OMB Approved No. 2900-0176
Respondent Burden: 15 minutes
Expiration Date: XXXXXXXX

Department of Veterans Affairs

CERTIFICATION OF TRAINING HOURS, WAGES, AND PROGRESS

INFORMATION: Before completing this form, the Privacy Act and Respondent Burden on page 3. This form will be completed by the certifying official when VA-ONCE is not an option to certify training attendance under Chapter 31 of Title 38 U.S.C. and the training of eligible dependents under Chapter 35 of Title 38 U.S.C. This is also used for reporting a claimant's wages paid and monthly progress. This certification must be submitted to the Department of Veterans Affairs (VA) no later than the 10th day of the month immediately following the month for which wages were paid. Example: Wage statement for January is due no later than February 10th. For more information, contact us at **https//iris.custhelp.va.gov**, or call us toll-free at 1800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at **www.va.gov/vaforms**. After completing the form, if returning by mail, mail to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI, 53547-5210.

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

1. CLAIMANT'S NAME *(First, Middle Initial, Last)*

2. VA FILE NUMBER *(If applicable)*

TYPE OF TRAINING

NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable circle to help expedite processing of the form.

3. SELECT APPROPRIATE TYPE OF TRAINING AND SPECIFIC PROGRAM.

- ☐ ACADEMIC PROGRAM *(Specify below)*
  - ☐ SPECIAL TRAINING
  - ☐ CERTIFICATION
  - ☐ FLIGHT TRAINING
  - ☐ TRUCK DRIVING
- ☐ APPRENTICESHIP
- ☐ NON-PAID WORK EXPERIENCE
- ☐ PAID OR NORMALLY PAID ON-JOB-TRAINING (OJT)
- ☐ OTHER SPECIALIZED PROGRAM
  - ☐ ADULT EDUCATION
  - ☐ COMMUNITY-BASED WORK EXPERIENCE
  - ☐ COOPERATIVE COURSES
  - ☐ FARM COOPERATIVE
  - ☐ INDEPENDENT INSTRUCTOR TRAINING
  - ☐ INDEPENDENT STUDY
  - ☐ REHAB FACILITY TRAINING
  - ☐ TRAINING AT HOME
  - ☐ VOCATIONAL COURSE IN A REHABILITATION FACILITY
  - ☐ WORK HARDENING

CERTIFICATION

This certifies that the claimant named in Item #1 began or resumed the type of program specified in Item #3. The claimant continues to be pursuing or enrolled in that program.

4. ATTENDANCE IN ALL TRAINING PROGRAMS (**EXCEPT APPRENTICESHIP AND OJT**)

4A. TERM		4B. TYPE AND NUMBER OF HOURS	4C. TRAINING TIME	4D. STANDARD CLASS SESSION PER WEEK
BEGIN DATE *(MM/DD/YYYY)*	END DATE *(MM/DD/YYYY)*	S - SEMESTER Q - QUARTER D - DEFICIENCY R - RESIDENCE C - CLOCK/SHOP	F = FULL-TIME 3/4 = TIME 1/2 = TIME L = LESS THAN 1/2 TIME	ONLY IF LESS THAN THE TERM HOURS CERTIFIED OR IF THE TERM IS OF NON-STANDARD LENGTH
– –	– –		/	
– –	– –		/	
– –	– –		/	
– –	– –		/	

5. REDUCTION IN TRAINING HOURS

5A. TERM		5B. TYPE AND NUMBER OF HOURS	5C. TRAINING TIME	5D. STANDARD CLASS SESSION PER WEEK
BEGIN DATE *(MM/DD/YYYY)*	END DATE *(MM/DD/YYYY)*	S - SEMESTER Q - QUARTER D - DEFICIENCY R - RESIDENCE C - CLOCK/SHOP	F = FULL-TIME 3/4 = TIME 1/2 = TIME L = LESS THAN 1/2 TIME	ONLY IF LESS THAN THE TERM HOURS CERTIFIED OR IF THE TERM IS OF NON-STANDARD LENGTH
– –	– –		/	
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– –	– –		/	

6. TERMINATION OR COMPLETE WITHDRAWAL FROM TRAINING

6A. DATE OF LAST ATTENDANCE *(MM/DD/YYYY)*	6B. REASON FOR TERMINATION OR COMPLETE WITHDRAWAL
– –	

7. APPRENTICESHIP AND PAID OJT

7A. TYPE OF INSTRUCTION LISTED IN THE VA TRAINING AGREEMENT	7B. BEGIN DATE *(MM/DD/YYYY)*	END DATE *(MM/DD/YYYY)*	7D. TOTAL NUMBER OF HOURS *(Completed by end of last month)*	7E. RATING O - OUTSTANDING S - SATISFACTORY U - UNSATISFACTORY
	– –	– –		
	– –	– –		
	– –	– –		
	– –	– –		
	– –	– –		

8. FIRST TIME CERTIFICATION OR CHANGE IN TRAINEE'S RATE OF PAY *(Do not consider overtime pay as a change in pay rate.)*

8A. TRAINEE HOURLY OR MONTHLY RATE OF PAY	8B. JOURNEYMAN HOURLY OR MONTHLY RATE OF PAY
$.	$.

8C. BEGIN DATE OF RATE OF PAY LISTED IN ITEM #8 *(MM/DD/YYYY)* – –

8D. REASON FOR ENTRIES IN ITEM SPECIFIED ABOVE: ☐ START OF TRAINING ☐ INCREASE IN RATE OF PAY

☐ OTHER *(Specify)*:

9. SUMMARY OF TRAING PROGRESS OF SKILL DEVELOPMENT *(Specify positive or negative job performance issues.)*

☐ 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.

10. SIGNATURE OF TRAINER OR CERTIFYING OFFICIAL	11. DATE SIGNED *(MM/DD/YYYY)*
	☐☐ – ☐☐ – ☐☐☐☐

PRIVACY ACT NOTICE: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) 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. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: Use this form to maintain adequate records to certify hours of attendance, wages and progress towards the completion of the training program (U.S.C. 3677). 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. VA cannot conduct or sponsor a collection 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 are 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.