

REGIONAL PROCESSING OFFICE (RPO) NAME AND ADDRESS OR FAX NUMBER <i>(See RPO listing on reverse)</i>	Department of Veterans Affairs		
MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">VA FILE NUMBER</td> <td style="width:50%;">PAYEE</td> </tr> </table>	VA FILE NUMBER	PAYEE
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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 EMPLOYEE/CERTIFYING OFFICIAL

ITEMS 1 AND 2 - Enter the number of hours trained 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 trainee has attained the complete job skills for their job (a "journeyman" knowledge and skills), show this information in Item 5.

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

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage rate. Also, if trainee are receiving additional educational allowance for dependents use this item to report any change in the number of the trainee's dependents.

CHANGE OF ADDRESS - If the trainee is changing their 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 the ZIP Code.

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 8A and 8B - 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 <i>(Month, day, year)</i>
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>	
		5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>	6C. EFFECTIVE DATE

7. REMARKS

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

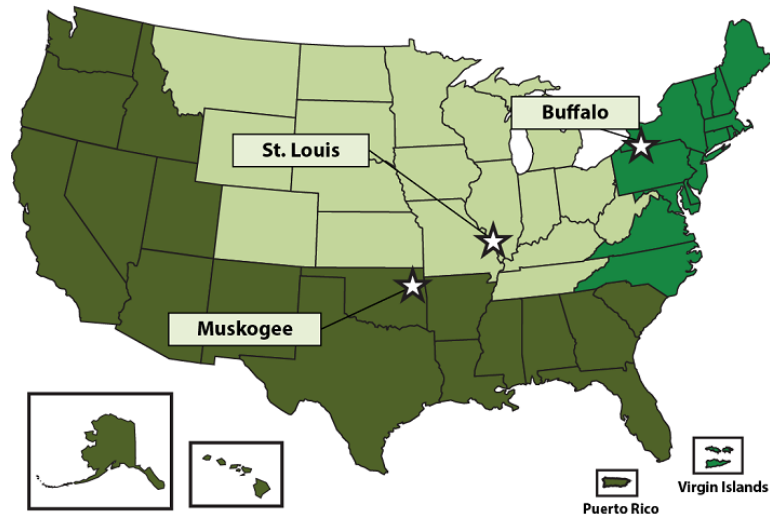
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>(Sign in ink)</i>	8B. DATE SIGNED
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FILE NUMBER:

Which VA Office Handles Your Education Claim?

There are three 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.



Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616			
SERVES THE FOLLOWING STATES			
CT	DE	DC	MA
MD	ME	NC	NH
NJ	NY	PA	RI
VA	VT	US Virgin Islands	Foreign Schools
APO/FPO AA			

Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888			
SERVES THE FOLLOWING STATES			
AK	AL	AR	AZ
CA	FL	GA	HI
ID	LA	MS	NM
NV	OK	OR	PR
SC	TX	UT	WA
Guam	Philippines	APO/FPO AP	

Central Region: VA Regional Office P. O. Box 32432 St. Louis, MO 63132-0832			
SERVES THE FOLLOWING STATES			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		