



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

TRAINEE REQUEST FOR LEAVE (Chapter 31, Veteran Readiness and Employment)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a statement for a request for a leave of absence per 38 CFR 21.340-21.350. For more information, contact us online through Ask VA: <https://ask.va.gov/>. Ask us a question or call us toll-free at 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. 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.

SECTION I: CLAIMANT'S IDENTIFICATION INFORMATION

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 the processing of the form.

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

2. VA FILE NUMBER (LAST 4)

3. CURRENT MAILING ADDRESS (If applicable) (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Apt./Unit Number

City

State/Province

Country

ZIP Code

4. TELEPHONE NUMBER (Include Area Code)

5. EMAIL ADDRESS (Optional) I agree to receive electronic correspondence from VA in regards to my claim.

Enter International Phone Number (If applicable)

SECTION II: TRAINING ESTABLISHMENT OR SCHOOL

(To include Educational Institutions, Rehabilitation Centers, Non-Paid Work Experience, Apprenticeship, and On-Job Training sites)

6. NAME OF TRAINING ESTABLISHMENT OR SCHOOL

7. CURRENT MAILING ADDRESS (If applicable) (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Apt./Unit Number

City

State/Province

Country

ZIP Code

8. TELEPHONE NUMBER (Include Area Code)

9. EMAIL ADDRESS (Optional) I agree to receive electronic correspondence from VA in regards to my claim.

Enter International Phone Number (If applicable)

SECTION III: REQUEST FOR LEAVE OF ABSENCE

10. FIRST DAY OF LEAVE (MM/DD/YYYY)

11. LAST DAY OF LEAVE (MM/DD/YYYY)

12. IF REQUEST FOR LEAVE OF ABSENCE IS FOR ILLNESS, INJURY, PLEASE STATE THE NATURE OF ILLNESS OR INJURY

SECTION IV: (TO BE COMPLETED BY TRAINER OR AUTHORIZED SCHOOL OFFICIAL)

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| 13. REQUEST FOR LEAVE OF ABSENCE OF ABOVE-NAMED CLAIMANT ON DATES INDICATED WILL (OR DID) NOT <input type="checkbox"/> MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. I RECOMMEND APPROVAL OF THIS REQUEST | REQUEST FOR LEAVE OF ABSENCE OF ABOVE-NAMED CLAIMANT ON DATES INDICATED WILL (OR DID) NOT <input type="checkbox"/> MATERIALLY INTERFERE WITH PROGRESS IN THE COURSE. I DO NOT RECOMMEND APPROVAL OF THIS REQUEST |
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14. REMARKS

SECTION V: CERTIFICATION OF STATEMENT AND SIGNATURE

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

15. TITLE OF TRAINER OR AUTHORIZED SCHOOL OFFICIAL

16. SIGNATURE OF TRAINER OR AUTHORIZED SCHOOL OFFICIAL

16A. DATE SIGNED (MM/DD/YYYY)

- -

17. CLAIMANT SIGNATURE

17A. DATE SIGNED (MM/DD/YYYY)

- -

SECTION VI: (TO BE COMPLETED BY VA CASE MANAGER)

18. ACTION TAKEN

APPROVED DISAPPROVED

19. DATE CLAIMANT NOTIFIED (MM/DD/YYYY)

- -

20. SIGNATURE OF VA CASE MANAGER

21. 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 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0034, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0034 in any correspondence. Do not send your completed VA Form 28-1905h to this email address.