

## Section 7

### VA FORM COMPLETION: Employer/Veteran

#### **VA Form 22-8794, Designation of Certifying Official Form**

(Complete for a change of certifying officials)

#### **VA Form 22-1999, Enrollment Certification**

(Complete for every veteran/dependent in training,  
who wants to use VA educational benefits)

#### **VA Form 22-6553d: Monthly Verification of Hours Worked**

(Complete Monthly and Attach to Monthly Training Record)

#### **Sample Letter: Monthly Verification of Hours Worked**

(Complete as Substitute for VA Form 22-6553d)

(Sample forms provided where possible)

**VA FORMS INSTRUCTION**  
**Designation of Certifying Officials: VA Form 22-8794**

<b>BLOCK NUMBER</b>	<b>GENERAL INFORMATION</b>
<b>Blocks 1 through 4</b>	Provide requested information
<b>Block 5A</b>	Provide name, title and signature for those persons, Veteran's Supervisor/Sponsor's Designee, who will be signing the VA documents (It is suggested that at least two persons are identified in this block.)
<b>Block 5B</b>	Provide if will use a facsimile signature
<b>Block 5C</b>	Leave blank
<b>Blocks 7 and 8</b>	Provide requested information

NOTE: Include the information for each person who will be signing the VA paperwork even if indicated on a previous form.

VA form 22-8794 must be obtained from either the VA or the State Approving Agency

**VA FORMS COMPLETION**  
**Enrollment Certification: VA Form 22-1999**

When a veteran is ready to start training, complete this form along with the verification of hours worked. Complete only the following blocks:

<b>BLOCK NAME</b>	<b>GENERAL INFORMATION</b>
<b>Name of Student</b>	Veteran or dependent's name
<b>VA File No.</b>	If a <b>Veteran</b> , use his/her VA file number which is usually the social security number (SSN). If a <b>dependent</b> , use the veteran's social security number if the file number is not available.
<b>Current Address of Student</b>	Current Address of Student
<b>Social Security Number of Apprentice/Trainee</b>	Use this block for the dependent's social security number
<b>Type of Training</b>	Check "Apprenticeship or Other on-the-job Training"
<b>Name of Program</b>	Put the name of the Apprenticeship or OJT exactly as listed on the NCDOL approval. Ex: Painter, electrician, plumber, correctional officer, etc.
<b>Credit for Previous Training</b>	If the veteran/dependent has had training in the Apprenticeship/OJT field, the credit must be evaluated. The company chooses whether or not to award credit. <b>There must be a response in this block.</b> If there is <u>no prior training</u> and no credit awarded, then <u>put "None."</u> If <u>credit is awarded</u> , then <u>put the number of clock hours</u> that the veteran/dependent is given.
	<b>REGISTERED APPRENTICESHIP/VA ON-THE-JOB TRAINING</b>
<b>Must be submitted with this form.</b>	<ul style="list-style-type: none"> <li>• <u>For Registered Apprenticeships and OJT</u>, include copy of signed <b>Apprenticeship or VA On-the-Job Training Standards, Training Program Request Form, Work Process Schedule, Related Instruction Outline, Wage Scale and Apprenticeship Agreement.</b></li> <li>• Include <b>number of hours worked by month</b> to date either in Item 11 under "Remarks" or as an attachment. If an attachment, should be on company letterhead and signed by company certifying official</li> </ul>
<b>Training Dates</b>	Put the start and end dates. Put the full length of the training, e.g. 6/1/04 (start date) to 6/1/07 (end date).
<b>Type of Training</b>	Check the type of training
<b>Number of Hours Trainee is Employed Per Week</b>	Number of hours per week
<b>Number of Hours in Standard work week</b>	Number of hours in standard work week
<b>Certifications</b>	Signature and Training Facility Information: Complete each block.

**Keep a copy of VA Form 22-1999 and the accompanying information in the trainee's file.**

**VA form 22-1999 must be obtained from either the VA or the State Approving Agency.**

U.S. Department of Veterans' Affairs  
Atlanta Regional Processing Office  
(RPO)  
P. O. Box 100027  
Decatur, GA 30031-7027

Vincent V. Veteran  
119 Any Street  
Raleigh, NC 27526



Department of Veterans Affairs

MONTHLY CERTIFICATION OF ON-THE-JOB  
AND APPRENTICESHIP TRAINING

FOR VA USE ONLY

VA FILE NUMBER	PAYEE
123-45-6789	00

FACILITY CODE	TYPE TRAINING
20-2376-41	OJT - CHAP 30

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 March, 2006 April, 2006 May, 2006	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)	
	176	5. REASON FOR TERMINATION		
	220			
	196			
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" 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 <i>Vincent V. Veteran</i>	8B. DATE <i>June 1, 2006</i>
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>John Z. Doe, Owner</i>	9B. DATE SIGNED <i>June 1, 2006</i>

FILE NUMBER:

**Sample  
(Company Letterhead)**

**Monthly Verification of Hours Worked**

Date

Company Name  
Address  
City, State, Zip  
Facility Code: (if available)

VA Regional Office  
P. O. Box 100027  
Attn: Hard Copy  
Decatur, GA 30031-7027

RE:        Name of veteran or dependent  
            VA Claim Number/Veteran SSN  
            Address of Veteran or Dependent

Dear Sir:

Please accept this letter as the monthly certification of hours worked for John Doe in Apprenticeship/On-the-job training.

I hereby certify that the following statements are true and correct to the best of my knowledge and belief. Each month contains hours from the first day of the month through the last day of the month.

November, 2006—	169 Hours
December, 2006—	155 Hours
January, 2007—	168 Hours
February, 2007—	160 Hours
March, 2007—	165 Hours

The apprentice/trainee was enrolled in and pursuing the approved program for the month indicated.

The wage is in accordance with the training agreement.

If you have any questions, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Signature of Apprentice/Trainee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed