

REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER
 (See RPO listing on reverse)

ST Louis Regional Office
 RPO 331



Department of Veterans Affairs

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

VA FILE NUMBER

PAYEE

Apprentice

TRAINEE'S NAME AND ADDRESS

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. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.

INSTRUCTIONS TO TRAINEE

ITEMS 1 AND 2 - Enter the number of hours worked for each month/year shown (include any hours of related training given during working hours). Do **NOT** include overtime 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 rate. Also, if you are receiving additional educational allowance for dependents use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. After signing and dating the form give it to your employer/certifying official 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 or type your new address in the remaining space. Be sure to include your ZIP Code.

INSTRUCTIONS TO EMPLOYER/CERTIFYING OFFICIAL

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 and return it to the VA office shown above.

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 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?	4. DATE TERMINATED (Month, day, year)	
		<input checked="" type="checkbox"/> YES		
		<input type="checkbox"/> NO (If "No," complete Items 4 and 5)		
5. REASON FOR TERMINATION				
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
		<input checked="" type="checkbox"/> YES		
		<input type="checkbox"/> NO (If "No," complete Items 6B and 6C)		
7. REMARKS				
<input checked="" type="checkbox"/> 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 (Please sign in ink) VETERAN SIGNATURE NO LONGER REQUIRED DUE TO VALOR ACT			8B. DATE SIGNED	
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL (Please sign in ink)		9B. FACILITY CODE 30589913	9C. DATE SIGNED	

FILE NUMBER: