



Department of Veterans Affairs

**MONTHLY STATEMENT OF WAGES PAID TO TRAINEE
 (Chapter 31, Title 38, U.S.C.)**

INSTRUCTIONS - This statement must be submitted by employer-trainer to the Department of Veterans Affairs not later than the 10th day of the month immediately following the month for which wages were paid. EXAMPLE: Wage statement for January due not later than February 10, etc. Prepare the form in duplicate, send the original to the Department of Veterans Affairs, and retain the copy. (See reverse for Privacy Act Information)

1. NAME AND ADDRESS OF VA OFFICE
VA REGIONAL OFFICE

2. FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN (Type or print)
 3. FILE NO.
C-

NOTE - Report in Item 4A the total wage, compensation or other income paid to the veteran, whether directly or indirectly. This includes a reasonable value of all items for family living, such as food, fuel, and shelter furnished by the employer-trainer.

4A. TOTAL WAGES, COMPENSATION PAID
 4B. FOR MONTH OF

NOTE - If this is the first time this statement is being completed, please show the monthly rate of pay for both the trainee and trained worker in Items 5A and 5B and check the box for "start of training" in Item 6. If this is not the first statement and there has been a change in trainee or trained worker monthly rate of pay since the last statement was submitted, complete Items 5A and 5B and show reason for change in Item 6. In the case of no change in rate of pay since last submission, you do not have to complete Items 5A, 5B and 6.

5A. TRAINED WORKER MONTHLY RATE OF PAY (Standard workweek exclusive of overtime)			5B. TRAINEE MONTHLY RATE OF PAY (Standard workweek exclusive of overtime)		
STANDARD WORKWEEK (Hours)	RATE OF PAY	RATE (Check one)	STANDARD WORKWEEK (Hours)	RATE OF PAY	RATE (Check one)
	\$	<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH (4-1/3 WEEKS)		\$	<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH (4-1/3 WEEKS)

6. IF ENTRIES ARE MADE IN 5A AND 5B, INDICATE REASON FOR THE ENTRIES BELOW (Check appropriate box)

START OF TRAINING INCREASE IN WAGE RATE OTHER (Specify)

7. REMARKS

CERTIFICATION: I HEREBY CERTIFY THAT the information above is correct.

8. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL OF TRAINING ESTABLISHMENT
 9. DATE

10. NAME AND ADDRESS OF TRAINING ESTABLISHMENT

PRIVACY ACT INFORMATION

This report is required by law, 38, U.S.C. 1508(c) (1). If you fail to report the requested information, the veteran's VA vocational rehabilitation benefit may be delayed or issued in an erroneous amount. VA may also be forced to interrupt or discontinue the trainee's program until the reporting failure is resolved.

The information furnished will not be used for any other purpose and will not be released outside VA unless authorized by the trainee in writing or unless disclosure is authorized under the Privacy Act of 1974, including the routine uses 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. Generally, disclosures under the authority of a routine use will be made to develop the trainee's claim to vocational rehabilitation benefits under title 38, United States Code.

RESPONDENT BURDEN

We need this information to determine or confirm the proper subsistence allowance rate payable to the trainee. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.