



Department of Veterans Affairs

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

NAME AND FACILITY CODE OF TRAINING FACILITY	TRAINEE'S NAME AND ADDRESS
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VA FILE NUMBER	PAYEE NUMBER
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**IMPORTANT:** Read the instructions carefully. The employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.

### INSTRUCTIONS TO CERTIFYING OFFICIAL

**ITEMS 1 AND 2** - Enter the number of hours trained for each month/year shown (include any hours of related training given during working hours).

**ITEM 3** - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If trainee has attained the complete job skills for their job (a "journeyman" knowledge and skills), show this information in Item 5.

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

**ITEM 7** - Use Item 7, Remarks, to show any additional information concerning a change in the wage rate. Also, if the trainee is receiving additional educational allowance for dependents, use this item to report any change in the number of the trainee's dependents. Also use Item 7 if the trainee's conduct or progress is unsatisfactory.

**ITEMS 8A and 8B** - Certifying Official's printed name and date. Return form to VA office address indicated on the back of form. If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).

1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS TRAINED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED <i>(Month, day, year)</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>	
		5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>	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. PRINTED NAME AND TITLE OF CERTIFYING OFFICIAL	8B. DATE SIGNED

9. SIGNATURE OF CERTIFYING OFFICIAL *(Sign in ink)*

**PRIVACY ACT:** 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., 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) VA obtains 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 Veteran Readiness and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any education benefits until we receive the information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**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 2900-0178, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 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](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0178 in any correspondence. Do not send your completed VA Form 22-6553d-1 to this email address.

FILE NUMBER:

Please send the completed form to the Regional Processing Office that handles claims for the state in which your training facility is located.

<b><u>Eastern Region:</u></b> <b>VA Regional Office</b> <b>P.O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>									
SERVES THE FOLLOWING STATES									
CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO AA		FOREIGN SCHOOLS			US VIRGIN ISLANDS		

<b><u>Western Region:</u></b> <b>VA Regional Office</b> <b>P.O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>									
SERVES THE FOLLOWING STATES									
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
AMERICAN SAMOA		APO/FPO AP		GUAM	MARIANA ISLANDS		PHILIPPINES		