



MONTHLY RECORD OF TRAINING AND WAGES

INFORMATION: This form is provided by VA for use at training establishments where similar records of progress in training are not ordinarily maintained. Additional information and instructions are furnished on the reverse side. This form is used in both the training of disabled veterans under chapter 31 of title 38 U.S.C. and the training of eligible dependents under chapter 35 of title 38 U.S.C.

NAME OF TRAINEE <i>(First-Middle-Last)</i>		VA FILE NUMBER
TYPE OF VA BENEFIT <input type="checkbox"/> VOCATIONAL REHABILITATION (Chapter 31) <input type="checkbox"/> DEPENDENTS EDUCATIONAL ASSISTANCE (Chapter 35)	NAME OF ESTABLISHMENT	REPORT FOR <i>(Month and year)</i>

INSTRUCTIONS TO TRAINEE: In Item 1 below, please list the work processes (job skills) in which you will be trained during the month. At the end of each month, you should enter the number of hours you received instruction in your training program, sign and date this record in Item 7, and submit this record to your trainer for review and endorsement.

INSTRUCTIONS TO TRAINER: Complete "Trainers Rating," Item 4 below for each unit of instruction on which the trainee spent time during the report period. You may use Symbols: O=Outstanding, S=Satisfactory, U=Unsatisfactory. Also complete Items 5 and 6 the first time you complete this form for a trainee and for any month in which the trainee's rate of pay changes. Do not consider overtime pay as a change in pay rate. Following your review of this record, sign and date it in Item 8 below. Please refer to the reverse side for more instructions.

MONTHLY TRAINING RECORD

1. TYPE OF INSTRUCTION AS LISTED IN YOUR VA TRAINING AGREEMENT	2. CUMULATIVE TOTAL NUMBER OF HOURS COMPLETED BY END OF LAST MONTH	3. TOTAL NUMBER	4. TRAINER'S RATING (O, S OR U)
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RELATED INSTRUCTION *(Specify type)* _____ ▶

HOURS ABSENT FROM TRAINING THIS MONTH _____ ▶

5A. TRAINEE HOURLY OR MONTHLY RATE OF PAY \$ _____ PER	5B. TOTAL WAGES PAID THIS MONTH \$ _____	5C. DATE THE WAGE RATE IN ITEM 5A BEGAN _____
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6. REASON FOR ENTRIES IN ITEM 5 *(Check one)*
 START OF TRAINING INCREASE IN WAGE RATE OTHER *(Specify)*

7A. SIGNATURE OF TRAINEE _____

7B. DATE SIGNED _____

8A. SIGNATURE OF TRAINER _____

8B. DATE SIGNED _____

INFORMATION AND INSTRUCTIONS

VOCATIONAL TRAINING TO DISABLED VETERANS (CHAPTER 31)

Instructions For Trainer

The original form should be submitted to VA not later than the 10th day after the end of each month.

A copy of the form should be given to the trainee for his or her record.

APPRENTICESHIP OR OTHER ON-JOB TRAINING PROGRAMS FOR ELIGIBLE DEPENDENTS (CHAPTER 35)

Instructions For Trainer

The original form must be retained at the training establishment until 3 years after the trainee completes or terminates training. This form should not be sent to VA. Instead, the trainee will give you a separate card each month for reporting his or her monthly hours of employment to VA.

A copy of the form should be given to the trainee for his or her records.

PRIVACY ACT INFORMATION:

The law requires that adequate records be maintained to show the progress made by each veteran or other eligible person toward the completion of his or her training program (38 U.S.C. 1777). Records of progress must be made available for examination by duly authorized representatives of the Department of Veterans Affairs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA may use computer matching programs with other agencies to verify the information you enter on this form. VA may also use the information for debt collection purposes

RESPONDENT BURDENT: We need this information in order to track the type and hours of training as well as the rating of trainee performance (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.