



**Department of Veterans Affairs**

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

**FOR VA USE ONLY**

|                |               |
|----------------|---------------|
| VA FILE NUMBER | PAYEE         |
| FACILITY CODE  | TYPE TRAINING |

**IMPORTANT**

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 1-800-GI-BILL-1 (1-888-442-4551), if you have questions. Call 1-800-829-4833, if you are hearing impaired.

**INSTRUCTIONS TO TRAINEE**

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

ITEM 3 - 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.

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

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage. If you are receiving additional educational allowance for dependents, also use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. Then, give the form to your employer or an authorized official of your training establishment for verification.

CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print your new address in the remaining space. Be sure to include your ZIP Code.

**INSTRUCTIONS TO EMPLOYER**

NOTE - If an OJT trainee is receiving the journeyman wage, the trainee is no longer entitled to VA educational benefits. You must immediately notify VA. An apprenticeship trainee is not normally entitled to receive educational benefits after reaching the journeyman wage. However, there are some exceptions, such as training on a Davis-Bacon job, or a job in a geographic location that has a different wage scale. If you have any questions, call VA toll-free at 1-888-GI-BILL (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833.

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.

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

ITEMS 9A and 9B - Sign and date the form. Then, return it to the VA office shown above.

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

7. REMARKS

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by 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:

**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 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). 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 1-800-829-4833 if you are hearing impaired.)