OMB Approved No. 2900-0178 Respondent Burden: 10 Minutes Expiration Date: 12/31/2024

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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 a change in the wage rate. Also, if the trainee is receiving additional educational allowance for dependents, use this item to report any change in the number of the trainee's dependents. Also use Item 7 if the Itrainee's conduct or progress is unsatisfactory. ITEMS 8A and 8B - Certifying Official's printed name and date. Return form to VA office address indicated on the back of form. 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 A. DATE TERMINATED (Month, day, year)	"journeyman" knowledge and skills), show this in ITEMS 6A, 6B, AND 6C - Check the appropriate wage rate and the effective date of that wage rat ITEM 7 - Use Item 7, Remarks, to show any add for dependents, use this item to report any chang ITEMS 8A and 8B - Certifying Official's printed nat 1-888-GI Bill (1-888-442-4551). 1. MONTH(S)/YEAR TO BE CERTIFIED T	nformation in Item 5. be box. If trainee received a wage is the (when trainee first received this ditional information concerning a cage in the number of the trainee's name and date. Return form to V 2. NUMBER OF HOURS TRAINED FOR EACH MONTH SHOWN IN ITEM 1	increase (or decrease) not in accordance with the swage rate). change in the wage rate. Also, if the trainee is redependents. Also use Item 7 if the trainee's cont/A office address indicated on the back of form. 3. WAS TRAINEE PURSING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? YES NO (If "No," complete Items 4 and 5)	heir training agreer eceiving additional nduct or progress If you have any q	ment, show the new educational allowance is unsatisfactory. uestions, call VA toll-free
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for dependents, use this item to report any change in the number of the trainee's dependents. Also use Item 7 if the trainee's conduct or progress is unsatisfactory. ITEMS 8A and 8B - Certifying Official's printed name and date. Return form to VA office address indicated on the back of form. If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551). 2. NUMBER OF HOURS TRAINED FOR EACH MONTH SHOWN IN ITEM 1 3. WAS TRAINEE PURSING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? YES NO (If "No," complete Items 4 and 5) 5. REASON FOR TERMINATION 6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? YES NO (If "No," complete Items 6B and 6C) 6C. EFFECTIVE DATE	for dependents, use this item to report any chang ITEMS 8A and 8B - Certifying Official's printed n at 1-888-GI Bill (1-888-442-4551). 1. MONTH(S)/YEAR TO BE CERTIFIED T	ge in the number of the trainee's name and date. Return form to V 2. NUMBER OF HOURS RAINED FOR EACH MONTH SHOWN IN ITEM 1	dependents. Also use Item 7 if the trainee's cor /A office address indicated on the back of form. 3. WAS TRAINEE PURSING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? YES NO (If "No," complete Items 4 and 5)	If you have any q	is unsatisfactory. uestions, call VA toll-free
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5. REASON FOR TERMINATION 6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? YES NO (If "No," complete Items 6B and 6C)	Z. DEMARKO		<u> </u>		
WITH TRAINING AGREEMENT? YES NO (If "No," complete Items 6B and 6C)	7. DEMARKO		J. REAGONT OR TERMINATION	•	
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NO (If "No," complete Items 6B and 6C)	7. DEMARKO			6B. RATE	6C. EFFECTIVE DATE
	Z DEMADICO				
	7. REMARKS		(If No, complete items ob and oc)		
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☐ I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.			esult in fines or imprisonment or both.	AR DATE SIGNE	ED
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.		.0 0.1.10.11		OB. DATE GIONE	
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both. A. PRINTED NAME AND TITLE OF CERTIFYING OFFICIAL 8B. DATE SIGNED	. SIGNATURE OF CERTIFYING OFFICIAL (Sig	çn in ink)			
PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.	PRIVACY ACT: VA will not disclose information co	II		v Act of 1974 or Titl	e 38. Code of Federal

until we receive the information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs

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 it will take 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 http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-800-442-4551) 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.))

Please send the completed form to the Regional Processing Office that handles claims for the state in which your training facility is located.

	<u>Eastern Region:</u> VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616										
			SER\	ES THE FOLL	OWING STATI	ES					
СО	СТ	DC	DE	IA	IL	IN	KS	KY	MA		
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH		
NJ	NY	ОН	PA	RI	SD	TN	VA	VT	WI		
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			Μι	Western f VA Region P.O. Bos Iskogee, OK	al Office < 8888	3				
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MS	NM	NV	OK	OR	PR	SC	TX	UT	WA	
,	APO/FPO AP			GUAM			PHILIPPINES			