



## CERTIFICATION OF TRAINING HOURS, WAGES, AND PROGRESS

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on page 4. This form will be completed by the Certifying Official when Enrollment Manager 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. The Trainer must complete and sign this form and 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, you can contact us online through Ask VA: <https://ask.va.gov/>, Ask us a question online or call us toll-free at 1-800-827-1000. 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](http://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)

### SECTION I: CLAIMANT'S IDENTIFICATION INFORMATION

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check circles to help expedite processing of the form.

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

2. VA FILE NUMBER *(If applicable)*

### SECTION II: TRAINING PROGRAM INFORMATION

3. NAME OF TRAINING FACILITY

4. ADDRESS OF TRAINING FACILITY *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. &  
Street

City

State/Province

Country

ZIP Code/Postal Code

5. NAME OF TRAINING PROGRAM

6. FACILITY CODE

### SECTION III: TYPE OF TRAINING

7. SELECT APPROPRIATE TYPE OF TRAINING AND SPECIFIC PROGRAM.

ACADEMIC/VOCATIONAL PROGRAM *(Specify below)*

SPECIAL TRAINING

CERTIFICATION

NON-COLLEGE DEGREE PROGRAM

APPRENTICESHIP

NON-PAID WORK EXPERIENCE

ON-JOB-TRAINING (OJT)

OTHER SPECIALIZED PROGRAM *(Specify below)*

ADULT BASIC EDUCATION

COMMUNITY BASED WORK EXPERIENCE

COOPERATIVE COURSE

FARM COOPERATIVE COURSE

INDEPENDENT INSTRUCTOR COURSE

INDEPENDENT STUDY COURSES

REHABILITATION FACILITY TRAINING

TRAINING AT HOME

VOCATIONAL COURSE IN A REHABILITATION FACILITY

WORK HARDENING

**SECTION IV: TRAINING ENROLLMENT**

This section is to be completed by the Certifying Official. This section certifies that the claimant named in Item #1 began or resumed the type of program specified in Item #7. The claimant continues to be pursuing or enrolled in that program.

**8. ATTENDANCE IN ALL TRAINING PROGRAMS**

8A. TERM		8B. TYPE AND NUMBER OF HOURS	8C. TRAINING TIME	8D. 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
- -	- -		/	
- -	- -		/	
- -	- -		/	
- -	- -		/	

**9. REDUCTION IN TRAINING HOURS**

9A. TERM		9B. TYPE AND NUMBER OF HOURS	9C. TRAINING TIME	9D. 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
- -	- -		/	
- -	- -		/	
- -	- -		/	
- -	- -		/	
- -	- -		/	
- -	- -		/	

**10. TERMINATION OR COMPLETE WITHDRAWAL FROM TRAINING**

10A. DATE OF LAST ATTENDANCE (MM/DD/YYYY)  - -	10B. REASON FOR TERMINATION OR COMPLETE WITHDRAWAL
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**SECTION V: TRAINING PROGRESS**

This section is to be completed by the Trainer or Certifying Official to reflect the claimant's training progress.

**11. APPRENTICESHIP, PAID OJT, AND NON-PAID WORK EXPERIENCE**

11A. PROVIDE THE JOB OBJECTIVES LISTED IN THE TRAINING AGREEMENT	11B. REPORT FOR THE MONTH OF	11C. TOTAL NUMBER OF HOURS COMPLETED FOR THIS MONTH	11D. TOTAL NUMBER OF HOURS COMPLETED IN PROGRAM <i>(For apprenticeship only)</i>	11E. RATING O - OUTSTANDING S - SATISFACTORY U - UNSATISFACTORY

**SECTION V: TRAINING PROGRESS (Continued)**

11A. PROVIDE THE JOB OBJECTIVES LISTED IN THE TRAINING AGREEMENT	11B. REPORT FOR THE MONTH OF	11C. TOTAL NUMBER OF HOURS COMPLETED FOR THIS MONTH	11D. TOTAL NUMBER OF HOURS COMPLETED IN PROGRAM <i>(For apprenticeship only)</i>	11E. RATING O - OUTSTANDING S - SATISFACTORY U - UNSATISFACTORY

COMPLETE THE FOLLOWING BELOW FOR THE INITIAL TRAINEE'S HOURLY OR MONTHLY RATE OF PAY AND THEN UPDATE THIS SECTION FOR ANY CHANGES IN TRAINEE'S RATE OF PAY *(Do not consider overtime pay as a change in pay rate.) (Wages for Apprenticeship and OJT only)*

12A. TRAINEE HOURLY OR MONTHLY RATE OF PAY \$            ■            PER <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	12B. JOURNEYMAN HOURLY OR MONTHLY RATE OF PAY \$            ■            PER <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
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12C. BEGIN DATE OF RATE OF PAY LISTED IN ITEM #12A (MM/DD/YYYY)            -            -

12D. REASON FOR ENTRIES IN ITEM SPECIFIED ABOVE:  START OF TRAINING     INCREASE IN RATE OF PAY     OTHER *(Specify):*

12E. PROVIDE THE NUMBER OF HOURS THAT CONSIST OF A STANDARD FULL TIME WORKWEEK FOR YOUR PARTICULAR ESTABLISHMENT.

13. SUMMARY OF TRAINING PROGRESS OF SKILL DEVELOPMENT

**NOTE:** (The Trainer must document a summary of training progress and skill development below to include information related to the trainee's progress, attendance, punctuality, ability to accept supervision and instruction, cooperation with co-workers, ability to perform assigned duties, any issues related to training, or changes in the trainee's status.)

**SECTION VI: VOCATIONAL REHABILITATION COUNSELOR CONTACT INFORMATION**

14. NAME OF VR&E COUNSELOR	15. EMAIL ADDRESS OF VR&E COUNSELOR	16. VR&E COUNSELOR TELEPHONE NUMBER
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**SECTION VII: CERTIFICATION AND SIGNATURE**

17. NAME OF CERTIFYING OFFICIAL	18. EMAIL ADDRESS OF CERTIFYING OFFICIAL
19. NAME OF TRAINER	18. EMAIL ADDRESS OF TRAINER

I CERTIFY THAT this statement and its information is true and correct to the best of my knowledge and belief.

**PENALTY:** The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

21A. SIGNATURE OF TRAINER OR CERTIFYING OFFICIAL	21B. DATE SIGNED (MM/DD/YYYY)  -            -
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**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 Veteran Readiness 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 20 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](http://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.