

Veterans Education and Training

On-the-Job Training and Apprenticeship Certifying Officials' Handbook



South Carolina State Approving Agency
1333 Main Street, Suite 200
Columbia, SC 29201
803-737-2330
www.che.sc.gov

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Introduction

The Veterans Education and Training Section functions as the **South Carolina State Approving Agency (SAA)**. This state entity acts on behalf of the Federal Government to evaluate educational/vocational institutions and training establishments where veterans and dependents eligible for VA educational benefits (under Title 38, United States Code, Chapters 30, 32, 35, and 36, and Title 10 US Code, Chapter 1606) can achieve either an educational, a professional, or a vocational objective.

The primary responsibility and focus of the State Approving Agency is the review, evaluation and approval of quality programs of education and training under both State and Federal criteria. SAA Coordinators visit institutions/establishments seeking approval to review the appropriateness of each program within state laws and standards in addition to Federal Veterans Affairs laws and regulations, as well as any other applicable guidelines.

Coordinators evaluate curricula, training programs, student or training records, job placement, physical facilities and equipment, as well as faculty/trainers, administration, and standards governing progression in the academic or training programs.

Programs are either approved or disapproved. If approved, SAA provides continuous oversight by conducting annual on-site supervisory visits to approved institutions/establishments. The agency also provides technical assistance to all interested parties and conducts outreach activities to foster usage of the GI Bill.

Requirements for Approval of On-the-Job Training (OJT) Programs

1. The On-the-job training (OJT) position requires a training period of not less than 6 months and not more than 2 years of full-time training.
2. The training establishment designates a certifying official (using VA Form 22-8794).
3. Training establishment provides a training outline. The training outline consists of the job title, DOT code (provided by SAA), and the length of the training program. The narrative of the training outline is divided into specific training items and identifies the length of time needed to train on each item. Combined training time for the listed items must equal the length of training determined for the program. The training outline will be used by the veteran to complete the Attendance and Progress Report (included in the Enrollment Packet).

NOTE: Sample Approval Packet is at Appendix 1.

4. The job is one in which progression is based upon skills learned through training and not on such factors as length of service and normal turnover.
5. The wages paid are not less than wages paid non-veterans in the same position with equal experience. The beginning wage is at least 50% of the completion wage.
6. The wages are increased in regular periodic increments until not later than the last full month of training at which time they will be at least 85% of the completion wage.
7. There is reasonable certainty that the job for which the veteran is trained will be available at the completion of training.
8. Upon enrollment of a veteran in this program, a copy of the appropriate training agreement signed by the veteran and an authorized official of the firm will be furnished to the veteran, the State Approving Agency, and the U.S. Dept. of Veterans Affairs.

NOTE: An Enrollment Packet with instructions for completion is provided to the veteran. Assistance in completing the packet is available upon request. The veteran is responsible for obtaining the necessary signatures from the Certifying Official.

9. A certificate documenting the satisfactory completion of training will be furnished by the SAA.

Requirements for Approval of Apprenticeship Programs

1. The standards of apprenticeship published by the Secretary of Labor pursuant to 29 U.S.C. 50a.

NOTE: See Appendix 1 for Sample Approval Packet.

2. A signed copy of the training agreement for each veteran or eligible person making reference to the training program and wage schedule as approved by the State Approving Agency.
3. Provisions will be made for related instruction (to include safety training) for veterans who may need it (144 hours/year recommended for Apprenticeship).
4. The specified length of training shall include a Probationary Period, in the beginning of the training, which will be a specified number of months.
5. The ratio of Trainee to Journeyman is determined by the facility.

Instructions for Training Establishments

Facility's Record Keeping Responsibilities

- Establish a general file marked “Veterans Training Program” containing the approved application and revisions, approval letter for each job objective, and any general correspondence from the State Approving Agency or the Veterans Administration.
- Establish an individual folder for each veteran containing a copy of the training or apprenticeship agreement; completed monthly attendance and progress reports provided by the SAA, with a copy of VA Form 22-6553d-1 (see Appendix 3); record of wages/salary paid to the veteran; and all related correspondence received from the State Approving Agency or the Veterans Administration.
- All of the above records must be maintained at the training establishment for a period of **3 years after** the veteran has completed or terminated his/her training and must be available for inspection by representatives from the State Approving Agency and/or the Veterans Administration.

Completion or Interruption of Training

The Veterans Administration and State Approving Agency must be notified in writing by completing VA Form 22-1999B-2 (see Appendix 4) when the veteran:

- Reaches the journeyman or completion wage.
- Fails to attain the wages scheduled in the training or apprenticeship agreement.
- Terminates employment or is promoted prior to completion of the program.
- Transfers to another approved training establishment.
- Becomes activated for military duty.
- Takes medical leave.

Revisions to Initial Approvals

The State Approving Agency must be contacted for approval of an additional job objective, enrollment of additional veterans in an already approved training program, or for any revision to an approved training program (change of certifying official, wage schedule, address of the firm, etc.).

Supervisory Visits

Coordinators from the State Approving Agency and the Veterans Administration are required to visit approved establishments periodically to ensure compliance with the rules and regulations governing the training program and to assist in resolving any problems. Files, records, and reports listed under record keeping must be available to the Coordinator for inspection. A Supervision Report form (Appendix 2) is completed by the Coordinator during the visit. Information needed from the Certifying Official includes:

- (1) Records of veterans who were enrolled in the OJT/APP program during the past year.
- (2) Effective date of actual (current) pay received by veterans in the OJT/APP program.
- (3) Status of veteran (i.e. active, completed, terminated, etc.) and effective date of status.

NOTE: See Appendix 2 for Sample Supervisory Visit Form

Supervisory Visit Follow-up

If the Coordinator notes discrepancies during a supervisory visit and they cannot be corrected immediately, corrective action must be initiated within 10 days of the visit. The Coordinator will complete a follow-up visit within 60 days of the initial visit.

Appendix 1 – Sample Approval Packet

- Inspection Report
- Training Outline
- VA Form 22-8794

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY (SCSAA)
 1333 Main Street, Suite 200, Columbia, SC 29201
 Voice: (803) 737-2260 Fax: (803) 737-2297

Inspection Report Worksheet

- | | | |
|--|---|---|
| <input type="checkbox"/> Apprenticeship | <input checked="" type="checkbox"/> New | <input type="checkbox"/> Additional Objective (s) |
| <input checked="" type="checkbox"/> On-The-Job | <input type="checkbox"/> Advance | <input type="checkbox"/> Revision |
| | <input type="checkbox"/> Reapproval | <input type="checkbox"/> Other: |

Firm: ABC Correctional Institution FAC: New Effective Date: 6/1/00
 Address: 123 Penny Avenue, Anytown, SC 29000 Voice: (803) 111-1111
 E-Mail: mjones@abccorrections.sc.gov Fax: (803) 222-2222
 Kind of Business: Corrections Doing Business Since: 1970
 Job Objective: Correctional Officer DOT: 372.667-018
 Adequate space, equipment, and personnel available for instructional purposes? Yes No
 Hours in Work Week: 40+ Length of Program: 4000 Hours Number firm Can Train: 5
 Trainer: LT Myname Jones Title: Training Officer Years Experience: 8

WAGE SCHEDULE

Start \$ 19,748 per year for 6 months	4 th \$ 22,557 per year for 6 months	7 th \$ per for months
2 nd \$ 20,542 per year for 6 months	5 th \$ per for months	8 th \$ per for months
3 rd \$ 21,576 per year for 6 months	6 th \$ per for months	Journeyman/Completion Wage \$ 23,235 per year

Items checked are attached as a part of this application:

- VA Form 22-8794 completed (Certifying Official) Training Outline

As an authorized official of the firm, I certify that:

1. The job is one in which progression is based upon skills learned through training and not on such factors as length of service and normal turnover.
2. The wages paid are not less than wages paid non-veterans in the same position with equal experience. The beginning wage is at least 50% of the completion wage.
3. The wages will be increased in regular periodic increments until not later than the last full month of training at which time they will be at least 85% of the completion wage.
4. There is reasonable certainty that the job for which the veteran is trained will be available at the completion of training.
5. Upon enrollment of a veteran in this program, a copy of the appropriate training agreement signed by the veteran and an authorized official of the firm will be furnished to the veteran, the State Approving Agency, and the U.S. Dept. of Veterans Affairs.
6. The South Carolina State Approving Agency must be promptly notified of any changes which effect the approval.
7. The records of any veteran enrolled will be retained for three (3) years after termination or completion.
8. A certificate documenting the satisfactory completion of training will be furnished by this office.
9. Provisions will be made for related instruction (to include safety training) for veterans who may need it. (144 hours/year recommended for Apprenticeship)
10. The specified length of training shall include the first N/A months as a Probationary Period (Apprenticeship Only).
11. The ratio of Trainee to Journeyman is one trainee for each N/A Journeyman (Apprenticeship Only).

It is my understanding that the South Carolina State Approving Agency (SCSAA) will exercise supervision of the training program and make periodic checks as to the continued adequacy of training and equipment; that this approval may be terminated by the SCSAA on fifteen (15) days notice; and that the training establishment may withdraw from this training program upon notification to the SCSAA.

Signature of Employer/Representative: Myname Jones Title: Training Officer

Approved by Veteran Education Coordinator: Myname Smith Date: 8/15/00

Training Outline

CORRECTIONAL OFFICER DOT 372.667-018 4000 Hours

<p>A. <u>Correctional Officer Academy – Basic Orientation/Seminars:</u></p> <p>Institutional Training; Agency Orientation. Purpose of the Corrections Officer, Organizations, Group Behavior, Written Communications, Regulations, Security, Courts and Corrections, Weapons Safety & Qualification, Oral Communications, Employee/Inmate Relations, Supervision of Inmates, Safety, Legal Liability, Sexual Harassment, Sexual Misconduct, Employee Corrective Action, Professionalism and Ethics, Workplace Violence, Chemical Munitions, Use of Force.</p>	216 Hours
<p>B. <u>Dorm Officer:</u></p> <p>Control Room Officer or Wing Officer; Conduct Shakedowns & Searches; 1st Responder / Crisis Intervention; Perform Counts; Supervision of Inmates.</p>	1500 Hours
<p>C. <u>Yard Officer:</u></p> <p>Control of Inmate Movement; 1st Responder / Crisis Intervention; Perform Inner-perimeter Security Checks; Escort Vehicles Entering the Institution; Supervision of Inmates</p>	1500 Hours
<p>D. <u>Gatehouse Operation:</u></p> <p>Control Access to Facility, i.e. Entrance and Egress; Shakedown Vehicles; Contraband Searches</p>	140 Hours
<p>E. <u>Patrol / Perimeter Posts:</u></p> <p>Perform External Perimeter Checks; Observe and Report Perimeter Breeches; Observe and Report Unusual Inmate Behavior</p>	260 Hours
<p>F. <u>Transportation and External Security:</u></p> <p>Transport / Escort Procedures; Hospital Procedures; Court Procedures; Work Detail Procedures; Funeral Procedures</p>	100 Hours
<p>G. <u>Visitation Proceedings:</u></p> <p>Contraband Searches; Public Relations; Public Safety; Visitation Administration</p>	204 Hours
<p>H. <u>Concurrent Training:</u></p> <p>Reports; Use of Restraining Devices; Minor Corrections and Reprimands; Guidance and Counseling of Inmates; Handling of Problem Inmates; Control of Keys, Tools, and Equipment; Control Of Contraband; Counts and Riot Control; OSHA Requirements; Employment Relations; Weapons / Defensive Tactics Training.</p>	80 Hours

VA Form 22-8794

OMB Approved No. 2900-0262
Respondent Burden: 10 Minutes

Department of Veterans Affairs		DESIGNATION OF CERTIFYING OFFICIAL(S)	
<p>PRIVACY ACT INFORMATION: We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register.</p>			
<p>RESPONDENT BURDEN: You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page (www.whitehouse.gov/OMB/index.html) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILLI (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.</p>			
<p>PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.</p>			
<p>1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(Include ZIP Code)</i></p>		<p>FOR VA USE ONLY</p>	
<p>2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i></p>		<p>3. FAX NUMBER OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i></p>	
<p>4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)</p>			
<p>5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT</p>			
<p>A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:</p>			
NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			
<p>B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.</p>			
(1)		(2)	
(3)		(4)	
<p>C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:</p>			
NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
<p>6. REMARKS</p>			
<p>It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.</p>			
<p>7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL</p>			<p>8. DATE</p>

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

VA FORM **22-8794**
JAN 2002

SUPERSEDES VA FORM 22-8794, APR 2000,
WHICH WILL NOT BE USED.

Appendix 2 – Supervisory Visit Forms

- Sample Supervisory Visit Letter
- Sample Supervisory Visit Form

Sample Supervisory Visit Letter

October 25, 2004

Lt. Myname Jones
Training Training
ABC Correctional Institution
123 Penny Avenue
Anytown, SC 29200

FAC: NEW

Re: Supervision Visit of October 20, 2004

Dear Lt. Jones:

The purpose of this letter is to formally acknowledge the findings resulting from the review of the Apprenticeship and On-the-Job Training (OJT) Programs conducted on October 20, 2004.

Our review focused on six OJT Program requirements as stated in 38 CFR 21.4262(b&c). These requirements, along with any comments resulting from our review, are as follows:

1. The firm adhered to the currently approved progressive wage scale.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

2. Sufficient documentation existed to support hours worked, training received, and the quality of such training.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

3. The ratio of trainee to trainer was sufficient to ensure the veteran received adequate supervision during the training.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

4. There was reasonable certainty that the veteran would continue to be employed after the completion of the training program.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

5. The training facility had the necessary personnel and equipment to properly train the veteran.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

6. The training outline was still appropriate in describing the training received and time allotment provided for the veteran's program.

Nothing came to our attention during the review of the records selected that would indicate that a correction/improvement in this area is required.

Thank you for your conscientious efforts in administering this very important program for our veterans. Your commitment to the educational opportunities of our veterans is greatly appreciated.

If you have any questions or would like to discuss these findings further, please do not hesitate to contact Mr. Frank Myers of my staff. Mr. Myers can be reached at (803) 737-2882 or via email at fmyers@che.sc.gov.

Sincerely,

Karen Woodfaulk, Director
Veterans Education and Training

C: VA: South Carolina Education Liaison Representative

SAMPLE

Sample Supervisory Visit Form

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY (SCSAA)
 1333 Main Street, Suite 200, Columbia, SC 29201
 Voice: (803) 737-2260 Fax: (803) 737-2297

APPRENTICESHIP **OJT**

Date: 11/04/02 Date Last Supervised: 10/20/01

Name of Firm: ABC Correctional Institution FAC: 0.1.2345.40

Address: 123 Penny Avenue Anytown SC 29000

Name of Contact: Myname Jones Title: Training Officer Voice: (803) 111-1111 Fax: (803) 222-2221 E-Mail: mjones@abccorrections.sc.gov

#	Veteran	Job Objective	Began Training	Training Ends	Completion Wage	Scheduled Pay Effective	Actual Pay Effective	Timesheets From	Status
1	Richard Roe	Correctional Officer	6/23/01	6/22/03	\$23, 235	\$21,576	\$21,150	Current	Active
						7/1/01	7/1/01		
2	Jane Smith	Correctional Officer	9/14/01	9/13/03	\$23, 235	\$21, 576	\$19,748	3/01 – 1/02	Terminated
						3/1/01	9/14/03		1/12/02
3									
4									
5									

Adequate record of salary payments? Yes No Progress/Attendance Charts maintained Thru: Current

Are training program, training hours and work hours per week satisfactory and veteran following training program? Yes No

Revision made? Yes No Effective date (if applicable): _____ Veterans Interviewed? Yes No

If training interrupted, reason for interruption: J. Smith terminated employment. Was V.A. notified? Yes No

Issue completion certificate: Yes No To: _____

Remarks (If discrepancies noted, show corrective action taken): _____

Myname Smith
Coordinator

Appendix 3 – Veterans’ Responsibilities

- Attendance and Progress Report
- VA Form 22-6553d-1 (upon enrollment in the OJT program, the participant will receive this form from the Department of Veterans Affairs)

Sample Attendance and Progress Report

For the Month of April, **2002**

Veteran's Name Richard W. Roe SSN: 123-45-6789 Job Objective: Correctional Officer DOT: 372.667-018
 Employer's Name ABC Correctional Institution
 Street Address 123 Penny Avenue Normal Work Week: 40 Hrs. Current Rate of Pay: \$ 20,542 Effective Date: 1 Aug 01
 City, State, Zip Anytown, SC 12345 Completion Wage per Training Agreement: \$ 23,235

(If Current Rate Exceeds Completion Wage, Contact SAA to revise the wage scale)

Description	Date																															Total Month	Training Rating	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Dorm Officer	6	5			2	5				6	5			5	4	5			4	5				6	5			5	6	6		80		
Yard Officer		2									2			2	4	4				2				2	2			2	2			24		
Gatehouse Operation																																		
Patrol/Perimeter Posts	2	2				2				1				2	2	1													1		1		14	
Transportation/External Security	2	2			1	2				2	2			2	2	2				3	3			2	2			2	2	2		33		
Visitation Proceedings		1				1					1																						3	
Concurrent Training	1	1			2	2				2	2			2	1	2			2	1				2				2	2	2		16		
TOTAL	12	12			12	12				12	12			12	12	12			12	12				12	12			12	12	12		192		

I certify that the entries above are correct and that the training received is based upon the Training Agreement that supports this OJT/Apprenticeship program

Any Veteran
Signature of Veteran

May 1, 2002
Date

Lt. Jones
Signature of Trainer/Supervisor

May 1, 2002
Date

Sample VA Form 22-6553d-1

DMP Approved No. 2000-0178
Respondent Burden: 10 Minutes

Department of Veterans Affairs

MONTHLY CERTIFICATION OF ON-THE-JOB APPRENTICESHIP TRAINING

VA Regional Office
PO Box 100027
Decatur GA 30031-7027

VA FILE NUMBER	PARTY
FACILITY CODE	TYPE OF TRAINING
1-0-6522-40	OJT

Richard Roe
123 Your St.
Any City, SC

12345

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 before the last day of the month shown in item 1. If form is destroyed, contact 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, you have attained the complete job skills for your job as "journeyman" knowledge and skills, show this in item 7.
ITEMS 8A, 8B, AND 8C - Check the appropriate box. If you received a wage increase (or decrease) 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 wages. 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 forms to your training establishment for verification.
CHANGE OF ADDRESS - If you are changing your address permanently, line out the present 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 approved educational benefits until reaching the journeyman wage status; however, there are some exceptions, such as training on a Davis-Bacon job, or a job in a location that has a different wage scale. If you have any questions, call VA toll-free at 1-800-01-9ALL-1 (1-800-442-4651). If you are hearing impaired, call us to H-ear at 1-800-829-4653.
Please verify the number of hours worked and other information reported by the trainee with the payroll records. Please report any differences in items 8 and/or 7.
Also, use item 7 if the trainee's conduct or progress is unsatisfactory.
ITEMS 8A and 8B - Sign and date the form. Then return it to the VA office shown above.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM OF THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED (MO., day, yr)
April 2002	192	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		6. REASON FOR TERMINATION	
		8A. TRAINEE'S RATE IN AGREEMENT WITH TRAINING AGREEMENT	8B. RATE
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8C. 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 criminal prosecution.
8A. SIGNATURE OF TRAINEE
8B. DATE 7/18/05
8A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL
8B. DATE SIGNED 07/18/05

VA FORM 22-6553d-1 NOV 2002 EXISTING EDITIONS OF VA FORM 22-6553d-1, OCTOBER 2001, WILL BE USED.

Appendix 4 – VA Form 22-1999B-2 Termination Notice

TERMINATION NOTICE

Department of Veterans Affairs

NOTICE OF CHANGE IN STUDENT STATUS

Title: Chapter 30, 32, or 35, Title 38, U.S.C.; Chapter 1601, Title 38, U.S.C.; and Sections 901 and 902 of Public Law 96-342

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 152 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Send us comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Office, (203) 500-7000, 500 Vermont Avenue, NW, Washington, DC 20330, and to the Office of Management and Budget, Paperwork Reduction Project (2900-0156), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

1. First - Middle - Last Name of Employee Jane Smith	2. Address of VA Office Having Records Decatur, Georgia	3. VA File No. (Do NOT include suffix) SSN:
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Classifying officials should use this form to report change in an individual's status as required by 38 CFR 21.1203

4. TERMINATION (Commercial Items A and C)

A. LAST DATE OF EMPLOYMENT; TRAINING 1/12/2002	B. REASON FOR TERMINATION SEE ITEM 4 BELOW
--	--

C. RTM MARKS:

REASON FOR TERMINATION:

- EMPLOYMENT TERMINATED
- PROGRESS UNSATISFACTORY
- REACHED JOURNEYMAN STATUS
- TRANSFERRED TO _____
- OTHER _____

MAIL 1 COPY TO EACH OF THE FOLLOWING ADDRESSES:

ADJUDICATION DIVISION
US DEPARTMENT OF VETERANS AFFAIRS
P.O. BOX 100127
DECATUR, GA 30031-0027

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
STATE APPROVING AGENCY
133 MAIN ST., SUITE 200
COLUMBIA, SC 29201

RETAIN ONE COPY FOR YOUR FILES

IT IS HEREBY CERTIFIED THAT THE EMPLOYEE'S STATUS CHANGED ON THE DATE INDICATED AND IN ACCORDANCE WITH THE FACTS SHOWN ABOVE.

5. Date Signed 1/12/02	6. Signature & Title of Certifying Official <i>Theresa Jones</i> Training Officer	7. Name & Address of Training Facility AIC Correctional Institute 127 Fenwick Ave Aurora, Sc. 29010 Facility Code: 61-28107-40
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FORM 22-1999B-2 (MAY 1999) APPRENTICESHIP
Revised 5/2005

TERMINATION NOTICE

Department of Veterans Affairs

NOTICE OF CHANGE IN STUDENT STATUS

(Under Chapter 30, 32, or 35, Title 38, U.S.C.: Chapter 1601, Title 10, U.S.C.: and Sections 901 and 903 of Public Law 96-342)

RESPONDENT BURDEN – Public reporting burden for this collection of information is estimated to average 1/12 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0156), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

1. First – Middle – Last Name of Employee	2. Address of VA Office Having Records Decatur, Georgia	3. VA File No. (For Ch.35, include suffix) SSN:
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Certifying officials should use this form to report changes in enrollment status as required by 38 CFR 21.4203.

4. TERMINATION (Complete Items A and C.)

A. LAST DATE OF EMPLOYMENT / TRAINING	B. REASON FOR TERMINATION SEE ITEM C BELOW
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C. REMARKS:

REASON FOR TERMINATION:

- EMPLOYMENT TERMINATED**
- PROGRESS UNSATISFACTORY**
- REACHED JOURNEYMAN STATUS**
- TRANSFERRED TO _____**
- OTHER _____**

MAIL 1 COPY TO EACH OF THE FOLLOWING ADDRESSES:

ADJUDICATION DIVISION
US DEPARTMENT OF VETERANS AFFAIRS
P.O. BOX 100027
DECATUR, GA 30031-7027

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
STATE APPROVING AGENCY
1333 MAIN ST., SUITE 200
COLUMBIA, SC 29201

RETAIN ONE COPY FOR YOUR FILES

IT IS HEREBY CERTIFIED THAT THE EMPLOYEE'S STATUS CHANGED ON THE DATE INDICATED AND IN ACCORDANCE WITH THE FACTS SHOWN ABOVE.

5. Date Signed	5A. Signature & Title of Certifying Official	5B. Name & Address of Training Facility Facility Code:
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