



Department of Veterans Affairs

MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

VA FILE NUMBER

PAYEE

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

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).

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 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 type="checkbox"/> YES			
		<input type="checkbox"/> NO (If "No," complete Items 6B and 6C)			
7. REMARKS					
<input 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)			8B. DATE SIGNED		
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL (Please sign in ink)		9B. FACILITY CODE	9C. DATE SIGNED		

FILE NUMBER:

Which VA Office Handles Your Education Claim?

There are four regional education processing offices that handle claims for the entire country, which we have divided into regions. The map below shows the states in each region. Find the state where you'll be attending school or job training. You should **mail** inquiries or claims for education benefits to the processing office for that region.



CENTRAL REGION:

VA Regional Office
PO Box 66830
St. Louis, MO 63166-6830

Central Region serves the following states:

Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, West Virginia, Wisconsin, and Wyoming

WESTERN REGION:

VA Regional Office
PO Box 8888
Muskogee, OK 74402-8888

Western Region serves the following states:

Alaska, Alabama, Arkansas, Arizona, California, Florida, Hawaii, Idaho, Louisiana, Mississippi, New Mexico, Nevada, Oklahoma, Oregon, South Carolina, Texas, Utah, Washington, Philippines, Guam and APO/FPO AP

EASTERN REGION:

VA Regional Office
PO Box 4616
Buffalo, NY 14240-4616

Eastern Region serves the following states:

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, and Foreign Schools

SOUTHERN REGION:

VA Regional Office
PO Box 10022
Decatur, GA 30031-7022

Southern Region serves the following states:

Georgia, North Carolina, Puerto Rico, United States Virgin Islands and APO/FPO AA

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 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 VA to obtain 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is "required to obtain or retain benefits." VA cannot determine your eligibility for further educational benefits and the proper rate payable without your completing this information. While you are not required to respond, we cannot pay you any further education benefits until we receive this information. Your responses are confidential (38 U.S.C. 5701). The information you send may be verified through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility to benefits under this program and, if applicable, the amount due. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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.reginfo.gov/public/do/PRAMain. 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. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD)).