On-The-Job & Apprenticeship Training Application Handbook

March 2014

A Guide for Employers and/or Trainees Seeking Approval of Their Training Program(s) for VA EducationBenefits

opi.mt.gov

PROVIDED BY:

OFFICE OF PUBLIC INSTRUCTION
VETERANS EDUCATION
MONTANA STATE APPROVING AGENCY

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Introduction

It may be possible for your employee to receive their "GI Bill" benefits while they are receiving training at your business. They could receive a monthly training allowance from the Department of Veteran's Affairs (DVA) for a full-time On-The-Job (OJT) or Apprenticeship (APP) Training program, if approved by the Montana State Approving Agency (SAA).

There are two functions involved when veterans, (and certain guardsmen/reservists, survivors/dependents) wish to utilize their educational benefits in On-the-Job or Apprenticeship Training Programs.

Department of Veterans Affairs (DVA)

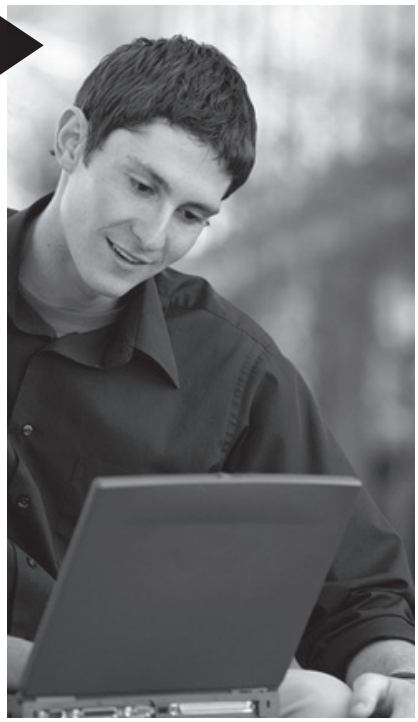
The DVA determines educational eligibility. The veteran needs to contact the DVA Education Office by calling the toll free number (888) 442-4551, through their Web site www.ebenifits.va.gov, or by contacting their local Veterans Service Officer for assistance.

- If the veteran is eligible, the veteran needs to discuss the program with the employer.
- The veteran applies to the DVA for their educational benefits.
- The employer will contact the SAA office for approval information.
- The DVA must concur with the SAA approval.
- The approved training facility can then enroll the veteran in the approved program.
  (Refer to procedures and instructions in this handout.)

Log on! See what's new ... Your Complete Source for Information on VA Education Benefit Programs

www.gibill.VA.gov

Official Web site of the Department
of Veterans Affairs Education Service
1-888-GI Bill-1
(1-888-442-4551)
Other benefits (1-800-827-1000)



State Approving Agency (SAA)

Shortly after the 1944 Bill of Rights was passed into law, Congress established the State Approving Agencies in 1947 to ensure that Veterans and eligible dependents can use the GI Bill educational entitlement in an approved educational program. Congress believed that the state's control of education and approval of its programs was the best avenue to safeguard both veterans, and educational institutions and training facilities. The primary function of the Montana SAA is to review and evaluate the appropriateness of each program relative to the state's standards and laws in addition to the DVA rules, regulations and other applicable laws and regulations; evaluate, and approve quality educational and training programs for veteran's benefits. Continuous supervision is required of approved programs.

Programs that can be approved include institutions of higher learning colleges and universities, non-degree institutions (vocational and technical schools), apprenticeship, and other on-the-job training programs and flight schools. There are over 140 programs currently approved in Montana for veteran's educational benefits.

If the employer is interested in utilizing the program or needs more information, contact the SAA at (406) 444-4122

- An SAA employee will contact the employer and explain the program.
- The SAA will make an on-site visit to assist the employer with the application.
- If training is approved, the SAA will mail the employer an approval packet containing: approval letter, approved application, copy of the certifying official form, training agreements, and monthly master form to record work records.
- The SAA office will notify the DVA of the approval and provide program information.

Montana State Approving Agency Mission

- Promote and safeguard quality education and training programs for veterans
- Ensure greater educational and training opportunities to meet the challenging needs of veterans; and
- Assist the VA in preventing fraud, waste and abuse in the administration of the GI Bill

Staff: **Veteran's Education**
(406) 444-4122/0691
Fax: (406) 444-1373

Website: www.opi.mt.gov/veteransed/index.html

Links:

GI Bill Web site:	http://www.gibill.va.gov
Air Force:	http://www.af.mil
VA:	http://wwwebenifits.va.gov
U.S. Veterans Resource Web site:	http://www.vetsresource.com
Marine Corps:	http://www.usmc.mil
Army:	http://www.army.mil
Coast Guard:	http://www.uscg.mil
Navy:	http://www.navy.mil

Know the Facts About OJT and Apprenticeship Training

- The training content of the program must be adequate to qualify the trainee for appointment to the job for which he or she is being trained.
- There is reasonable certainty that the job for which the training is provided will be available to the trainee at the end of the training period.
- The job is one in which progression and appointment to the next higher classification are based upon skills learned through organized training on the job and not just on such factors as length of service and normal turnover.
- The wages paid the trainee during the training period are not less than those paid to non-veteran trainees in a similar training position. The wages paid to a trainee at the start of training must be at least 50 percent of the wages paid to a fully trained worker. There must be at least one increase in wages during the training period. Not later than the last full month of training, the wages must be at least 85 percent of the wages paid to a fully trained employee. Immediately upon completion of training, the wage should be increased to the full amount of a trained worker's wage. The 85 percent regulation does not apply to local, state or federal governments.
- The job customarily requires a period of training of not less than six months and not more than two years of full-time training (On-the-Job Training). For apprenticeships the length of time can exceed two years for training.
- The length of the training period is not longer than that customarily required by the establishment and other establishments in the community to provide trainees with the required skills, technical information and other facts which the trainee will need to learn in order to become competent on the job for which they are being trained.
- Provision is made for related instruction for the individual veteran or eligible person who may need it.
- The establishment must have adequate space, equipment, instructional material, and instructor personnel to provide satisfactory training on the job.
- Adequate records are kept to show the progress made by the veteran or eligible person toward his or her job objective and available for review to representatives of the Veterans Administration and/or the State Approving Agency at their request.
- Appropriate credit will be given the trainee for previous training or experience, whether obtained in the military service or elsewhere. The beginning wage must be adjusted to the level to which credit for prior training and experience advances the trainee, and the training period will be reduced proportionately.
- A signed copy of the training agreement for each veteran or eligible person, including the approved training program and wage scale, must be provided by the employer to the trainee, the VA Regional Office, and the State Approving Agency. The employer retains a copy for their files.
- Upon completion of the training, the trainee will be given a certificate by the employer indicating the length, type of training provided, and that the trainee has completed the program of training satisfactorily.
- All records pertaining to the training program, including payroll records, are to be kept for a period of three years after completion of the training; and available to representatives of the State Approving Agency or Veterans Administration at their request.

Interested employers should contact state approving agency at (406) 444-4122.

Requirements for approval of an On-The-Job/Apprenticeship Training Program

- Must be entry level training for a specific job objective. Entry-level means that no previous experience or education is required for the position. For example, mechanic, carpenter, police officer, etc.
- Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be paid by a set salary schedule and not by commission. There must be at least one increase in wages during the length of the training period.
- Training position must be under direct or immediate supervision.
- The length of the OJT program must be at least six months, but not more than 24 months, unless it qualifies for approval as an apprenticeship program.
- The length of an apprenticeship program must be a minimum of 2,000 hours or two years.

Is the Trainee Eligible?

Veterans

- Must be less than 10 years from date of discharge from active duty for chapters 30, 32, 34, 35.
- Chapter 33 veterans who are eligible for benefits, can use them for OJT and Apprenticeship training up to 15 years after discharge from active duty.
- May be some exceptions from the above:
  - Dependents of veterans
  - Medical reasons
  - Delimiting date extension
  - Others

National Guard and Reservists

- Must have a total of six years obligation after October 1, 1990.
- Contact local Unit Administrator to determine eligibility.
- Obtain copy of DD 2384, DD 2384-1 or DA 4836 whichever is appropriate.

The trainee apply for benefits at www.gibill.va.gov to have the VA determine eligibility.

Receiving benefits under the "GI Bill" can be thought of as a two-step process. The first step is to have the program of education or training approved by the appropriate State Approving Agency. The second step is for the trainee to make application to the DVA for educational benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

Procedures for Application & Approval

1. Firms/businesses seeking approval for On-The-Job or Apprentice Training should contact the State Approving Agency at:

   Office of Public Instruction
   Veterans Education
   PO Box 202501
   Helena, Montana 59620-2501
   (406) 444-4122/0691

2. We will mail you the appropriate application materials. The application form varies depending on if your program is OJT, a DOL Registered apprenticeship program or a non-registered apprenticeship program.

3. Complete the application and return it to our office. (Please contact us with any questions.)

4. As a part of the approval process, a representative from the State Approving Agency must visit with each business before a program can be approved. It is possible for the State Approving Agency to backdate a program as much as 12 months, making it possible for a veteran to be paid benefits retroactively.

5. We will assist you to with:
   - The application form.
   - VA Form 22-8794 -*Designation of Certifying Officials
   - Other VA forms needed for the veteran to receive benefit. (22-1995, 22-1999,22-8864))

6. Once approved, your firm will receive an approval packet which will include:
   - Letter of approval
   - Copy of approved application

*Certifying Official

The Certifying Official is a representative of the training facility who is authorized to sign and submit VA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits.

Sample Application for Approval

The following "Sample Application Form" includes (*Guidelines) for completing the Application for Approval of an On-The-Job or Apprenticeship Training Program and uses the job objective of "Mechanic" as an example.

Montana
Office of Public Instruction
Denise Juneau, State Superintendent
opi.mt.gov

The information listed below must be completed and returned to this office at the above address to initiate the approval process.

Name of Company or Facility John Doe's Garage	(Area Code) Telephone 406-444-0000
Postal Address PO Box 999	City/State/ZIP Code Anytown, MT 59000
Physical Address 100 Main St.	City/State/ZIP Code Anytown, MT 59000
Training Program Manager/Company Training Officer John Doe	Title Owner
FAX Number 406- 123-4567	E-mail Address jdoe@yahoomail.com
Job Title of Training Objective Mechanic	

Description of Fully Trained Employee's Duties

Enter a brief description of the job description.

1. Normal Length of Training Program: __24_____ (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: $_____$18.37_____ Per Hour/Month/Year

3. Work Hours per Week (Normal): _____40_____
NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.

4. Recognized Holidays: (Check)

- ☒ New Years Day
- ☐ Presidents Day
- ☒ Labor Day
- ☐ Martin Luther King Day
- ☐ Independence Day
- ☐ Memorial Day
- ☒ Thanksgiving
- ☒ Christmas
- ☐ Other:_____

5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or the percentave of fully trained (Table B) the trainee shall receive for the duration of training. (Use appropriate number of blocks to equal length of program.)

   a. The starting rate shall be at least 50% of the base fuly trained rate.
   b. Wage increases will be regular and periodic.
   c. The final wage will be at least 85% of the fully trained wage.

   Note: Rules 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.

TABLE A	TABLE B
6 Months @ $ 12.75	_____ Months @ _____%
6 Months @ $ 14.50	_____ Months @ _____%
6 Months @ $ 12.50	_____ Months @ _____%
6 Months @ $ 16.79	_____ Months @ _____%
_____ Months @ $ _____	_____ Months @ _____%
_____ Months @ $ _____	_____ Months @ _____%
_____ Months @ $ _____	_____ Months @ _____%
_____ Months @ $ _____	_____ Months @ _____%

6. Scheduled vacation periods are as follows:
   - ❒ One week after 6 months
   - ☒ One week after 1 year
   - ❒ Other_____ (Specify)

7. I certify the following:

   a. The signed training agreement will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.

   b. A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.

   c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.

   d. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.

   e. This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than that customarily required to train a person to an average level of competency.

   f. I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.

   g. There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.

   h. I will notify the Montana State Approving Agency or the Department of Veteran Affairs of any **proposed change** in information listed in this application, including:
      - •Wage Schedule Changes
      - •Training Plan Adjustments
      - •Leave or Holiday Schedules

8. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) _100 Main St. Anytown MT._____.

9. The following supplemental related training is required to complete the program:

Name of Program or Location of Training	Assignment Hours
Electrical Repair Correspondence Cus	144

10. A listing of tasks or areas to be trained and approximate number of hours in each area. total hours should equate to 2000 hours per year for a normal 40-hour work week program.

A listing in similar format may be attached to this application. Write “see attachment” on first line if applicable.

Work Exerience Schedule

Task or Topic	Hours
Arc and Acetylene Welding	400
Diesel Engine repair and Main.	800
Electrical repair and Main.	275
Hydraulic repair and Main.	700
Equipment Maintenance	275
Power train repair and Main.	700
Removing & Replacing Parts	600
Safety procedures	50
Shop Procedures	200
TOTAL PROGRAM HOURS	4000

I agree to an initial and subsequent inspections and visitations by the Montana State Approving Agency and the Department of Veterans Affairs.

Signature of Company Official (Authorized to make above declarations)	Title	Date

Designation if Certifying Official(S)

VA Form 22-8794

This form provides to the DVA and the State Approving Agency, those signatures of the firms' officials that should be accepted on documents sent to the Department of Veterans Affairs and the State Approving Agency.

The Certifying Official is a representative of the training facility who is authorized to sign and submit DVA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits. Records must be kept showing:

- the work process (series of tasks an apprentice/trainee must perform to progress toward the training objective); and
- related training (organized and systematic form of instruction designed to provide an apprentice/trainee knowledge of the theoretical and technical subjects related to the trade - classroom study, correspondence course, and/or self-study).

Submit this form with the original application to the State Approving Agency.

This is a controlled form and is not included here. It will be provided by the Montana state approving agency. (contact: 406-444-4122/0691).

General Instructions (VA Form 22-8794)

1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.

2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

Specific Instructions

1. Item 1: Enter the complete name and address of the school or training establishment.

2. Item 2: Enter the certifying official's telephone number.

3. Item 3: Enter the certifying official's fax number.

4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.

5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks." Use space below if needed.

6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.

7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.

8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

The Training Agreement

The training agreement is an agreement between the employer and the veteran/guardsman. It indicates what the training will involve and what the salary will be for that period of time. For an apprenticeship training program has been registered with the State of Montana Department of Labor, a copy of the Standards and Agreement mustbe provided by the owner with the application.

If the training program is not registered with the State of Montana, VA Form 22-8864 (non-registered training agreement form) will be provided by the State Approving Agency. The VA Form 22-8864 is also used for on-the-job training programs.

The DVA requires a copy of the signed training agreement when the trainee applies for their educational benefits.

OMB Approved No. 2900-0342
Respondent Burden: 30 minutes

Department of Veterans Affairs

OTHER ON-THE-JOB TRAINING AND APPRENTICESHIP TRAINING AGREEMENT AND STANDARDS (TRAINING PROGRAMS OFFERED UNDER 38 U.S.C. 3677 AND 3678)

PART 1 – GENERAL INFORMATION

1. NAME AND ADDRESS OF ESTABLISHMENT ENTERING INTO TRAINING AGREEMENT	2. NAME AND ADDRESS OF TRAINEE ENTERING INTO TRAINING AGREEMENT

3. TRAINEES SOCIAL SECURITY NUMBER	4. TRAINEE'S VA FILE NUMBER	5. DATE OF BIRTH	6. TRAINEE'S JOB TITLE OR TRADE
	Same as SS		

7. LENGTH OF PROGRAM	8. CREDIT FOR PREVIOUS TRAINING/EXPERIENCE	9. LENGTH OF TIME REMAINING TO BE COMPLETED

10. DATE TRAINING BEGINS	11. LENGTH OF PROBATIONARY PERIOD	**FOR VA USE ONLY** ➔	12. FACILITY CODE	13. DOT CODE

PART II – TRAINING AGREEMENT

14. SPECIFIC QUALIFICATIONS FOR TRAINEES	15. NUMBER OF TRAINEES PER INSTRUCTOR OR NUMBER OF APPRENTICES TO JOURNEYWORKERS *(Ratio)*

16. WAGE PROGRESSION TOWARD THE JOURNEYWORKER WAGE

NOTE: Trainees who receive credit for previous experience shall be paid wage rate of the period to which such credit advances them

A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL	A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL
1ST		$ PER	6TH		$ PER
2ND		$ PER	7TH		$ PER
3RD		$ PER	8TH		$ PER
4TH		$ PER	9TH		$ PER
5TH		$ PER	10TH		$ PER

D. PRESENT FULLY TRAINED WAGE RATE OR JOURNEYWORKER WAGE RATE
$ PER

17A. WORK PROCESSES IN WHICH TRAINEE WILL RECEIVE INSTRUCTION OR WILL BE TRAINED *(List the various operations or tasks to be learned with a brief narrative description and the length of time devoted to each. If additional space is required, please continue on a separate sheet)*	17B. NUMBER OF HOURS OF TRAINING
TOTAL ➔	

18A. COURSE CURRICULUM UNITS, OR TRAINING OUTSIDE THE JOB NECESSARY FOR THIS TRADE *(If required)*	18B. LOCATION OF RELATED TRAINING/INSTRUCTION

The Establishment and the Trainee enter into this agreement in conformity with the Training Standards shown on the reverse side of this form which have been approved by the Department of Veterans Affairs. Carefully read these standards before signing below.

19. SIGNATURE OF TRAINEE	20. SIGNATURE AND TITLE OF ESTABLISHMENT DESIGNEE

The signing of this agreement binds the parties to compliance with the Agreement and Training/Apprenticeship Standards

VA FORM **22-8864** SUPERSEDES VA FORM 22-8864, AUG 1998
MAR 2004 WHICH WILL NOT BE USED.

OTHER ON-THE-JOB TRAINING STANDARD

I. HOURS AND SUPERVISION – The trainee shall work the same hours as the instructor and shall work under the supervision of the instructor at all times.

II. SAFETY AND HEALTH TRAINING – The VA trainee will receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The establishment shall also ensure that the trainee is trained in facilities and other environments that are safe and healthful.

III. ADMINISTRATIVE PROCEDURES – The following shall be the responsibility of the participating establishment:

- A. To see that all VA trainees are covered by written agreement.
- B. To notify the VA Regional Processing Office in writing of any interruption or termination of training by each VA trainee.
- C. To maintain a record of each VA trainee showing his/her experience and progress in learning the occupation until 3 years after completion of the training program.

IV. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964 – The establishment agrees to comply with the provisions of Title VI, Civil Rights Acts of 1964.

V. COMPLIANCE WITH TRAINING STANDARDS – These standards, as approved by VA, become a part of the Training Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards.
The employer will provide every VA trainee entering into an Other On-the_Job Training Agreement with a copy of the Agreement with these Standards. The employer will send two copies of the completed Agreement to VA. The terms of this training agreement are in compliance with the requirements of section 21.4262, Title 38, Code of Federal Regulations.

APPRENTICESHIP TRAINING STANDARDS

I. DEFINITION AND TERM OF APPRENTICESHIP – The term "apprentice" shall mean a person at least __ years of age who is employed to learn a skilled trade pursuant to the terms of a written Apprenticeship Agreement with the establishment. The Agreement will provide for (a) not less than __ years of reasonably continuous employment, (b) participation of the apprentice in an approved schedule of work experience through employment, and (c) at least the number or hours per year of supplemental instruction in subjects related to the trade specified by the U.S. DOL (Department of Labor). (The DOL usually requires at least 144 hours per year.)

II. QUALIFICATIONS OF APPRENTICESHIP APPLICANTS – VA apprenticeship applicants for this trade shall be between the ages of __ and __ and should be, if possible, high school graduates or the equivalent and be able to meet the requirements of the trade.

III. PROBATIONARY PERIOD – All apprentices employed in accordance with these standards shall be subject to a probationary period not exceeding the first ___ of the term of apprenticeship. During this period, the Apprenticeship Agreement may be terminated at the request of either party to the Agreement.

IV. HOURS AND SUPERVISION – The apprentice shall work the same hours as the journeyworker and shall work under the supervision of the journeyworker at all times.

V. WAGE PROGRESSION – This standard must include a uniform, progressive schedule of wages.

VI. RELATED SCHOOL INSTRUCTION

- A. Each apprentice shall enroll in and attend classes in subjects related to this trade for not less than the number of hours yearly specified by the U.S. DOL during the term of apprenticeship. Apprentice related training should be arranged through local education agencies, the Community College system, or private vocational schools. If institutional training is not available locally, such related training may be given by a course applicable to the trade taken through correspondence (or other forms of self-study approved by the registration/approval agency), or an individualized instruction program of classroom training in the training establishment will be substituted.
- B. Failure on the part of the apprentice to regularly attend classes and/or progress satisfactorily in approved related training will be deemed sufficient cause to drop the apprentice from the entire training program.
- C. Trade journals, manuals, books, publications, etc., applicable to the trade may be used in supervised training.
- D. The minimum number of related training hours per year are not classified as hours of employment unless given during regular working hours for which wages are paid.
- E. Curriculum Content is described in Items 18A and 18B of the Apprenticeship Agreement.

VII. SAFETY AND HEALTH TRAINING – The apprentice shall receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities.

VIII. ADMINISTRATIVE PROCEDURES – The following shall be the responsibility of the participating establishment:

- A. To see that all apprentices are covered by a written agreement.
- B. To notify the VA Regional Office in writing of any interruption or termination of training by each apprentice.
- C. To maintain a record of each apprentice showing his or her experience and progress in learning the occupation until 3 years after completion of the training program.

IX. GRANTING CERTIFICATE OF COMPLETION OF APPRENTICESHIP – After satisfactory completion of apprenticeship under these standards, each apprentice shall be furnished with a Certificate of Completion of Apprenticeship.

X. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964 – The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.

XI. COMPLIANCE WITH APPRENTICESHIP STANDARDS – These standards, as approved by VA, are made a part of the Apprenticeship Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards.
OTHER INFORMATION – Every apprentice entering into an Apprenticeship Training Agreement will be given a copy of these standards. Two copies will be forwarded to VA. The terms of this training agreement are in compliance with the requirements of section 21.4261, Title 38, Code of Federal Regulations.

Education Liaison Representative	***Date Signed***

VA FORM **22-8864** SUPERSEDES VA FORM 22-8864, AUG 1998
MAR 2004 WHICH WILL NOT BE USED.

Work Records

Work records are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. Work records must be maintained for at least three years after termination of training.

Compliance of DVA regulations relating to progress is met through the maintenance of these records. Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.

The monthly work records are kept on file at the firm.

Sample Monthly Work Record

Firm Name: John Doe's Garage
Address: Main Street, Anytown, Montana 59000
Trainee: Vincent V. Veteran
Effective Date: 6/1/02
Job Objective: Mechanic
Regular Work Week 40

	Training Schedule	Hours Assigned	This Month	Previous Total	Total To Date
A	Arc and Acetylene Welding	400	10	50	60
B	Diesel Engine Repair and Maintenance	800	29	100	129
C	Electronic Repair and Maintenance	275	12	25	37
D	Hydraulic Repair and Maintenance	700	49	100	149
E	Maintenance of Equipment	275	8	25	33
F	Power Train Repair and Maintenance	700	49	100	149
G	Removing and Replacing Parts	600	11	100	111
H	Safety Procedures	50	4	1	5
I	Shop Procedures	200	4	15	19
J					
K					
L					
M					

Supervisor's Signature John Q. Doe
Month June
Year 2000

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
TOTAL FOR MONTH																	

At this point , the veteran's application for benefits step one is complete. Theoretically, the firm and their program are approved. Now the trainee should apply for their benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

The veteran should go to www.GIBill.va.gov, and enter "Apply for Benefits". There the veteran will apply using the Veterans On Line Application" (VONAPP).

VA Form 22-1995

If the trainee is changing his/her educational or training programs (from apprenticeship to a degree program at a university, for example) then the changes should be accomplished on-line. You can find this form on-line at www.gibill.va.gov or at www.ebenifits.va.gov under vonapp/forms.

OMB Control No. 2900-0074
Respondent Burden: 20 minutes

Department of Veterans Affairs

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT *(First, Middle, Last)*

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

1B. MAILING ADDRESS *(Complete street address, City, State, and 9-digit ZIP Code)*

1C. APPLICANT'S TELEPHONE NUMBER *(Including Area Code)*

DAY	EVENING

1D. VA FILE NUMBER

1E. APPLICANT'S E-MAIL ADDRESS

1F. SOCIAL SECURITY OF APPLICANT *(For transferability cases, enter the veteran's social security number)*

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE *(Only Select One)*

A. ☐ CHAPTER 33 *(Post-9/11 GI BILL)*
B. ☐ CHAPTER 30 *(Montgomery GI Bill - Active Duty)*
C. ☐ CHAPTER 32 *(Veterans Educational Assistance Program including section 903)*
D. ☐ CHAPTER 1606 *(Montgomery GI Bill-Selected Reserve)*
E. ☐ CHAPTER 1607 *(Reserve Educational Assistance Program)*
F. ☐ TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. ☐ SCHOOL ATTENDANCE
B. ☐ CORRESPONDENCE
C. ☐ APPRENTICESHIP OR ON-THE-JOB TRAINING
D. ☐ COOPERATIVE TRAINING
E. ☐ TUITION ASSISTANCE TOP-UP *(Active Duty Only)*
F. ☐ FLIGHT TRAINING
G. ☐ LICENSING & CERTIFICATION TEST
H. ☐ NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?

4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND *(If applicable)*

4D. NAME AND COMPLETE ADDRESS OF **OLD** OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT

4E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION *(Complete this item only if you wish to start direct deposit or your direct deposit information has changed.)*
Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.

A. TYPE OF ACCOUNT
☐ CHECKING ☐ SAVINGS

B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

PART IV - MISCELLANEOUS INFORMATION

6. INFORMATION ON DEPENDENTS ***(COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977****(or had a delayed entry before January 2, 1978)* ***AND YOU CURRENTLY HAVE DEPENDENTS.)***

QUESTIONS	YES (✓)	NO (✓)
A. ARE YOU CURRENTLY MARRIED?		
B. DO YOU HAVE ANY CHILDREN WHO ARE :		
(1) UNDER AGE 18 OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?		
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for ***each period*** of active service. *(Don't report Active Duty for Training.)*

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? *(If yes send in copies of your orders)*		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). *(ATTACH COPIES OF ANY ORDERS)*
		YES (✓)	NO (✓)		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? ***(Answer only if you are a Federal Government employee)***

☐ YES ☐ NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." *(Answer only if you are on Active Duty)*

☐ YES ☐ NO

10. REMARKS

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)	11B. DATE SIGNED
SIGN HERE IN INK ▶	

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- you're **changing schools,**
- you're **changing your educational, professional, vocational goal,**
- you **left your program due to unsatisfactory attendance, progress, or conduct;** and you're now **reentering the same program, or**
- you were **receiving** VA education benefits**as a veteran** and now wish to receive benefits while **on active military duty.**

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by **"goals":**

- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
- Professional goal: lawyer physician, teacher, physical therapist, medical technologist, medical records librarian
- Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse.

Items #6: Provide your dependents information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

Items #11A and 11B: Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 12A and 12B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: **www.gibill.va.gov**. Click on Ask a Question and Find Answers. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired, call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address: Determine the correct office from the list below.
Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.
Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for education assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list below.
Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools
Central Region: VA Regional Office P.O. Box 66830 St. Louis, MO 63166-6830			
Serves the following states			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY
Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	Philippines
TX	UT	WA	

Southern Region: VA Regional Office P.O. Box 100022 Decatur, GA 30031-7022			
Serves the following states			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

PRIVACY ACT NOTICE: The 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, section 1.526 for routine uses (e.g. 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) for the VA to obtain further information as may be necessary from the school for the 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, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

VA Form 22-1999—Enrollment Certification

VA makes payment to the trainee based on the information you enter on this form. The employer must complete a VA form 22-1999 for each trainee.

If you are reporting retroactive hours worked, both the certifying official and the trainee need to sign and date the information included in item 11.

Complete side B of the form only. Do not complete side A. The from needs to complete items 1-7, 10A, 10C, 10D, 12A, 12B, 12C, 12D, and 12E. The certifying official needs to complete items 1-7, 10A-D, and 12A-E.

These forms are controlled forms and will be provided to you at the time of your approval.

These forms should be included with the application. The State Approving Agency will send this form to the DVA with the approval document.

Monthly Certification Form

The veteran will receive VA form 22-6553d-1 each month, after they have applied to the Department of Veterans Affairs for their On-The-Job/Apprenticeship Training benefits.

At the end of the month, the trainee should bring this form to the certifying official to be signed. The trainee also signs the form and then the form should be mailed it to the Department of Veterans Affairs (use the envelope which is provided). If this form is not submitted, the educational benefit payments will be interrupted.

We advise the firm not to sign this form until the monthly work record is received from the trainee and placed on file at the firm.

If the trainee does not receive this form, hours worked my be reported on company letterhead.
(See sample letter).

OMB Approved No. 2900-0178
Respondent Burden: 10 Minutes

DVA REGIONAL OFFICE
PO BOX 66830
ST LOUIS, MO 63166-6830
OR
FAX 314-552-9707

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

DO NOT Complete, date, or sign before the last date of period to be certified.

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. If form is destroyed or lost ask VA for another form.

INSTRUCTIONS TO TRAINEE

ITEMS 1 AND 2 - Enter the number of hours worked for each month 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 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 (when you first received this wage rate) of that 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 the VA. An apprenticeship trainee is not normally entitled to received educational benefits after reaching the journeyman wage either; 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 (1-888-442-4551).** If you are hearing impaired, call us toll-free at **1-800-829-4833.**

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

Also use Item 7 if the trainee's conduct or progress is unsatisfactory.

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? ☐ YES ☐ 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? ☐ YES ☐ NO (If "No," complete Items 6B and 6C)	6B. RATE	6C. EFFECTIVE DATE

FILE NUMBER:

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
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	9B. DATE SIGNED

VA FORM NOV 2002 **22-6553d-1**

EXISTING STOCKS OF VA FORM 22-6553d-1, OCT 1999, WILL BE USED.

Letterhead Stationery

The sample letter below can be used to certify the hours worked when the trainee is applying for their benefits or at any-time during the program to certify hours worked.

JOHN DOE'S GARAGE
Main Street
Anytown, Montana 59000
(406) 123-4567

Date: May 6, 2012
Name: Vincent Veteran
SS#: 123-45-6789
Job Title: Mechanic

Dear Sirs:

This is to certify the hours of On-The-Job or Apprenticeship Training at our firm for Mechanic, which have been completed for the following months:

March	2002	184 hours
April	2002	164 hours
May	2002	168 hours

John M. Doe *Vincent V. Veteran* 6-2-2012
Employer Employee Date

The Definition of a Veteran

A VETERAN is not an outsider to our business ... he/she's our reason for existence.

A VETERAN is not an interruption of our work ... he/she's the purpose for it. We are not doing him a favor - he's doing us a favor by letting us serve him.

A VETERAN is not a cold statistic ... he/she's a flesh-and-blood human being with feelings and emotions like our own.

A VETERAN is not someone to argue or match wits with ... he/she deserves courteous, attentive and sympathetic treatment.

A VETERAN is not dependent on us ... we are dependent on him.

A VETERAN is there to be served, not just tolerated ...
it is our job to handle him/her properly - both for his/her sake and for our own.

A VETERAN makes it possible that our salaries get paid ... whether we are a Clerk, Financial Aid Officer, Certifying Official, Veterans Benefits Counselor, Education Compliance Survey Specialist, Registrar, Education Liaison Representative, School Officer, or County Veterans Services Officer.

—Anonymous

STATE APPROVING AGENCY

Montana Office of Public Instruction
Denise Juneau, Superintendent
PO Box 202501
Helena, MT 59620-2501

Contact:
Veterans Education
(406) 444-4122
Fax: (406) 444-1373
www.opi.mt.gov/veteransed/

Montana
Office of Public Instruction
Denise Juneau, State Superintendent
opi.mt.gov

The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services. For Information or file a complaint, contact Tom Antonick, OPI Title IX/EEO Coordinator at (406) 444-3161 or tantonick@mt.gov.