



Department of Veterans Affairs

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

**FOR VA USE ONLY**

VA FILE NUMBER	PAYEE
FACILITY CODE	TYPE TRAINING

**IMPORTANT**

Read the instructions carefully. You and 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. Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD.)

**INSTRUCTIONS TO TRAINEE**

ITEMS 1 AND 2 - Enter the number of hours worked for each month shown. (Include any hours of related training during working hours.)

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

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

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage. If you are receiving additional educational allowance for dependents, also use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. Then, give the form to your employer or an authorized official of your training establishment for verification.

CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print your new address in the remaining space. Be sure to include your ZIP Code.

**INSTRUCTIONS TO EMPLOYER**

NOTE - If an OJT trainee is receiving the journeyman wage, the trainee is no longer entitled to VA educational benefits. You must immediately notify VA. An apprenticeship trainee is not normally entitled to receive educational benefits after reaching the journeyman wage. However, there are some exceptions, such as training on a Davis-Bacon job, or a job in a geographic location that has a different wage scale. If you have any questions, call VA toll-free at 1-888-GI-BILL (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.

Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).

ITEMS 9A and 9B - Sign and date the form. Then, return it to the VA office shown above.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)	
		5. REASON FOR TERMINATION		
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 6B and 6C)	6B. RATE	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. SIGNATURE OF TRAINEE	8B. DATE SIGNED
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	9B. DATE SIGNED

FILE NUMBER: