



U.S. Department
of Veterans Affairs

VETERANS EMPLOYMENT THROUGH HIGH TECHNOLOGY (VET TEC 2.0) EMPLOYMENT OR FURTHER EDUCATIONAL PURSUIT

HOW TO USE THIS FORM

NOTE - IF IT HAS BEEN LESS THAN 180 DAYS SINCE YOU COMPLETED YOUR PROGRAM AND YOU HAVE NOT FOUND SUCCESSFUL EMPLOYMENT OR ENROLLED IN SCHOOL TO FURTHER YOUR EDUCATION, PLEASE WAIT UNTIL AFTER THE 180TH DAY TO COMPLETE AND SUBMIT THIS FORM TO YOUR TRAINING PROVIDER.

IMPORTANT: Use Side 1 of this form to certify your initial employment or educational status after completion of a VET TEC 2.0 training program. Use Side B to certify the required 180 day or 1 year continued employment milestones.

- **Complete SIDE 1 for INITIAL EMPLOYMENT CERTIFICATION** (Veteran must complete all sections of Part I Training Provider must complete Part II)

OR

- **Complete SIDE 2 for FURTHER EDUCATION PURSUIT or CONTINUED EMPLOYMENT CERTIFICATION** (Veteran must complete all sections of Part I and Training Provider must complete Part II)

AND

- **Provide the form with the applicable side completed and signed to your Training Provider.**

REQUIRED DOCUMENTATION - The training provider must include supporting documentation as described below to substantiate the certifications made on this form. Documentation must be official and sufficient to show the educational pursuit or employment meets the applicable statutory pathway. VA may request additional documentation if the information provided is insufficient. Documentation must be kept on file for 3 years from the date successful employment is certified to VA for the student.

The following can be submitted as proof of the status certified and must be kept on file for the student (documentation must be official):

- **Employment with a new employer** - Official onboarding documentation, such as Form I-9 (Employment Eligibility Verification) or a pay stub
- **Employment with my Training Provider** - Official onboarding documentation, such as Form I-9 or a pay stub
- **Promotion in current job** - An updated employment contract, promotion letter and/or pay stubs (*promotion must be both monetary and positional*)
- **Contracted employment** - A signed Independent Contractor Agreement/Contract and IRS Form 1099-NEC as proof of engagement or a pay stub. If the Training Provider, their subsidiaries, or a parent company is the client used to establish self-employment, self-employment is only established after the contract has continued for a period of one full year
- **Self-Employment** - One or more of the following forms of proof of ownership:
 - o A Federal Tax ID Number (EIN), Articles of Organization, Articles of Incorporation, copy of personal tax return with Schedule C or equivalent, copy of the Doing Business As (DBA) declaration, etc. A state tax ID number or state business registration information may also be provided
 - o Copies of any valid personal licenses or certifications - Types required for business operations
 - o A bill and payment from Client - To show proof of legitimate business transactions for the type of services being provided and/or products sold
 - o Other documents - VA may request additional documentation to support your claim if evidence provided is insufficient to make a determination
- **Further Educational Pursuit** - Certification in Enrollment Manager and/or notice of registration or enrollment in a new program in the same field of study as the VET TEC 2.0 program (*documentation must display school letterhead*)

HOW TO SUBMIT THIS FORM

IMPORTANT: THE TRAINING PROVIDER MUST SUBMIT THE COMPLETED AND SIGNED FORM AND SUPPORTING DOCUMENTATION BY EMAIL TO:

IF YOU HAVE QUESTIONS ABOUT THIS FORM

IF YOU HAVE QUESTIONS SPECIFIC TO THIS FORM CONTACT: VETTEC.VBABUF@va.gov. YOU CAN ALSO GET VET TEC 2.0 SPECIFIC INFORMATION ON OUR VET TEC WEBPAGE: <https://www.va.gov/education/other-vet-education-benefits/vet-tec-2/>

IF YOU HAVE GENERAL EDUCATIONAL ASSISTANCE QUESTIONS

FOR GENERAL VA EDUCATIONAL ASSISTANCE AND PAYMENT STATUS QUESTIONS CALL VA TOLL-FREE at 1-888-GI-BILL-1 (1-888-442-4551). IF YOU USE THE TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD), THE FEDERAL RELAY NUMBER IS 711. GENERAL EDUCATION ASSISTANCE INFORMATION CAN ALSO BE FOUND ON OUR EDUCATION INTERNET SITE: <https://www.va.gov>.

PRIVACY ACT INFORMATION: On January 2, 2025, the Elizabeth Dole Field and Community Based Services for Veterans and Caregivers Act (Pub. L. 118-210) was signed into law. The legislation can be identified as the DOLE Act. The legislation established a new Veteran Technology program titled "Veterans Employment Through High Technology Education Courses (VET TEC 2.0) Program". This program authorizes VA to provide educational assistance for high technology programs of education that begin prior to September 30, 2027. The VET TEC 2.0 program form allows veterans and service members who participate in this program to certify to VA that they have found employment in a field related to their program of education. Also, this form is used to collect certain information from the applicant to be used in VA reports to Congress that will assist with outcome measures. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by the DOLE Act, Section 212 of Public Law. 118-210). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicant, recipients, and others may be subject to verification through computer matching with other

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-NEW, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 30 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 vapra@va.gov. Please refer to OMB Control No. 2900-NEW in any correspondence. Do not send your completed VA Form 22-10299 to this email address.



VETERANS EMPLOYMENT THROUGH HIGH
TECHNOLOGY EDUCATION COURSES (VET TEC 2.0)
INITIAL EMPLOYMENT CERTIFICATION

PART I - VETERAN CERTIFICATION OF EMPLOYMENT
(To be completed by Veteran)

SECTION I - VETERAN IDENTIFYING INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)	2. MAILING ADDRESS	3. EMAIL
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SECTION II - INITIAL CERTIFICATION OF EMPLOYMENT STATUS

4. PLEASE TELL US YOUR INITIAL EMPLOYMENT STATUS SINCE COMPLETION OF YOUR VET TEC 2.0 PROGRAM. BE SURE TO PROVIDE REQUIRED SUPPORTING DOCUMENTS TO YOUR TRAINING PROVIDER AS EXPLAINED IN THE HOW TO USE THIS FORM SECTION ON PAGE 1.

I **HEREBY** acknowledge by my signature in SECTION V Item 13, that *within 180 days of completing my VET TEC 2.0 program* I obtained **full-time (30 hours or more per week)** successful employment which aligns with the skills I acquired during my VET TEC 2.0 Program (*Select the type of employer and employment below*). I was hired by:

- ☐ A new employer in a career supported by my completed VET TEC 2.0 program of study, or
☐ My Training Provider for a position in the same field of study as my VET TEC 2.0 program

TYPE OF EMPLOYMENT:

- ☐ Traditional hourly or salaried employment
☐ Remained employed with my current employer and received a promotion that is **BOTH** monetary and positional based on knowledge, skills and abilities gained through the VET TEC 2.0 program
☐ Obtained contract employment in the field of study of my VET TEC 2.0 program
☐ Participating in a paid internship in the field of study of my VET TEC 2.0 program
☐ Participating in a paid apprenticeship in the field of study of my VET TEC 2.0 program
☐ Became self-employed or started a new business utilizing the skills obtained through the completion of the VET TE 2.0 program of study

OR

I **HEREBY** acknowledge by my signature in SECTION V Item 13 that due to extenuating circumstances, I have either been unable to obtain successful employment which aligns with the skills I acquired during my VET TEC 2.0 program, or I obtained successful employment *MORE than 180 days* after completing my VET TEC 2.0 program.

- ☐ I was called to Active Duty. Enter date called to active duty: _____ Due to extenuating circumstances (VA may require additional documentation)
☐ **NOTE:** VA will evaluate such circumstances on a case-by-case basis. Provide brief statement of extenuating circumstances on page 4 remarks.

SECTION III - EMPLOYER INFORMATION

Employer Information

(VA will evaluate employment activity based on duties or business activity, not merely job title or business name)

5. EMPLOYER'S NAME		6. EMPLOYER'S ADDRESS	
7. JOB TITLE		8. SALARY \$ _____ ☐ HOURLY ☐ WEEKLY ☐ MONTHLY ☐ ANNUALLY	
9. HOURS PER WEEK	10. HIRE DATE (MM/DD/YYYY)	11. START DATE (MM/DD/YYYY)	12. END DATE (MM/DD/YYYY) (If contract employee)

SECTION V - VETERAN CERTIFICATION

I **CERTIFY THAT** all the information I have provided is true and correct to the best of my knowledge and belief and I authorize VA to verify my employment if needed. I understand that by signing this certification, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government.

13. VETERAN'S SIGNATURE	14. DATE (MM/DD/YYYY)
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PART II - TRAINING PROVIDER CERTIFICATION OF EMPLOYMENT
(To be completed by Certifying Official (CO/SCO))

15. CERTIFYING OFFICIAL'S NAME	16. CERTIFYING OFFICIAL'S TITLE	17. CERTIFYING OFFICIAL'S TELEPHONE
18. NAME OF TRAINING PROVIDER	19. TRAINING PROVIDER FACILITY CODE	20. EMAIL ADDRESS
By signing and submitting this form, I CERTIFY (1) that the information provided on this certification is true, complete and correct to the best of my knowledge and belief, (2) that I am an authorized official of the Training Provider listed in box 18 and (3) I have provided and kept on file official documentation to substantiate the certifications made on this form.		
21. CERTIFYING OFFICIALS SIGNATURE	22. DATE (MM/DD/YYYY)	



**VETERANS EMPLOYMENT THROUGH HIGH
TECHNOLOGY EDUCATION COURSES (VET TEC 2.0)
CONTINUED EMPLOYMENT OR EDUCATIONAL PURSUIT**

**PART I - VETERAN CERTIFICATION OF EMPLOYMENT OR CONTINUED EDUCATION
(To be completed by Veteran)**

SECTION I - VETERAN IDENTIFYING INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)	2. MAILING ADDRESS	3. EMAIL
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SECTION II - CERTIFICATION OF CONTINUED EMPLOYMENT OR FURTHER EDUCATIONAL PURSUIT

4. COMPLETE THIS SECTION ONCE YOU HAVE MAINTAINED SUCCESSFUL EMPLOYMENT FOR 180 DAYS, MAINTAINED SUCCESSFUL EMPLOYMENT WITH YOUR TRAINING PROVIDER FOR 365 DAYS, OR ARE ENROLLED IN FURTHER EDUCATION IN THE SAME FIELD AS YOUR VET TEC 2.0 PROGRAM. BE SUIRE TO PROVIDE REQUIRED SUPPORTING DOCUMENTS TO YOUR TRIANING PROVIDER AS EXPLAINED IN THE "HOW TO USE THIS FORM" SECTION ON PAGE 1.

I HEREBY acknowledge by my signature in SECTION III Item 9:

I have maintained employment since **completing my VET TEC 2.0 program** as indicated below:

☐ 180 DAYS - I previously certified employment on SIDE 1 and now certify that I maintained that employment for at least 180 day

☐ 1 YEAR - I previously certified employment on SIDE 2 with my Training Provider and now certify that I maintained employment with that Training Provider for at least 365 days

OR

☐ I am continuing my education - I enrolled in a different program of education in the same field (with the same or a different school) to continue my educational pursuits (*You must complete boxes 5-8 in the School Information section*)

OR

I HEREBY acknowledge by my signature in SECTION III Item 9 that I found successful employment within 180 days after completing my VET TEC 2.0 program which aligns with the skills I acquired during my VET TEC 2.0 program but was *unable to maintain that employment for the full 180 days (or 365 days if with my Training Provider)* due to no fault of my own.

Select the reason you were unable to maintain employment for 180 days (or 365 days if employed with the Training Provider) by checking the appropriate box

☐ I was called to Active Duty. Enter date called to active duty:

☐ Due to extenuating circumstances (VA may require additional documentation)

☐ **NOTE:** VA will evaluate such circumstances on a case-by-case basis. Provide brief statement of extenuating circumstances on page 4 remarks.

**School Information - Further Educational Pursuit
(Complete this section only if "I am continuing my education" is checked in Box 4)**

5. SCHOOL NAME	6. PROGRAM NAME
7. SCHOOL ADDRESS	8. TERM START DATE

SECTION III - VETERAN CERTIFICATION

I CERTIFY THAT all the information I have provided is true and correct to the best of my knowledge and belief and I authorize the Department of Veterans Affairs to verify my employment if needed. I understand that by signing this certification, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U. S. Code makes it a criminal offense for any person to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government.

9. VETERAN'S SIGNATURE	10. DATE (MM/DD/YYYY)
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**PART II - TRAINING PROVIDER CERTIFICATION OF CONTINUED EMPLOYMENT
(To be completed by Certifying Official (CO/SCO))**

11. CERTIFYING OFFICIAL'S NAME	12. CERTIFYING OFFICIAL'S TITLE	13. CERTIFYING OFFICIAL'S TELEPHONE
14. NAME OF TRAINING PROVIDER	15. TRAINING PROVIDER FACILITY CODE	16. EMAIL ADDRESS

By signing and submitting this form, **I CERTIFY** (1) that the information provided on this certification is true, complete and correct to the best of my knowledge and belief, (2) that I am an authorized official of the Training Provider listed in box 14 and (3) I have submitted and kept on file official documentation to substantiate the certifications made on this form.

21. CERTIFYING OFFICIALS SIGNATURE	22. DATE (MM/DD/YYYY)
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TRAINING PROVIDER CERTIFICATION OF CONTINUED EMPLOYMENT OR FURTHER
EDUCATIONAL PURSUIT

SECTION I - VETERAN IDENTIFYING INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)	2. MAILING ADDRESS	3. EMAIL ADDRESS

ADDITIONAL REMARKS
(Use this space to provide additional information for SIDE 1 or 2 ITEM #4)