | 21. Name and Address of Sponsor Designee to Receive Complaints (If applicable) |  |  |  |
| 20. Signature of Sponsor's Representative(s) |  | Date Signed |  |  |  |  |  |

**PART C: TO BE COMPLETED BY REGISTRATION AGENCY**

|   |  |                                     |  |                     |  |
|---|--|-------------------------------------|--|---------------------|--|
| 22. Registration Agency and Address                           |  | 23. Signature (Registration Agency) |  | 24. Date Registered |  |
| 25. Apprentice Identification Number (Definition on reverse): |  |                                     |  |                     |  |



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

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

**PART I - APPLICANT INFORMATION**

|  |  |  |
|--|--|--|
| 1. SOCIAL SECURITY NUMBER OF APPLICANT<br><input type="text"/> - <input type="text"/> - <input type="text"/>   | 2. SEX OF APPLICANT<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 3. APPLICANT'S DATE OF BIRTH<br>Month    Day    Year<br><input type="text"/> - <input type="text"/> - <input type="text"/> |
| 4. NAME (First, Middle Initial, Last)<br><input type="text"/>  |  |  |
| 5. APPLICANT'S ADDRESS<br>Number and Street <input type="text"/> Apt./Unit Number <input type="text"/><br>City, State, ZIP Code <input type="text"/>   |  |  |
| 6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)<br>Primary: <input type="text"/> <input type="text"/> <input type="text"/> Secondary: <input type="text"/> <input type="text"/> <input type="text"/>   |  |  |
| 6B. APPLICANT'S E-MAIL ADDRESS (Required)<br><input type="text"/>  |  |  |
| 7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.)<br>Routing or Transit Number    Account Type    Account Number<br><input type="text"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="text"/> |  |  |
| 8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED   |  |  |
| A. NAME  | B. ADDRESS   | C. PHONE NUMBER  |
|  |  |  |

**PART II - EDUCATION BENEFITS BEING APPLIED FOR**

For help with completing this section, please see the attached instructions page or visit our website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)

|   |
|---|
| <input type="checkbox"/> 9A. Chapter 33 - Post-9/11 GI Bill (After checking this box, check and complete Item 9E, if you are receiving, or if you are eligible for benefits under Chapter 30, Chapter 1606, or Chapter 1607). |
| <input type="checkbox"/> 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)  |
| <input type="checkbox"/> 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)  |
| <input type="checkbox"/> 9D. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)   |

9E. By electing Chapter 33 in Item 9A, I acknowledge that I understand the following:

- I may not receive more than a total of 48 months of benefit entitlement under two or more of the education programs listed on this application.
- If electing Chapter 33, in lieu of Chapter 30, my months of entitlement under Chapter 33 will be limited to the number of months of entitlement remaining under Chapter 30 on the effective date of my election.
- I will not receive a Montgomery GI Bill (Active Duty-Chapter 30 or Selected Reserve-Chapter 1606) "Kicker" under the Post-9/11 GI Bill, unless I was eligible for the kicker at the time I applied and I relinquished that benefit for the Post-9/11 GI Bill-Chapter 33.
- When choosing the effective date below, I understand that benefits for training under Chapter 33 are not payable prior to that date.

**ACKNOWLEDGEMENT:** I elect to receive Chapter 33 education benefits effective \_\_\_\_\_, in lieu of the education benefit checked below. (Date)

By checking the box below, I am acknowledging that I understand that this election is **irrevocable** and may not be changed, and that failure to check one of the boxes below may cause a delay in the processing of this claim. **(PLEASE CHECK ONLY ONE BOX FOR THE BENEFIT YOU RELINQUISH FOR CHAPTER 33.)**

You **MUST** check only one box below:

- Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
- Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
- Chapter 1607 - Reserve Educational Assistance Program (REAP). (You are only eligible to relinquish 1607 if you received 1607 benefits for a semester, quarter or term that included the date of November 24, 2015, or was the last semester, quarter or term to end prior to November 24, 2015)

|  |
|--|
| <b>VA DATE STAMP</b><br>(Do Not Write In This Space) |
|--|

**PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING**

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

- |   |   |
|---|---|
| <input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)                          | <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB                     |
| <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING   | <input type="checkbox"/> CORRESPONDENCE                                   |
| <input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)                                | <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only) |
| <input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.) |   |

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

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

**PART IV - SERVICE INFORMATION**

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

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

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

YES  NO

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

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

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

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

14. VA will assume that you want us to apply every period of service that you have identified in Item 13 above to the single, specific benefit you are applying for in Part II (the benefit chosen between Items 9A thru 9D). However, if there are specific periods of service that you do not want applied to the benefit selected in Part II (Items 9A thru 9D), then please identify in the space below the periods of service and the corresponding benefit program(s) to which you would like them applied.

NOTE: A specific single period of service may not be used towards establishing eligibility for more than one benefit. Therefore, once a period of service has been chosen and applied toward a specific benefit, that period of service may not be used again toward a different benefit. However, there is one exception to this rule. With regard to Chapter 33, a period of service beginning before August 1, 2011, can be used to establish eligibility to Chapter 33 even if it has already been used to establish eligibility to a different benefit.

**PART V - EDUCATION AND EMPLOYMENT INFORMATION**

15A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

YES DATE: \_\_\_\_\_  NO

15B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

YES  NO

SOCIAL SECURITY NUMBER OF APPLICANT    -   -

| 15C. EDUCATION AFTER HIGH SCHOOL <i>(Including apprenticeship, on-the-job training, and flight training)</i> |                   |    |  |  |                                |
|--|-------------------|----|--|--|--------------------------------|
| NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER  | DATES OF TRAINING |    | NUMBER AND TYPE OF HOURS<br><i>(Semester, Quarter, or Clock)</i> | DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED | MAJOR FIELD OR COURSE OF STUDY |
|  | FROM              | TO |  |  |                                |
|  |                   |    |  |  |                                |
|  |                   |    |  |  |                                |
|  |                   |    |  |  |                                |
|  |                   |    |  |  |                                |

| 15D. EMPLOYMENT <i>(Only complete if you held a license or journeyman rating to practice a profession)</i> |                      |                          |                   |
|--|----------------------|--------------------------|-------------------|
| EMPLOYMENT   | PRINCIPAL OCCUPATION | NUMBERS OF MONTHS WORKED | LICENSE OR RATING |
| BEFORE MILITARY SERVICE  |                      |                          |                   |
| AFTER MILITARY SERVICE   |                      |                          |                   |

**PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE**

|   |  |
|---|--|
| 16. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM <i>(e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)</i>   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 17. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.   | <b>ACTIVE DUTY KICKER</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>RESERVE KICKER</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.  | Graduation Year<br><br>_____   |
| 19. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).<br><br>Scholarship Amounts:<br>Year: _____ Amount: _____<br>Year: _____ Amount: _____<br>Year: _____ Amount: _____<br>Year: _____ Amount: _____<br>Year: _____ Amount: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>Date of Commission<br>_____  |
| 20. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 21. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 22. FOR ACTIVE DUTY CLAIMANTS ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 23. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |

**PART VII - INFORMATION ON VA EDUCATION BENEFITS**

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

**PART VIII - MARITAL AND DEPENDENCY STATUS**

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

24. ARE YOU MARRIED?  
 YES  NO

25. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, OR OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?  
 YES  NO

26. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?  
 YES  NO

**PART IX - REMARKS**

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

*(This area is intentionally left blank for remarks.)*

**APPLICATION SUBMISSION REMINDERS**

Did you remember to .....

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?
- Check only one of the boxes below Item 9F of the benefit you are relinquishing in order to receive Chapter 33?

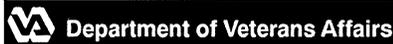
IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

**PART X - CERTIFICATION AND SIGNATURE OF APPLICANT**

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

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

|   |                  |
|---|------------------|
| 27A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i> | 27B. DATE SIGNED |
|---|------------------|



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING**

**PART I - IDENTIFICATION AND PERSONAL INFORMATION**

|   |         |   |
|---|---------|---|
| 1A. NAME OF APPLICANT ( <i>Last, First, Middle</i> )                                      |         | <b>VA DATE STAMP</b><br>DO NOT WRITE IN THIS SPACE  |
| 1B. MAILING ADDRESS ( <i>Complete street address, City, State, and 9-digit ZIP Code</i> ) |         |   |
| 1C. APPLICANT'S TELEPHONE NUMBER ( <i>Including Area Code</i> )                           |         | 1D. VA FILE NUMBER  |
| DAY   | EVENING |   |
| 1E. APPLICANT'S E-MAIL ADDRESS  |         | 1F. SOCIAL SECURITY OF APPLICANT ( <i>For transferability cases, enter the veteran's social security number</i> ) |

**PART II - YOUR PROGRAM INFORMATION**

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

A.  CHAPTER 33 (*Post-9/11 GI BILL*)      C.  CHAPTER 32 (*Veterans Educational Assistance Program including section 903*)      E.  CHAPTER 1607 (*Reserve Educational Assistance Program*)  
 B.  CHAPTER 30 (*Montgomery GI Bill - Active Duty*)      D.  CHAPTER 1606 (*Montgomery GI Bill- Selected Reserve*)      F.  TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A.  SCHOOL ATTENDANCE      D.  COOPERATIVE TRAINING      G.  LICENSING & CERTIFICATION TEST  
 B.  CORRESPONDENCE      E.  TUITION ASSISTANCE TOP-UP (*Active Duty Only*)      H.  NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT  
 C.  APPRENTICESHIP OR ON-THE-JOB TRAINING      F.  FLIGHT TRAINING

4A. WHAT EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?      4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

4C. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (*If applicable*)      4D. PROVIDE NAME AND COMPLETE ADDRESS OF PREVIOUS SCHOOL OR TRAINING ESTABLISHMENT (*If only changing schools, list current school.*)

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

**PART III - DIRECT DEPOSIT INFORMATION**

5. DIRECT DEPOSIT (*Complete this item only if you wish to start, change or stop direct deposit.*)  
**NOTE:** To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT.) Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903.

START OR CHANGE EFT (*Please attach a voided personal check or provide the information in items A through D below.*)  
 STOP EFT

A. TYPE OF ACCOUNT  
 CHECKING       SAVINGS

B. NAME OF FINANCIAL INSTITUTION      C. 9 DIGIT ROUTING OR TRANSIT NUMBER      D. ACCOUNT NUMBER

**PART IV - MISCELLANEOUS INFORMATION**

6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)

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

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (Don't report Active Duty for Training.)

| A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY | B. BEGINNING AND ENDING DATES OF ACTIVE DUTY | C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders) |                          | D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE? | E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS) |
|--|--|---|--------------------------|--|---|
|  |  | YES   | NO                       |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |   |

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee)

YES     NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)

YES     NO

10. REMARKS

**PART V - CERTIFICATION AND SIGNATURE OF APPLICANT**

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

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

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

11B. DATE SIGNED

**SIGN HERE IN INK** ►

## *Benefits Payments Forms & Samples*

- ❖ Procedural Advisory March 6, 2018
- ❖ VA Form 22-6553d-1 Sample
- ❖ VA Form 22-6553d-1
- ❖ Sample letter showing hours worked
- ❖ How to use Ask A Question to submit hours
- ❖ Guidance regarding periods of unemployment

## Procedural Advisory: Change to Certification of Monthly Attendance for OJT and Apprenticeship Programs

March 6, 2018

**Background:** On November 21, 2017 the Veterans Apprenticeship and Labor Opportunity Reform Act (VALOR) was signed into law as Public Law (PL115-89), eliminating the requirement for both the beneficiary and the training establishment to certify the monthly attendance for on-the-job training (OJT) and apprenticeship (APP) programs.

**Summary:** Effective immediately, School Certifying Officials (SCOs) are responsible for submitting the trainee's hours to the VA. The trainee's signature is no longer needed. VA Form 22-6553d-1 will be updated in the future. In the interim, SCOs may use the current VA Form 22-6553d-1, leaving section 8a and 8b blank.

**SCOs Action:** SCOs will submit [VA Form 22-6653d-1](#) to report the hours the trainee worked during each month. SCOs will exclude any vacation, sick time, leave without pay, jury duty, or other time off regardless if paid or unpaid. If the trainee terminates training, the SCO must report the effective date of termination. As a reminder in situations of termination, the SCO must report this to VA in a timely manner.

SCOs must report the hours immediately upon month end, on or after the last day of the month being certified. **Example: Trainee worked 126 hours beginning December 1<sup>st</sup> through Dec 23<sup>rd</sup>. The earliest the form can be submitted to VA is on December 31<sup>st</sup>. The form should be submitted immediately after the month has ended.**

**CORRECT – date and sign immediately after the end of the month being certified**

|   |  |   |   |                    |             |
|---|--|---|---|--------------------|-------------|
| 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<br><i>(Month, day, year)</i> |                    | FILE NUMBER |
| December 2017   | 126 hours  | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>   |   |                    |             |
|   |  | 5. REASON FOR TERMINATION   |   |                    |             |
|   |  | 6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?   | 6B. RATE  | 6C. EFFECTIVE DATE |             |
|   |  | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i> |   |                    |             |
| 7. REMARKS  |  |   |   |                    |             |
| <input checked="" type="checkbox"/> I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief. |  |   |   |                    |             |
| PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.                          |  |   |   |                    |             |
| 8A. SIGNATURE OF TRAINEE  |  |   | 8B. DATE SIGNED                                 |                    |             |
| 9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL  |  |   | 9B. DATE SIGNED                                 |                    |             |
|   |  |   | 01/02/2018                                      |                    |             |

VA FORM 22-6553d-1  
DEC 2016

SUPERSEDES VA FORM 22-6553d-1, MAR 2015,  
WHICH WILL NOT BE USED.

Page 1

**INCORRECT –signed and dated before the end of the month being certified**

|  |                 |
|--|-----------------|
| PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both. |                 |
| 8A- SIGNATURE OF TRAINEE   | 8B- DATE SIGNED |
| 9A- SIGNATURE AND TITLE OF CERTIFYING OFFICIAL   | 9B- DATE SIGNED |
|  | 12/28/2017      |

VA FORM 22-6553d-1 SUPERSEDES VA FORM 22-6553d-1 MAR 2016 Page 1

**Preferred Method for Certification:** VA has determined the preferred method to receive enrollment information from schools and training facilities is VA-ONCE an electronic certification system. In order to be granted access to VA-ONCE, all facilities must complete a Memorandum of Understanding (MOU) to gain access to the VA-ONCE application. SCOs should complete the MOU form online, print it, obtain the appropriate signature(s), and send it to their Education Liaison Representative (ELR). **Note: The MOU must be signed by a school official who has the authority to enter into a contract between the institution and VA.**

**Note:** In order to submit VA Form 22-6553d-1 electronically, it must be associated with an Enrollment Certification (VA Form 22-1999) submitted through VA ONCE after January 17, 2018. This means that facilities that previously submitted an Enrollment Certification through VA-ONCE will need to submit a new Enrollment Certification for the same period in order to submit Monthly VA Form 22-6553d-1 forms. In lieu of submitting an electronic VA Form 22-6553d-1, the SCO may submit via Right Now Web (RNW) inquiry system. In that system, a separate inquiry is required for each trainee. For each trainee, the VA Form 22-6553d-1 must be submitted as a PDF document with the SCO signature on the form.

**Questions:** Questions about these procedures or the VALOR Act should be submitted to the Operations Team via email at VAVBAWAS/CO/222.

V/R

Workload Management  
Education Service

|   |  |   |   |
|---|--|---|---|
| REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER<br><i>(See RPO listing on reverse)</i><br><br>Department of Veterans Affairs<br>Buffalo Regional Office<br>P. O. Box 4616<br>Buffalo, NY 14240-4616<br>(FAX: 716-857-3274 or 716-857-3139)  |  | <b>Department of Veterans Affairs</b>   |   |
|   |  | <b>MONTHLY CERTIFICATION OF ON-THE-JOB<br/>         AND APPRENTICESHIP TRAINING</b>   |   |
|   |  | VA FILE NUMBER<br>123-45-6789   | PAYEE<br>00                                     |
| TRAINEE'S NAME AND ADDRESS<br><br>John B Veteran<br>123 N. Anywhere Street<br>Somewhere, PA 10000-0000  |  | <b>IMPORTANT:</b> Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711. |   |
| <b>INSTRUCTIONS TO TRAINEE</b>  |  |   |   |
| <p><b>ITEMS 1 AND 2</b> - Enter the number of hours worked for each month/year shown (include any hours of related training given during working hours).</p> <p><b>ITEM 3</b> - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.</p> <p><b>ITEMS 6A, 6B, AND 6C</b> - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date of that wage rate (when you first received this wage rate).</p> <p><b>ITEM 7</b> - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if you are receiving additional educational allowance for dependents use this item to report any change in the number of your dependents.</p> <p><b>ITEMS 8A and 8B</b> - Sign and date the form. After signing and dating the form give it to your employer/certifying official or an authorized official of your training establishment for verification.</p> <p><b>CHANGE OF ADDRESS</b> - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print or type your new address in the remaining space. Be sure to include your ZIP Code.</p> |  |   |   |
| <b>INSTRUCTIONS TO EMPLOYER/CERTIFYING OFFICIAL</b>   |  |   |   |
| <p>Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.</p> <p>Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).</p> <p><b>ITEMS 9A and 9B</b> - Sign and date the form and return it to the VA office shown above.</p> <p>If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).</p>  |  |   |   |
| 1. MONTH(S)/YEAR TO BE CERTIFIED  | 2. NUMBER OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1 | 3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?  | 4. DATE TERMINATED<br><i>(Month, day, year)</i> |
|   |  | <input checked="" type="checkbox"/> YES   |   |
| July 2018   | 146 hours  | <input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>  |   |
|   |  | 5. REASON FOR TERMINATION   |   |
|   |  | 6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?   | 6B. RATE  |
|   |  | <input checked="" type="checkbox"/> YES   | 6C. EFFECTIVE DATE                              |
|   |  | <input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>  |   |
| 7. REMARKS  |  |   |   |
| <input type="checkbox"/> I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.  |  |   |   |
| PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.  |  |   |   |
| 8A. SIGNATURE OF TRAINEE <i>(Please sign in ink)</i>  |  |   | 8B. DATE SIGNED                                 |
| 9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>(Please sign in ink)</i>  |  | 9B. FACILITY CODE   | 9C. DATE SIGNED                                 |
|   |  | 1-0 3456 38   |   |

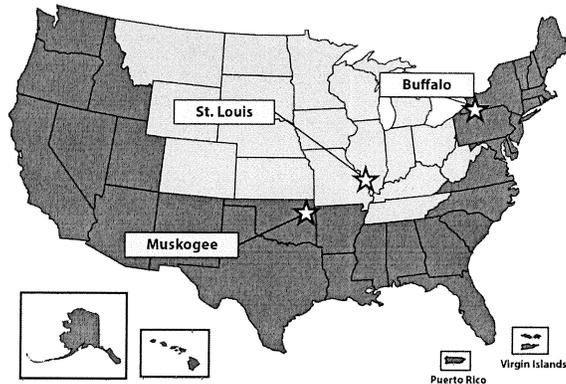
FILE NUMBER:

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

FILE NUMBER:

## Which VA Office Handles Your Education Claim?

There are three regional education processing offices that handle claims for the entire country, which we have divided into regions. The map below shows the states in each region. Find the state where you'll be attending school or job training. You should **mail** inquiries or claims for education benefits to the processing office for that region.



|   |    |                   |                 |
|---|----|-------------------|-----------------|
| <b>Eastern Region:<br/>VA Regional Office<br/>P. O. Box 4616<br/>Buffalo, NY 14240-4616</b> |    |                   |                 |
| SERVES THE FOLLOWING STATES   |    |                   |                 |
| CT  | DE | DC                | MA              |
| MD  | ME | NC                | NH              |
| NJ  | NY | PA                | RI              |
| VA  | VT | US Virgin Islands | Foreign Schools |
| APO/FPO AA  |    |                   |                 |

|  |             |            |    |
|--|-------------|------------|----|
| <b>Western Region:<br/>VA Regional Office<br/>P. O. Box 8888<br/>Muskogee, OK 74402-8888</b> |             |            |    |
| SERVES THE FOLLOWING STATES  |             |            |    |
| AK   | AL          | AR         | AZ |
| CA   | FL          | GA         | HI |
| ID   | LA          | MS         | NM |
| NV   | OK          | OR         | PR |
| SC   | TX          | UT         | WA |
| Guam   | Philippines | APO/FPO AP |    |

|  |    |    |    |
|--|----|----|----|
| <b>Central Region:<br/>VA Regional Office<br/>P. O. Box 32432<br/>St. Louis, MO 63132-0832</b> |    |    |    |
| SERVES THE FOLLOWING STATES  |    |    |    |
| CO   | IA | IL | IN |
| KS   | KY | MI | MN |
| MO   | MT | NE | ND |
| OH   | SD | TN | WV |
| WI   | WY |    |    |

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., 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) for VA to obtain 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." VA cannot determine your eligibility for further educational benefits and the proper rate payable without your completing this information. While you are not required to respond, we cannot pay you any further education benefits until we receive this information. Your responses are confidential (38 U.S.C. 5701). The information you send may be verified through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility to benefits under this program and, if applicable, the amount due. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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 [www.reginfo.gov/public/da/PRAMain](http://www.reginfo.gov/public/da/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD)).

# Company Name

---

Date

VA Regional Office  
P. O. Box 4616  
Buffalo, NY 14240-4616

Re: <veteran's name> - File # xxx-xx-xxxx

To Whom it May Concern:

The purpose of this letter is to verify that <veteran's name> worked the following hours:

### Hours Worked

| Month/Year | Hours |
|------------|-------|
|            |       |
|            |       |
|            |       |

If you have any questions or require additional information, please feel free to contact me at <list your e-mail and/or phone number>.

Sincerely,

Your Name  
Certifying Official

## Submit Monthly Certification of Hours Online Using the GI Bill® Website's "Ask A Question" Feature

From the GI Bill® Home Page:

- Select "Contact Us" from the main GI Bill Webpage  
<https://www.benefits.va.gov/gibill/>
- Select "Ask A Question" from the drop down box. This will re-direct you to the Inquiry Routing & Information System (IRIS). Scroll down and select the "Education Benefits" box
- This will bring you to the Log-In page. Select "Your Account"

Ask A Question Web Address:

- <https://gibill.custhelp.va.gov/>
- Select "Your Account" to log in
- Once you log in (or sign up) select the Ask A Question box
- Type "monthly certification of hours" in subject line
- Type in the veteran's name and social security number and the months you are certifying
- Select the "Browse" button and attach the monthly certification of hours form (or hours listed on letterhead signed by the certifying official
- Under "Category" select "School Officials ONLY"
- Click "submit". A number of questions will pop up – just go to "continue submitting question"

A screen will pop up saying your question has been submitted and will give you a reference number. Either print this screen or make note of the reference number in case you need to refer to it again.

You should get a reply stating "we have sent the hours to be scanned into the student's file for review."

1.

Home Answers Ask a Question **Your Account**

### Log In

Log In With An Existing Account

Username

Password

**Log In**

[Forgot your username or password?](#)

Not registered yet? [Sign Up](#)

2.

Submit a question to our support team.

Subject \* Monthly Certification of Hours

Question \*

veterans name, social, hours per month

Attach Documents

Browse...

• 6553d-1 Monthly Cert form.pdf (108.58KB) Remove

Category

School Officials ONLY

State of Residence \*

Pennsylvania

State of School \*

Pennsylvania

Facility Code (FAC) 1234538

3.

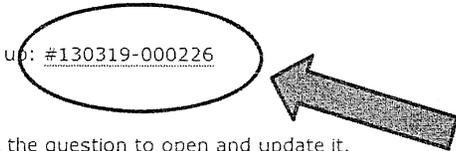
Home Answers **Ask a Question** Your Account

## Your Question Has Been Submitted

Thanks for submitting your question. Use this reference number for follow up: #130319-000226

A member of our support team will get back to you soon.

If you need to update your question, click the Your Account tab and select the question to open and update it.



## Guidance Relating to Periods of Unemployment

### OJT/APP – Lay off periods of employment

Report lay off in periods of employment to the VA in order to maintain the integrity of the steps which correlate to veteran payment. As the GI Bill beneficiary progresses through an apprenticeship or on-the-job training program, the benefits decrease every six months. An example of Chapter 33, Post 9/11 benefits is below.

#### The payment rate for Chapter 33 is as follows:

##### Training Period Monthly rate

|                               |                             |
|-------------------------------|-----------------------------|
| First six months of training  | 100% of your applicable MHA |
| Second six months of training | 80% of your applicable MHA  |
| Third six months of training  | 60% of your applicable MHA  |
| Fourth six months of training | 40% of your applicable MHA  |
| Remaining pursuit of training | 20% of your applicable MHA  |

### Should the SCO report a period of layoff for OJT/APP?

Yes, if the layoff period is greater than a month or two. When an OJT/APP claim is awarded, the timeframe for the steps is established. (6 month periods until the final step is reached.) The steps roll on, even if no hours are submitted for a period. If a vet was laid off in Step 2 for 3 months, but it isn't reported as such, when he returned his award would have rolled over to Step 3 (a lower payment rate). Even if his end training date was extended, he would have been cheated out of three months of payment at Step 2 and only have received the extension months at the lower step rate. When the SCO reports the layoff and return to work, the VA stops the award at the start of the layoff and restarts it upon the vet's return to work. This ensures proper payment. Because this process is labor intensive, the VA doesn't make these changes for brief non-work periods.

Many construction trades have short layoff periods (a week or two) and those shouldn't be reported. When there are consecutive months of layoff, it should be reported to processing to have the steps readjusted. Notify the VA of the last date worked prior to the layoff and the first date back at work following the layoff and the new end of the program if the program was extended due to layoff.

## *Training Progress Records*

- ❖ Progress Record Sample
- ❖ Blank Progress Record





## *Interruptions, Terminations & Extensions*

- ❖ Outline of process to re-enroll returning employee/veteran
- ❖ VA Form 22-1999b Sample
- ❖ VA Form 22-1999b
- ❖ Excerpt of letter from VA
- ❖ Sample letter requesting extension of training program

### *Process for Trainees Who Are Called to Active Duty\**

When trainee has been called to active duty:

- VA Form 22-1999b, Notice of Change in Status, should be filled out and signed by the certifying official and forwarded to the VA.
  - Send copy of trainee's orders along with 22-1999b
  - Copy of trainee's orders should be placed in trainee's file along with copy of VA Form 22-1999b
  - Forward forms to VA Regional Office

When trainee's active duty is completed and returns to employment:

- Trainee should complete Form 22-1995 indicating a return from deployment
- VA Form 22-1999, which is the Enrollment Certification, should be filled out and signed by the certifying official.
  - Credit for previous training (block 7) should reflect total hours completed from start of program up to the date of deployment.
  - Training Dates: Block 10A- Beginning should reflect when veteran returned to employment. Block 10A-Ending should reflect a revised ending date of training.
  - Remarks section (block 11) – indicate veteran returned to program from active duty.
- Training Agreement needs to be re-submitted. For OJT and Non-Registered Apprentices, complete Items 1-4 on the reverse side of the SAA Training Agreement. Item #2 should match block 7 from 22-1999. For Registered Apprentices, the form from RAPIDS is used
- The Veterans Education Advisor may assist the sponsor in completing and forwarding this form to the PaSAA Harrisburg Office who will then submit to the Regional Office.

*\*This same process can be used for those returning from an extended illness or break in service*



**Department of Veterans Affairs**

**NOTICE OF CHANGE IN STUDENT STATUS**

|   |  |  |   |
|---|--|--|---|
| 1. NAME OF STUDENT <i>(First, Middle, Last)</i><br>John B. Veteran  |  | 2. VA FILE NO. <i>(For chapter 35, include suffix. For transferability cases, enter the veteran's Social Security Number)</i>  |   |
| 3. CURRENT ADDRESS OF STUDENT<br>123 N. Anywhere St<br>Somewhere, PA 12345-3456   |  | 4. SOCIAL SECURITY NO. OF APPLICANT <i>(If not entered on Item 2 above)</i><br>123-45-6789   |   |
| <b>5. DATES OF TERM AFFECTED</b>  |  |  |   |
| A. BEGIN DATE 06/01/2017  |  | B. END DATE  |   |
| <b>5. TERMINATION <i>(Complete Items A and B, and C if applicable)</i></b>  |  |  |   |
| A. LAST DATE OF ATTENDANCE<br><br>07/31/2018  | B. REASON FOR TERMINATION<br><input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM<br><input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD<br><input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i><br><input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED<br><input type="checkbox"/> END OF TERM OR COURSE<br><input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS<br><input type="checkbox"/> GRADUATION<br><input type="checkbox"/> WITHDRAWAL OR INTERRUPTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i><br><input checked="" type="checkbox"/> OTHER <i>(Explain in Item 12, Remarks)</i>                                   |  |   |
| C. LAST DATE CREDIT ACCRUED <i>(For non-college degree courses only)</i>  |  |  |   |
| <b>7. ADJUSTMENT OF CREDIT OR CLOCK HOURS <i>(Complete Items A, B, and C thru H as applicable)</i></b>  |  |  |   |
| A. DATE ADJUSTMENT IS EFFECTIVE   | B. TYPE OF ADJUSTMENT<br><input type="checkbox"/> INCREASE<br><input type="checkbox"/> INCREASE ON FIRST DAY OF TERM<br><input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM<br><input type="checkbox"/> REDUCTION DURING DROP PERIOD<br><input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i><br><input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED<br><input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES <i>(If checked, complete Item 8)</i><br><input type="checkbox"/> REDUCTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i><br><input type="checkbox"/> OTHER <i>(Explain in Item 9, Remarks)</i> |  |   |
| C. CREDIT HOURS BEFORE ADJUSTMENT   | D. CREDIT HOURS AFTER ADJUSTMENT   | E. TRAINING TIME AFTER ADJUSTMENT <i>(For graduate and advanced professional)</i><br><input type="checkbox"/> FULL TIME <input type="checkbox"/> 3/4 TIME <input type="checkbox"/> 1/2 TIME<br><input type="checkbox"/> LESS THAN 1/2 TIME <input type="checkbox"/> 1/4 TIME OR LESS |   |
| F. CLOCK HOURS OR HIGH SCHOOL UNITS BEFORE ADJUSTMENT   | G. CLOCK HOURS OR HIGH SCHOOL UNITS AFTER ADJUSTMENT   | H. REVISED ENDING DATE   |   |
| 8. CHARGES FOR PERIOD OF ENROLLMENT <i>(Complete this item for in-service students, student's whose training load after adjustment is less than 1/2 time and all chapter 33 students that have a change in status. List the charges for the adjusted load by school year, term, or other period. This item does not apply to students receiving chapter 32 or 1606 benefits).</i> |  | A. TUITION<br>\$   | B. FEES<br>\$<br><br>C. YELLOW RIBBON <i>(Chapter 33 only)</i><br>\$  |
| 9. DO PREVIOUS CERTIFICATIONS FOR SUBSEQUENT TERMS REMAIN UNCHANGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 10. CALLUP TO ACTIVE DUTY <i>(Complete if student called to active duty- see Instructions)</i><br><input type="checkbox"/> STUDENT CALLED UP - No Credit Granted<br><input type="checkbox"/> STUDENT CALLED UP - Credit Granted  |   |
| <b>MITIGATING CIRCUMSTANCES <i>(Complete only if indicated by Item 6 or 7)</i></b>  |  |  |   |
| 11. DOES THE STUDENT CLAIM THAT TERMINATION OR ADJUSTMENT ACTIONS INVOLVED MITIGATING CIRCUMSTANCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <i>(If "Yes," attach student's statement together with the student's supporting evidence)</i>  |  |  |   |
| 12. REMARKS<br>Employee called to Active Duty - Orders Attached. Last day worked 7/31/2018. Employee is expected to return to job/training after he is discharged.  |  |  |   |
| IT IS HEREBY CERTIFIED THAT the student's status changed on the date indicated and in accordance with the facts shown above.  |  |  |   |
| 13A. DATE<br>08/03/2018   | 13B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL  |  | 13C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(Include Facility Code)</i><br>Training Establishment Name<br>Address, City, State, Zip Code |



Department of Veterans Affairs

**NOTICE OF CHANGE IN STUDENT STATUS**

|   |   |  |  |
|---|---|--|--|
| 1. NAME OF STUDENT <i>(First, Middle, Last)</i>   |   | 2. VA FILE NO. <i>(For chapter 35, include suffix. For transferability cases, enter the veteran's Social Security Number)</i>  |  |
| 3. CURRENT ADDRESS OF STUDENT   |   | 4. SOCIAL SECURITY NO. OF APPLICANT <i>(If not entered on Item 2 above)</i>  |  |
| 5. DATES OF TERM AFFECTED   |   |  |  |
| A. BEGIN DATE   |   | B. END DATE  |  |
| 5. TERMINATION <i>(Complete Items A and B, and C if applicable)</i>   |   |  |  |
| A. LAST DATE OF ATTENDANCE  | B. REASON FOR TERMINATION<br><input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM<br><input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD<br><input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i><br><input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED<br><input type="checkbox"/> END OF TERM OR COURSE<br><input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS<br><input type="checkbox"/> GRADUATION<br><input type="checkbox"/> WITHDRAWAL OR INTERRUPTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i><br><input type="checkbox"/> OTHER <i>(Explain in Item 12, Remarks)</i> |  |  |
| C. LAST DATE CREDIT ACCRUED <i>(For non-college degree courses only)</i>  |   |  |  |
| 7. ADJUSTMENT OF CREDIT OR CLOCK HOURS <i>(Complete Items A, B, and C thru H as applicable)</i>   |   |  |  |
| A. DATE ADJUSTMENT IS EFFECTIVE   | B. TYPE OF ADJUSTMENT<br><input type="checkbox"/> INCREASE<br><input type="checkbox"/> INCREASE ON FIRST DAY OF TERM<br><input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM<br><input type="checkbox"/> REDUCTION DURING DROP PERIOD<br><input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i><br><input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED<br><input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED  |  |  |
| C. CREDIT HOURS BEFORE ADJUSTMENT   |   | D. CREDIT HOURS AFTER ADJUSTMENT   | E. TRAINING TIME AFTER ADJUSTMENT <i>(For graduate and advanced professional)</i><br><input type="checkbox"/> FULL TIME <input type="checkbox"/> 3/4 TIME <input type="checkbox"/> 1/2 TIME<br><input type="checkbox"/> LESS THAN 1/2 TIME <input type="checkbox"/> 1/4 TIME OR LESS |
| F. CLOCK HOURS OR HIGH SCHOOL UNITS BEFORE ADJUSTMENT   |   | G. CLOCK HOURS OR HIGH SCHOOL UNITS AFTER ADJUSTMENT   | H. REVISED ENDING DATE   |
| 8. CHARGES FOR PERIOD OF ENROLLMENT <i>(Complete this item for in-service students, student's whose training load after adjustment is less than 1/2 time and all chapter 33 students that have a change in status. List the charges for the adjusted load by school year, term, or other period. This item does not apply to students receiving chapter 32 or 1606 benefits).</i> |   | A. TUITION<br>\$   | B. FEES<br>\$  |
| 9. DO PREVIOUS CERTIFICATIONS FOR SUBSEQUENT TERMS REMAIN UNCHANGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | C. YELLOW RIBBON <i>(Chapter 33 only)</i><br>\$<br><br>10. CALLUP TO ACTIVE DUTY <i>(Complete if student called to active duty- see Instructions)</i><br><input type="checkbox"/> STUDENT CALLED UP - No Credit Granted<br><input type="checkbox"/> STUDENT CALLED UP - Credit Granted |  |
| MITIGATING CIRCUMSTANCES <i>(Complete only if indicated by Item 6 or 7)</i>   |   |  |  |
| 11. DOES THE STUDENT CLAIM THAT TERMINATION OR ADJUSTMENT ACTIONS INVOLVED MITIGATING CIRCUMSTANCES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <i>(If "Yes," attach student's statement together with the student's supporting evidence)</i>   |   |  |  |
| 12. REMARKS   |   |  |  |
| IT IS HEREBY CERTIFIED THAT the student's status changed on the date indicated and in accordance with the facts shown above.  |   |  |  |
| 13A. DATE   | 13B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL   |  | 13C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(Include Facility Code)</i>   |

## *Request for extension of training program*

Below is a sample excerpt from a VA award letter ...

Your training facility has certified your training dates from **February 12, 2016 to June 30, 2021**. We have amended your ending date to **February 11, 2020**. We did this because your program is only approved for VA benefits for **8,000** hours.

If on February 11, 2018 you have not completed the required hours of training **or** you have not yet reached the journeyman's wage rate you may have your VA Certifying Official at your training facility send us **your total hours worked** from **February 12, 2016 to February 11, 2020** and have your employer request an extension of your award for a specific period of time. Your VA Certifying Official must also **state in writing** to this office that **you have not reached your journeyman's rate yet**. Correspondence from your training facility must be on training facility letterhead.

Your training facility is required to keep a record of the total number of hours you work so that we may extend your award properly if it becomes necessary to do so.

The following page shows a sample of how such an extension request could look

# Company Name

---

## < SAMPLE FORMAT FOR EXTENSION LETTER >

<Date>

VA Regional Office  
P.O. Box 4616  
Buffalo, NY 14240-4616

**RE: <veterans name> - VA File # xxx-xx-\_\_\_\_ – FC xxxxxx38:**

To Whom It May Concern:

We are requesting an extension of the GI Bill® award for the above named veteran. His total hours from the training start date of \_\_\_\_\_ to the training end date indicated on the 22-1999 dated <put date of 22-1999> are \_\_\_\_\_. He has not *indicate appropriate, i.e., completed the training program / reached journeyman's wage rate yet and/or has not completed the required hours necessary for journeyman's status/rate, etc* due to *indicate reason, i.e. weather-related work stoppages / deployment / medical leave, etc.*

We anticipate that the training will be completed by \_\_\_\_\_. If you need further information, I can be contacted at <phone> or <e-mail>.

Sincerely

Certifying Official  
Title

## *VA-ONCE*

- ❖ System Advisory January 25, 2018
- ❖ MOU (Memorandum of Understanding)
- ❖ VA-ONCE P053 Training OJT App (Jan 18)

## **System Advisory: VA-ONCE Version P053 and ECAP – On-The-Job Training (OJT) and Apprenticeship (APP) Monthly Certification Added**

January 25, 2018

**Purpose:** This Advisory is to inform the Regional Processing Offices that VA-ONCE and ECAP have been updated to accept VA-Form 22-6553d, Monthly Certification of On-The-Job and Apprenticeship Training.

**Background:** In October of 2016 the ability to certify Enrollments for OJT and APP was enabled. Since that time we have been working towards adding the Monthly Certification to both VA-ONCE and ECAP. Having the two forms will provide these type of training facilities a way to submit the majority of paperwork electronically.

**Issue:** On December 2, 2017 VA-ONCE was updated to include the ability to submit VA Form 22-6553d. A sample of the VA Form 22-6553d is included in the attachment.

VA Form 22-6553d can be submitted for any period on an Enrollment Certification submitted AFTER December 2, 2017. Enrollments submitted prior to that date will need to be re-submitted in order to enable VA Form 22-6553d.

Instructions for submitting OJT/APP through VA-ONCE are in the attachment. These instructions supersede the previous VA-ONCE P048 Guides dated October 16, 2016.

All OJT and APP documents, to include Chapter 33, were sent through ECAP. An ECAP installation was done on December 2, 2017. Details and instructions will be provided through OI&T. In TIMS, VA Form 22-6553d has been labelled as HCCERT or HC33CERT, dependent on the benefit.

There will be a new file for this type of training. The file name will be preceded with an A – **AYYYMMDD**. Similar to the flight files, the RPO will only receive this file if a Monthly Certification or Certifications have been submitted.

Additional changes to VA-ONCE include updating the mini tab, status chart, and help text.

**Questions:** If you have any questions, please direct them to the Business Process Development Team via email at [VAVBAWAS/CO/224B](mailto:VAVBAWAS/CO/224B).

V/R

Operations Team  
Education Service

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**THE DEPARTMENT OF VETERANS AFFAIRS**  
**AND**

Insert Name of Institution Here

**VA-ONCE (VA ONline Certification of Enrollment)**

**Electronic Transfer of Enrollment Information by  
Educational Institutions to the Department of Veterans Affairs**

**I. PURPOSE**

This is an agreement between the Department of Veterans Affairs, hereinafter referred to as VA, and

Insert Name of Institution Here, hereinafter referred to as the institution. The purpose of this agreement is to establish an alternative procedure for the institution to use to make certifications to VA of enrollments and changes in enrollments of students of the institution who seek to receive benefits under educational assistance programs administered by VA.

Under current procedures, a majority of institutions use the VACERT program to electronically transmit enrollment information to VA. The other institutions prepare such certifications in written form, the institution's certifying official signs them, and presents them to VA in that form. The alternative procedure authorized under this agreement permits the institution to use an Internet program known as VA-ONCE, to submit the certifications solely by electronic means.

**II. AGREEMENTS BY VA**

VA agrees to accept, instead of certifications made on printed forms prescribed by VA for that purpose or certifications generated by the VACERT program, certifications created by the institution using the VA-ONCE program in the form of electronic certification documents or written computer-generated documents signed by the institution's certifying official(s). VA also agrees to maintain the history file of enrollment activity on its VA-ONCE server.

**III. OBLIGATIONS AND AGREEMENTS OF INSTITUTION**

The institution, by executing this agreement and in consideration of the agreement of VA to accept the alternative VA-ONCE generated written or electronic documents submitted

by the institution, agrees to comply with all applicable laws, regulations, and VA requirements pertaining to certifications of enrollments and notices of change in student status, even though the provisions of those laws, regulations, or requirements do not appear on the certifications created by the VA-ONCE program.

The institution acknowledges that by using the VA-ONCE program it is subject to all the duties and liabilities pertaining to educational institutions found in 38 U.S.C. sections 3684 and 3685; 38 CFR sections 21.4203, 21.4209, 21.7156, 21.7307, 21.7656, 21.7807, and 21.5200; all certifications applicable to the institution certifying on comparably prescribed VA forms otherwise in use at the time of the certifications; and any other provisions of law or regulations that apply.

The institution certifies that it has appropriate resources, including hardware, software, and staff, to effectively use the VA-ONCE program instead of traditional certification procedures. The institution must provide an appropriate web browser which can be obtained free from several vendors.

The institution agrees to take reasonable precautions to safeguard against unauthorized access to VA-ONCE, and to prevent improper use or disclosure of passwords. The institution also agrees to notify VA immediately upon learning of any unauthorized access, unauthorized use, or disclosure of a password. The institution further agrees to notify VA immediately if any authorized certifying official leaves that position so that VA can suspend the certifying official's user ID and password.

To the maximum extent permitted by the law applicable to the institution, the institution hereby agrees to hold harmless the Department of Veterans Affairs from any claim for damages based on use of the VA-ONCE program.

#### **IV. ACTION**

Upon receipt of the signed agreement from the institution, and executed by VA, VA will furnish each designated certifying official with his or her own user ID and password that will be necessary to access the Internet-based program.

#### **V. OVERSIGHT**

If the institution electronically sends files to the regional processing office, VA will continually monitor the quality and timeliness of the information. VA will notify the institution of problems detected during the receipt and processing of these files.

The institution agrees to inform VA of any problems found with the VA-ONCE program that could jeopardize the accuracy, integrity or confidentiality of the information contained in files electronically sent to the regional processing office.

#### **VI. WITHDRAWAL**

The institution may withdraw from this Memorandum of Understanding (MOU) at any time by notifying VA in writing 60 days beforehand. After withdrawing from this MOU, the institution is required to timely submit certifications using VA Form 22-1999, Enrollment Certification.

### VII. REVIEW/CHANGES

VA will conduct periodic reviews of this Memorandum of Understanding as deemed necessary. Changes of this Memorandum of Understanding shall be in writing and approved by the signatories or their successors.

### VIII. SECURITY

Data for VA-ONCE is stored behind the Veterans Benefits Administration (VBA) firewall and thus falls under its approved data protection storage procedures. When the institution sends data over the Internet it will be encrypted using Secure Sockets Layer (SSL) technology, an accepted industry standard. Access to the data will be protected and controlled by unique user names and passwords. Passwords will follow the VBA standard of strong passwords.

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Executed by the

this  day of , .

By: \_\_\_\_\_

Phone Number:  E-mail Address:

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Executed by the Department of Veterans Affairs

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

School Name:

School Address:

Facility Code:

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Certifying Official's Name:

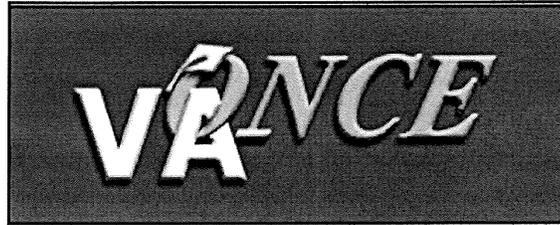
Phone Number:

E-mail Address:

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**VA-ONCE MOU (MARCH 2008)**

## Version P053 of VA-ONCE



Installation Date      12/2/17

Prepared by S. Norton

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**Version P053 of VA-ONCE expands the capabilities of Apprenticeship (APP) and On-the-Job-Training (OJT) training facilities. In addition to submitting Enrollment Certifications (VA Form 22-1999), these facilities will now be able to submit the Monthly Certification of On-The-Job and Apprenticeship Training (VA Form 22-6553d).**

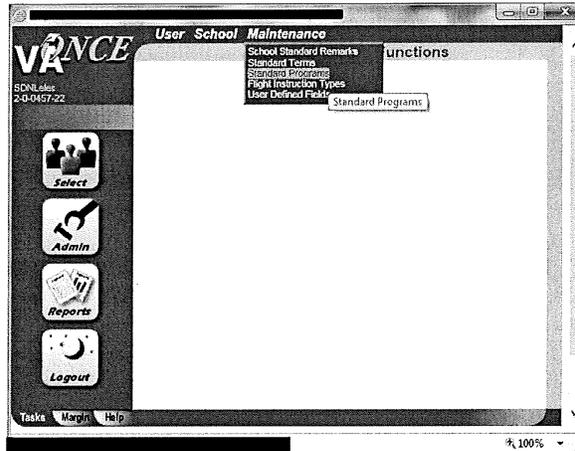
Note: The Monthly Certification (22-6553d) must be associated with an Enrollment Certification (22-1999) submitted AFTER this installation. This means that facilities that previously submitted an Enrollment Certification will need to submit a *new* Enrollment Certification for the same period in order to submit Monthly Certifications.

This Guide supersedes the previous Guide for OJT/APP Enrollment Certifications (VA-ONCE P048 Guide dated 10-16-16). Some information remains the same, but this version has been updated to show the screen functionality post-install of P053.

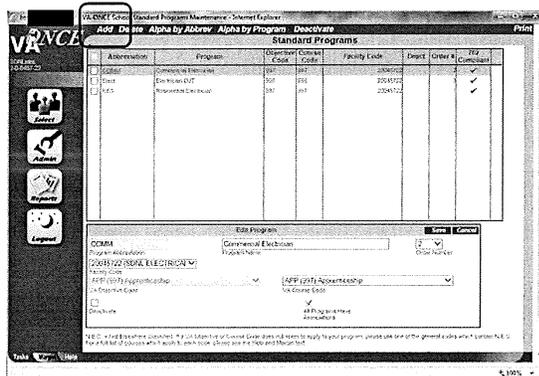
**For SCOs - Adding a Program to an OJT or APP facility**

Log in and select Admin/Maintenance/Standard Programs.

Once on the Standard Programs page, enter all programs that are offered at the facility.

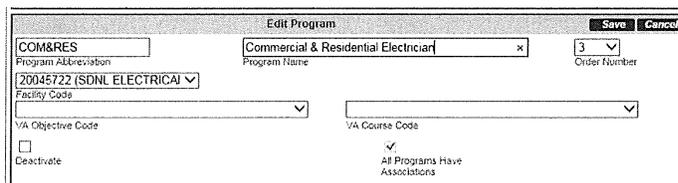


3



To add a Program, click "Add" at the top of the page. The "Edit Program" section at the bottom of the screen will become enabled and a program can be added.

Complete the Program Abbreviation and the Program Name.



4

After entering the Program Abbreviation and Program Name, go to the VA Course Code. Scroll to the bottom of the list and select either APP (997) Apprenticeship or OJT (998) On-the-Job-Training, as appropriate.

The screenshot shows the 'Edit Program' form with the following fields filled: Program Abbreviation 'COMRES', Program Name 'Commercial & Residential Electrician', Facility Code '20046722 (SDNL ELECTRICAL)', and VA Objective Code 'OJT (998) On-The-Job-Training'. The VA Course Code dropdown is open, showing a list of codes from NCD (525) Sheetmetal Working down to OJT (998) On-The-Job-Training, which is highlighted.

The VA Objective Code will automatically fill in the same abbreviation, code, and description. Click Save and the program is added.

The screenshot shows the 'Edit Program' form after saving. The VA Objective Code is now 'OJT (998) On-The-Job-Training' and the VA Course Code is 'OJT (998) On-The-Job-Training'. The 'All Programs Have Associations' checkbox is checked.

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### Completing and Submitting an Enrollment Certification

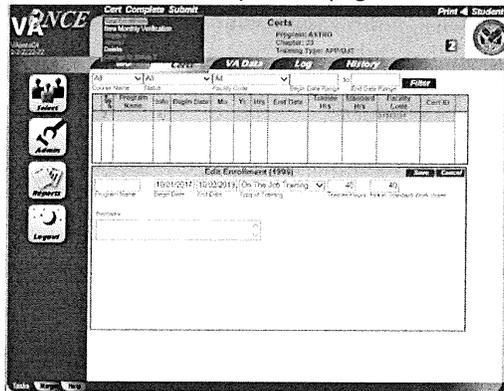
The SCO should add the student and complete the Bio page. On the Bio page, the Training Type will be APP\_OJT.

The screenshot shows the 'Bio Data' page for student Frank N Stein. The page includes fields for Name (FRANK N STEIN), SSN (555-44-7777), File/Payer (555-44-777700), Program (ELECT), Chapter (30), and Training Type (APP\_OJT). The Bio section is expanded, showing fields for Birthdate (05/14/1980), Address (123 MAIN ST, ANYTOWN, MI), City (ANYTOWN), State (MI), and Zip (48756). The page also includes a sidebar with navigation icons for Select, Admin, Reports, and Logout.

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To start a certification, click Cert at the top of the page and select "New Enrollment". The "Edit Enrollment (1999)" area at the bottom of the screen will become enabled.

All fields should be completed as on the paper form. The Program Name field is optional and is not sent to VA. The SCO should select whether the Type of Training is Apprenticeship or On-The-Job Training. Once completed, Click "Submit" at the top of the page.



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The image in TIMS will look very much like an Enrollment Certification for an IHL or NCD, but will contain fields that are specific to the training type OJT/APP (those found on the back of the 22-1999).

```

Enrollment Certification VA-GM2I Ver. 8045 - Chapter 33
                                VA File No.
                                555664444-

Student Information
TAYLOR, TIM

Type of Training
Apprenticeship

Name of Program
RESIDENTIAL ELECTRICIAN;927-997

Credit for Prior Training
NONE

Training Dates      Hrs Employed      Number of Hrs
Begin      End      Per Week      Standard Work Week
10/10/16  10/06/18      35.00          35.00

Remarks
CERTIFICATION: All Provisions on VA Form 22-1999 Are Certified.

Date Signed      School Information
09/26/2016      SC NATHAN LEONARD
                SONS ELECTRICAL
                123 TEST ST
                DETROIT, MI 48755
                Phone #313-211-3111
                Facility Code 20045792

                Electronically Received by VA: 09/29/2016

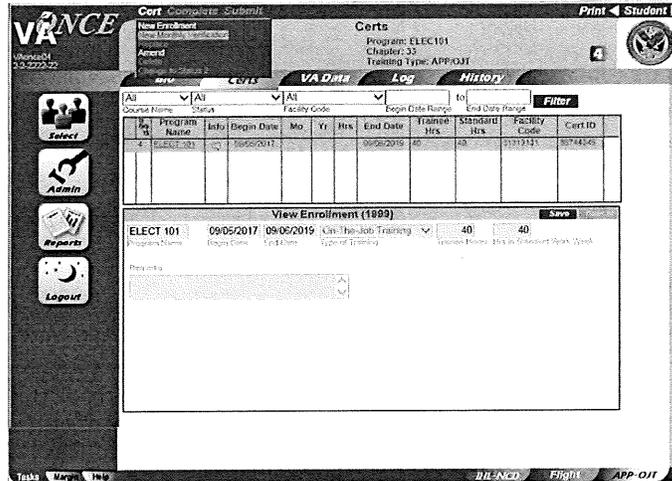
VA Form 22-1999
Max 2009 GMS Control No. 2900-0039

CertId: J4180090
TransId: 130677
    
```

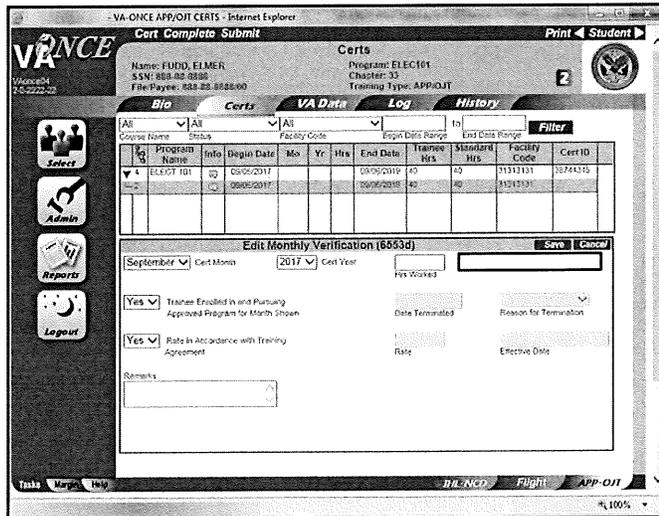
8

## Completing and submitting a Monthly Certification of On-The-Job and Apprenticeship Training

On the Certs tab highlight the period for which a Monthly Certification is being submitted, from the Cert menu, select "New Monthly Verification".



9



The "Edit Monthly Verification (6553d)" section will open in the lower 1/2 of the screen.

The default is the first month and year of the training period.

The default for both Yes/No drop down menus is "Yes".

10

Enter the number of hours worked for the month and click Submit at the top of the screen, just as you would for an Enrollment.

Once a Monthly Verification has been submitted, the default Cert Month (and Cert Year, if applicable) will increment.

Example: After the Monthly Verification above is submitted, the next "New Monthly Verification" started will have a Cert Month of October.

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A printed version of the 6553d is below. It will look the same printed from VA-ONCE, or displayed in TIMS.

```

Monthly Certification of On-the-Job and Apprenticeship Training
VA-ONCE Ver. 603 - Chapter 31
VA File No.
00000000-

Student Information
STUD: 01000

Type of Training
On-the-Job Training

Name of Program
ELECTRICIAN-998-998

Training Dates      Hrs Employed      Number of Hrs
Begin      End      Per Week      Standard Work Week
09/05/17  09/06/19      40.00           40.00

Month(s)/Year to be Certified      Number of Hours Reported
September 2017                     136

Trainee Enrolled in and Pursuing the Approved Program for the Month(s) shown? Yes
Date Terminated:      Reason for Termination:

Remarks
[REDACTED]

CERTIFICATION: All Provisions on VA Form 22-6553d Are Certified

Name of Contract School/Branch Location OKLANOMA CITY
Date Signed      School Information
11/20/2017      EC VAONCE ACCOUNT
ECERT UNIV MUSK INL
A VERY COOL PLACE
MUSKOGEE, OK 12345
Phone #
Facility Code 31313131

Electronically Received by VA:

VA Form 22-6553d-1
DEC 2014 CMS Control No. 2900-0178
CertID: 38744346
TransID:
  
```

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If the trainee was not pursuing training for the entire month, or the training was completed, change the drop down for "Trainee Enrolled in and Pursuing Approved Program for the Month Shown" to "No".

The "Date Terminated" field will become enabled for entry. Enter the date the trainee stopped training, and select a reason from the drop down menu. If no reason applies, select "Other (See Remarks)" and enter the reason in Remarks. Both the date and reason are required.

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If the rate has changed from the Training Agreement, change the drop down for "Rate in Accordance with Training Agreement" to "No".

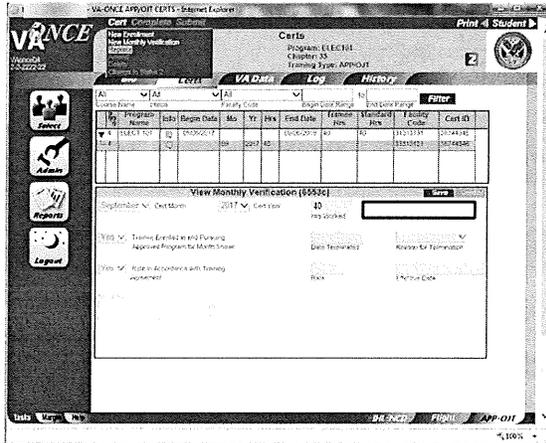
The "Rate" and "Effective Date" fields will become enabled for entry. Enter the date, the new rate, and the effective date. Both the Rate and effective Date

If remarks are needed on any Monthly Verification, they can be entered in the free text Remarks field. Remarks are limited to 50 characters. Please limit them to only those necessary for processing the claim.

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## Correcting a Mistake on a Monthly Verification

If you submit a Monthly Verification which is incorrect, for example, there was a typo in the number of hours worked for the month, you can replace that Monthly Verification.



Highlight the Monthly Verification that contains the mistake. From the Cert menu, select "Replace".

15

The Edit Replacement (6553d) section at the bottom of the page will be enabled. You may make corrections to the submitted Monthly Verification here.

| Program Name | Info | Begin Date | Mo | Yr   | Hrs | End Date   | Trainee Hrs | Standard Hrs | Facility Code | Cert ID  |
|--------------|------|------------|----|------|-----|------------|-------------|--------------|---------------|----------|
| ELECT 101    |      | 09/05/2017 | 09 | 2017 | 136 | 09/06/2018 | 40          | 40           | 31313131      | 35744345 |
|              |      |            | 09 | 2017 | 40  |            |             |              | 31313131      | 35744346 |

**Edit Replacement (6553d)**

September | Cert Month | 2017 | Cert Year | 136 | Hrs Worked

Trainee Enrolled in and Pursuing Approved Program for Month Shown

Rate in Accordance with Training Agreement

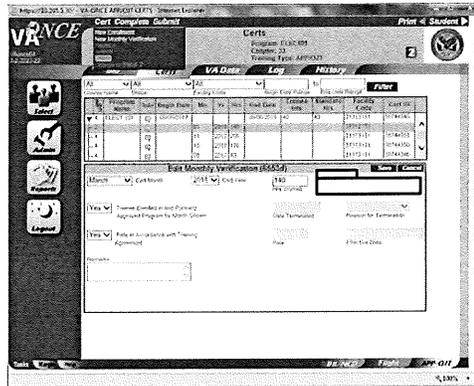
Remarks

In this example 40 hours were submitted for the month of September; it should have been 136. Once Replace is selected, the number of hours worked can be changed to 136 and submitted to replace the Monthly Verification with only 40 hours.

Monthly Verifications will be sorted with the most recent on top.

| Program Name | Info | Begin Date | Mo | Yr   | Hrs | End Date   | Trainees | Standard Hrs | Facility Code | Cert ID  |
|--------------|------|------------|----|------|-----|------------|----------|--------------|---------------|----------|
| ELECT 101    |      | 09/05/2017 | 11 | 2017 | 205 | 09/05/2019 | 40       | 40           | 31313131      | 33744345 |
|              |      |            | 10 | 2017 | 176 |            |          |              | 31313131      | 33744350 |
|              |      |            | 09 | 2017 | 136 |            |          |              | 31313131      | 33744349 |
|              |      |            | 09 | 2017 | 40  |            |          |              | 31313131      | 33744346 |

If an in-progress (status 2) Monthly Verification needs to be deleted, highlight the Monthly Verification and select "Delete" from the Cert menu.



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### Change to Mini Tabs & Displays

With the addition of Apprenticeship and On the Job Training, a new mini tab has been added at the bottom right corner of the Cert Tab. It is labeled "APP-OJT".

If a person has pursued multiple types of training, there will be multiple mini tabs.



Prior to this installation, there were only 2 mini tabs – "Flight" and "Non-Flight". APP and OJT were displayed on the Non-Flight tab along with Institutions of Higher Learning (IHL) and Non College Degree (NCD) programs. Since there is now a tab to designate APP-OJT, the Non-Flight mini tab has been changed to "IHL-NCD" to more accurately describe the type of training displayed.

*Sample of how OJT-APP was displayed on the same Cert screen as IHL training pre-install:*

| Term Name    | Info | Begin Date | End Date   | Trainees | Week Hrs | LDA Eff Date | Facility Code | Cert ID  |
|--------------|------|------------|------------|----------|----------|--------------|---------------|----------|
| SE SU17-4    |      | 10/30/2017 | 10/30/2018 | 40       | 40       | 05/15/2017   | 113A7110      | 33744345 |
| SE PLA P-ATP |      | 10/09/2017 | 10/10/2017 |          |          | 05/15/2017   | 113A7110      | 33744343 |
| SE SU17-3    |      | 09/04/2017 | 09/04/2017 |          |          | 05/15/2017   | 113A7110      | 33744347 |
| SE PLA P-3   |      | 09/04/2017 | 09/04/2017 |          |          | 05/15/2017   | 113A7110      | 33744349 |

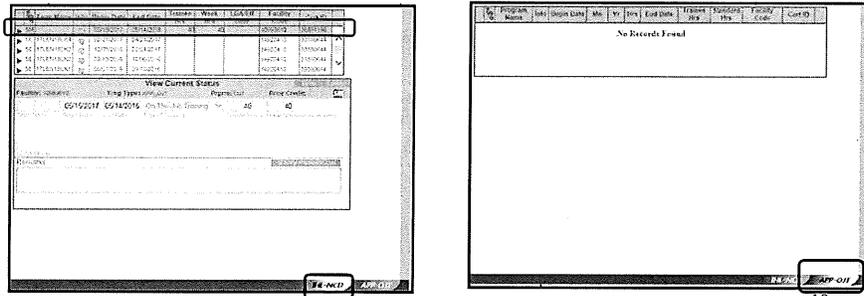
If the claimant has been in only one type of training, no mini tabs are displayed.

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### OJT/APP Facilities that Submitted Enrollments Prior to Install

Facilities that submitted Enrollments prior to this install will have to re-submit the Enrollment Certification in order to complete Monthly Verifications.

The previously submitted Enrollment will be shown on the IHL-NCD mini Tab. The APP-OJT will be blank. The mini tab you are taken to is dependent upon the type of training on the Bio page.



A new Enrollment for the same period should be created on the APP-OJT tab. The Cert menu will be disabled if on the IHL-NCD mini Tab.

| Seq | Program Name | Info | Begin Date | Mo | Yr | Hrs | End Date | Trained Hrs | Standard Hrs | Facility Code | Cert ID |
|-----|--------------|------|------------|----|----|-----|----------|-------------|--------------|---------------|---------|
| 2   |              | Q    |            |    |    |     |          |             |              | 1059810       |         |

**Edit Enrollment (1999)** Save Cancel

Program Name: [ ] Begin Date: 05/15/2017 End Date: 05/14/2018 Type of Training: On-The-Job Training Trained Hours: 40 Hrs in Standard Work Week: 40

Remarks: Resubmitting in order to create Monthly Verifications

Enter a remark that this Enrollment is being re-submitted in order to create Monthly Verifications.

You do **NOT** need to re-submit all Monthly Verifications. You may start submitting the month after the last paper submission.

Example – The period 5-15-17 to 5-14-18 was submitted prior to the installation of P053. The school re-submitted the Enrollment after the installation of P053.

If the hours for October have already been submitted, the next Monthly Verification should be for the month of November.

The default will be to the first month of the Enrollment, May, but can be changed to November. All Monthly Verifications from that point on can be done through VA-ONCE.

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### **Students added to an OJT/APP facility prior to the install, but not certified.**

No action is necessary for facilities that added students prior to the install, but have not submitted certifications. They will be taken directly to the APP-OJT mini tab, if the type of training on the Bio page is OJT/APP, to enter the Enrollment Certification.

#### **Additional Information for OJT/APP**

Amendments correct information on the Enrollment Certification. For example, if there was a typo in the begin date. Replacements should be done for Monthly Verifications that were submitted incorrectly.

As with the paper 22-6553d, terminations should be submitted on the Monthly Certification during which the termination occurred.

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All OJT/APP Enrollments will go through ECAP. The status code once submitted will be 4, and the code returned will be 5M, even for chapter 33. The status code chart has been updated accordingly.

