

**The Image Management System (TIMS) Clerk
Training and Performance Support System**



Module 2

Lesson 1 – Scan Drop Documents

Posttest


October 15, 2008

List of Effective Pages

Order Number	Item	No. of Pages	Change in Effect
	List of Effective Pages	1	V01
	Record of Changes	1	V01
04_1	VA Form 22-6553c	1	V01
08_1	Apprenticeship Agreement	2	V01
10_1	VA Form 22-6553c	1	V01
12_1	On-The-Job Training Agreement	2	V01
16_1	On-The-Job Training Agreement	2	V01
19_1	VA Form 22-6553c	1	V01
21_1	Apprenticeship Agreement	2	V01
23_1	On-The-Job Training Agreement	2	V01
28_1	Apprenticeship Agreement	2	V01
36_1	VA Form 22-6553d-1	1	V01

SCAN DROP

OMB Approved No. 2900-0102
Respondent Burden: 30 Min.

 Department of Veterans Affairs		MONTHLY CERTIFICATION OF FLIGHT TRAINING			
<p>PRIVACY ACT INFORMATION: No benefits may be paid to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). We will use the information submitted on this form to determine your eligibility to receive payments and to compute the amount to be paid. Your answers on the form are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.</p>					
<p>RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.</p>					
<p>IMPORTANT: Read instructions on reverse before completing this form.</p>					
1. FIRST, MIDDLE, LAST NAME OF STUDENT Leonard Sidney Hobbs		2. FILE NUMBER 000-00-0012	3. REPORTING PERIOD		
			A. BEGINNING DATE	B. ENDING DATE	
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record) 729 Roughbend Road Gulfport, MS 39501			5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE (State reason in item 12)		
			6. NAME OF CURRENT COURSE		
7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD					
A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT	
Dual	400	1.20	\$55	\$86.00	
Ground		.50	17	8.50	
8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD				\$ 194.50	
8B. STATE AND LOCAL SALES TAXES (if applicable)				\$	
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD				\$ 194.50	
9 TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD				\$ 194.50	
10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD					
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE
A. DUAL	15	5.30	D. GROUND	15	.50
B. SOLO			E. OTHER		
C. PRE-FLIGHT AND POSTFLIGHT					
11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN			11B. DATE OF LAST EXAMINATION		
12. REMARKS (Indicate any substitution, flight test or variance from approved course)					
CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.					
13A. SIGNATURE OF STUDENT Leonard Sidney Hobbs		13B. DATE SIGNED 11/10/2007	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL	14B. DATE SIGNED	
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code)			16. VA OFFICE SAVING STUDENT'S RECORDS		

VA FORM JUN 2001 **22-6553c**

EXISTING STOCKS OF VA FORM 22-6553c, JUL 1999, WILL BE USED.

TIMS Clerk M2L1PT Claimants Orderno:04_1 For Training Purposes Only V01
Case: APPENDIX A 1 Orderno: 04 For Training Purposes Only. Date Rec'd:



SCAN DROP

North Carolina Department of Labor
 Apprenticeship and Training Bureau
 4 West Edenton Street
 Raleigh, NC 27601-1092
 (919) 733-7533

Apprenticeship Agreement

The program sponsor and the apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The sponsor will afford the apprentice equal opportunity in employment and training without discrimination because of race, color, religion, national origin, disability, or sex. Terms of agreement are on reverse side.

Sponsor: Pike Electric Incorporated Address: 100 Pike Way Mt Airy, NC 27030 Phone Number: 336-789-2171 Program # 24412 Supervisor of Program: Zack Jones			Employer: Same as Sponsor Address: Phone Number:		
Apprentice: Last Name Jones		First Name Bradley	Middle Name Edward	Social Security Number: 000-00-0045	Date of Birth: 09/21/71
Address 23 East Street Franklin, TN 37064			Phone Number: 555-555-55555		
Race White		Educational Background High School Graduate			Veteran Status
Occupation Title: Powerline Technician		Apply for VA Benefit: Date Training Began:			Sex
Probationary Period 500		Date Training Begins 04/01/2007	Expected Date of Completion 04/01/2011	Attachments? (required if previous credit is given) No	
OJT/Hours Required 8000 OJT/Credit for Previous Work Experience 0 OJT/Hours Remaining 8000		RI/Hours Required 576 RI/Credit for Previous Related Instruction RI/Hours Remaining 576 Wages paid during training?			

This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference. That, after the probationary period, the agreement may be canceled at the request of the apprentice, or may be suspended, canceled, or terminated by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the registration agency of the final action taken. The sponsor will:
 * Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
 * Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.

Signature of Apprentice:	Signature of Sponsor or Representative:	Signature of Apprenticeship Consultant:
(Parent/Guardian, if a minor):	Title:	
Date:	Date:	Date:

Bureau Chief's Approval: Barry Judge

Previous Credit Waiver Date: _____

AOP 4.09.03 REV 5

Agreement

01/10/2

Copy(1) File Copy(2) Apprentice/Trainee Copy(3) Field file Copy(4) Sponsor Copy(5) VA Copy

TIMS Clerk M2L1PT Claimants Orderno:08_1.1 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 08 For Training Purposes Only. Date Rec'd:

This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference.

If this agreement is terminated, the termination shall be done in accordance with pertinent provisions of the approved and registered Standards of Apprenticeship, including approved, registered revisions.

The sponsor will:

- Place and train the apprentice in the trade specified in the subsequent part of this agreement.
- Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
- Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.
- Advise the apprentice in writing of proposed revisions to the standards, at least two weeks before the revisions are to be submitted to the North Carolina Department of Labor's Apprenticeship and Training Bureau for approval and registration.
- Accept and duly consider the apprentice's written comments on proposed revisions to the standards (as long as the apprentice's comments are received at least one week prior to the submission of the proposed revisions to the Apprenticeship and Training Bureau).

The apprentice will:

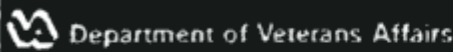
- Perform the work in said trade, faithfully and diligently, throughout the apprenticeship.
- Attest to having read the Standards of Apprenticeship.
- Abide by the provisions of the standards and all subsequent revisions to the standards that are submitted, approved, and registered in accordance with the review process.
- Waive his rights under 20 USCA S1232g (b). This means that an educational agency or institution may disclose the student's grades and attendance records to the sponsor, and the North Carolina Department of Labor's Apprenticeship and Training Bureau without the student's further permission. Release of the apprentice's grades and attendance records is done so that the sponsor and the North Carolina Department of Labor may evaluate the apprentice's progress and administer the apprenticeship program.

Signature of Apprentice: Bradley Edward Jones	Signature of Sponsor: Michael B. Jones	Signature of Apprenticeship Consultant: Eddie Jackson
(Parent Guardian, if a minor):	Title:	
Date: 04/01/07	Date: 04/01/07	Date: 04/27/07

Bureau Chief's Approval:

_____ Previous Credit Waiver Date:

Copy (1) File Copy (2) Apprentice Copy (3) Field File Copy (4) Sponsor Copy (5) VA Copy (if applicable)



MONTHLY CERTIFICATION OF FLIGHT TRAINING

PRIVACY ACT INFORMATION: No benefits may be paid to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). We will use the information submitted on this form to determine your eligibility to receive payments and to compute the amount to be paid. Your answers on the form are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

IMPORTANT: Read instructions on reverse before completing this form.

1. FIRST, MIDDLE, LAST NAME OF STUDENT Rosa Maria Gonzalez		2. FILE NUMBER 000-00-0023		3. REPORTING PERIOD	
				A. BEGINNING DATE	B. ENDING DATE
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record) 143 Oak St. Madison, AL 35756				5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE (State reason in item 12)	
				6. NAME OF CURRENT COURSE	

7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD

A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
Dual	400	1.20	\$ 155	\$ 186.00
Dual	400	4.10	166	680.60
Ground		1.50	18	27.00
Pre/Post		1.75	17	29.75

8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD	\$ 923.35
8B. STATE AND LOCAL SALES TAXES (if applicable)	\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD	\$ 923.35
9 TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD	\$ 923.35

10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD

TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE
A. DUAL	12	7.25	D. GROUND	15	1.5
B. SOLO			E. OTHER		
C. PRE-FLIGHT AND POSTFLIGHT	3.25	2.30			

11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN 2nd class	11B. DATE OF LAST EXAMINATION 07/28/02
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12. REMARKS (Indicate any substitution, flight test or variance from approved course)

CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.

13A. SIGNATURE OF STUDENT Rosa Maria Gonzalez	13B. DATE SIGNED 08/19/2007	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL	14B. DATE SIGNED
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code)		16. VA OFFICE SAVING STUDENT'S RECORDS	

DEPARTMENT OF EDUCATION
 Bureau of Postsecondary Services
 Division of Veterans/Military Education
 333 Market Street
 Harrisburg, Pennsylvania 17126-0333

APPLICATION FOR APPROVAL OF A TRAINING PROGRAM
 UNDER PROVISIONS OF PUBLIC LAW 90-77

On-The-Job Training For Veterans

1. Name of Establishment Department of Corrections
 Establishment Contact Mark Kresno Title Associate Director
2. Address 1451 North Market St Elizabethtown 17022 707-267-9070
 Street City Zip Code Telephone
3. Training organization and supervision
 a. Name and title of person who will be directly in charge of the Veterans Training Program Food service Supervisor
 b. Name of person who will maintain progress and other records of trainees _____
Training Coordinator

4. Training is to be given in the following program:

Food Service Instructor

1	2	3	4	5
Code Number in Dictionary of Occupational Titles	Length of training Period (Hours)	Work per week (Hours)	No. trained personnel normally employed in this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
097.221-010	2700	40	27	3

5. Wage schedule for this program during training period.

Day Percent of													Normal Pay Rates of Trained Personnel
1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Period	9th Period	10th Period	11th Period	12th Period		
22304	23618												

These wages comply with all pertinent laws.

Michael A Smith Supervisor 04/04/99

Signature for Establishment _____ Title _____ Date _____

6. The above information describes the conditions of employment and training in this establishment.

Establishment Representative John A. Jones Date 4/2/99

Veterans Training Inspector Jane A. Johnson Date 5/3/99

PDE-3538 (9\94)

(OVER)

TIMS Clerk M2L1PT Claimants Orderno:12_1.1 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 12 For Training Purposes Only. Date Rec'd:

SCAN DROP

APPLICATION FOR APPROVAL OF A TRAINING PROGRAM
 UNDER PROVISIONS OF PUBLIC LAW 90-77

On-The-Job Training For Veterans

1. Name of Establishment Department of Corrections
 Establishment Contact John Smith Title Associate Director
2. Address 1451 North Market Street Elizabethtown 17022 717-267-9070
 Street City Zip Code Telephone
3. Training organization and supervision
 a. Name and title of person who will be directly in charge of the Veterans Training Program Director
 b. Name of person who will maintain progress and other records of trainees _____
Training Coordinator

4. Training is to be given in the following program:
Corrections Food Service Instructor

1	2	3	4	5
Code Number in Dictionary of Occupational Titles	Length of training Period (Hours)	Work per week (Hours)	No. trained personnel normally employed in this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
097.221-010	2700	40	27	3

5. Wage schedule for this program during training period.

Day Percent of												Normal Pay Rates of Trained Personnel
1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Period	9th Period	10th Period	11th Period	12th Period	
22304	2361											

These wages comply with all pertinent laws.

Michael A. Smith Director

Signature for Establishment Title Date

6. The above information describes the conditions of employment and training in this establishment.

Establishment Representative Jane A. Parks Date 12/02/07
 Veterans Training Inspector Jim P. Price Date 12/13/07

SCAN DROP

OMB Approved No. 2900-0162
Respondent Burden: 30 Min.

Department of Veterans Affairs		MONTHLY CERTIFICATION OF FLIGHT TRAINING		
<p>PRIVACY ACT INFORMATION: No benefits may be paid to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). We will use the information submitted on this form to determine your eligibility to receive payments and to compute the amount to be paid. Your answers on the form are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.</p>				
<p>RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.</p>				
<p>IMPORTANT: Read instructions on reverse before completing this form.</p>				
1. FIRST, MIDDLE, LAST NAME OF STUDENT Frederick Victor Wrenn		2. FILE NUMBER 000-00-0042	3. REPORTING PERIOD	
			A. BEGINNING DATE	B. ENDING DATE
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record) 4466 Amber Oak Circle Winter Park, FL 32789			5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE (State reason in item 12)	
			6. NAME OF CURRENT COURSE	
7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD				
A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
Ground		1.50	94	21.00
Dual	600	4.25	154	654.50
Dual	600	1.30	148	192.40
Pre/Post		2.10	18	37.80
8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD				\$ 905.70
8B. STATE AND LOCAL SALES TAXES (if applicable)				\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD				\$ 905.70
9 TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD				\$ 905.70
10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD				
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED
A. DUAL	14	12.50	D. GROUND	18
B. SOLO			E. OTHER	
C. PRE-FLIGHT AND POSTFLIGHT	3.25	2.50		
11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN			11B. DATE OF LAST EXAMINATION	
12. REMARKS (Indicate any substitution, flight test or variance from approved course)				
CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.				
13A. SIGNATURE OF STUDENT Frederick Victor Wrenn		13B. DATE SIGNED 05/12/2007	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL	14B. DATE SIGNED
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code)			16. VA OFFICE SAVING STUDENT'S RECORDS	



SCAN DROP

North Carolina Department of Labor
 Apprenticeship and Training Bureau
 4 West Edenton Street
 Raleigh, NC 27601-1092
 (919) 733-7533

Apprenticeship Agreement

The program sponsor and the apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The sponsor will afford the apprentice equal opportunity in employment and training without discrimination because of race, color, religion, national origin, disability, or sex. Terms of agreement are on reverse side.

Sponsor: Pike Electric Incorporated Address: 100 Pike Way Mt Airy, NC 27030 Phone Number: 336-789-2171 Program # 24412 Supervisor of Program: Jim Smith	Employer: Same as Sponsor Address: Phone Number:
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Apprentice: Last Name First Name Middle Name McKenzie William Thomas	Social Security Number: 000-00-0016	Date of Birth: 07/04/77
Address: 5151 Maple Oak Grove Franklin, NC 28734	Phone Number: 555-555-5555	
Race White	Educational Background High School Graduate	Veteran Status Other Veteran
Occupation Title: Powerline Technician	Sex Apply for VA Benefit: Date Training Began: D.O.T. Code:	

Probationary Period 500	Date Training Begins 04/01/07	Expected Date of Completion	Attachments? (required if previous credit is given)
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OJT/Hours Required 8000 OJT/Credit for Previous Work Experience 0 OJT/Hours Remaining 8000	RI/Hours Required 576 RI/Credit for Previous Related Instruction 0 RI/Hours Remaining Wages paid during training? No
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This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference. That, after the probationary period, the agreement may be canceled at the request of the apprentice, or may be suspended, canceled, or terminated by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the registration agency of the final action taken.

The sponsor will:
 * Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
 * Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.

Signature of Apprentice: William Thomas McKenzie	Signature of Sponsor or Representative:	Signature of Apprenticeship Consultant:
(Parent/Guardian, if a minor):	Title:	
Date:	Date:	Date:

Bureau Chief's Approval: Barry Judge

Previous Credit Waiver Date: _____

AOP 4.09.03 REV 5

Agreement

01/10/2

Copy(1) File Copy(2) Apprentice/Trainee Copy(3) Field file Copy(4) Sponsor Copy(5) VA Copy

TIMS Clerk M2L1PT Claimants Orderno:21_1.1 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 21 For Training Purposes Only. Date Rec'd:

This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference.

If this agreement is terminated, the termination shall be done in accordance with pertinent provisions of the approved and registered Standards of Apprenticeship, including approved, registered revisions.

The sponsor will:

- Place and train the apprentice in the trade specified in the subsequent part of this agreement.
- Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
- Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.
- Advise the apprentice in writing of proposed revisions to the standards, at least two weeks before the revisions are to be submitted to the North Carolina Department of Labor's Apprenticeship and Training Bureau for approval and registration.
- Accept and duly consider the apprentice's written comments on proposed revisions to the standards (as long as the apprentice's comments are received at least one week prior to the submission of the proposed revisions to the Apprenticeship and Training Bureau).

The apprentice will:

- Perform the work in said trade, faithfully and diligently, throughout the apprenticeship.
- Attest to having read the Standards of Apprenticeship.
- Abide by the provisions of the standards and all subsequent revisions to the standards that are submitted, approved, and registered in accordance with the review process.
- Waive his rights under 20 USCA S1232g (b). This means that an educational agency or institution may disclose the student's grades and attendance records to the sponsor, and the North Carolina Department of Labor's Apprenticeship and Training Bureau without the student's further permission. Release of the apprentice's grades and attendance records is done so that the sponsor and the North Carolina Department of Labor may evaluate the apprentice's progress and administer the apprenticeship program.

Signature of Apprentice: William Thomas McKenzie	Signature of Sponsor: Michael B. Holden	Signature of Apprenticeship Consultant: Perry Reaves
(Parent Guardian, if a minor):	Title:	
Date: 04/01/07	Date: 04/01/07	Date: 04/27/07

Bureau Chief's Approval:

_____ Previous Credit Waiver Date:

Copy (1) File Copy (2) Apprentice Copy (3) Field File Copy (4) Sponsor Copy (5) VA Copy (if applicable)

DEPARTMENT OF EDUCATION
 Bureau of Postsecondary Services
 Division of Veterans/Military Education
 333 Market Street
 Harrisburg, Pennsylvania 17126-0333

APPLICATION FOR APPROVAL OF A TRAINING PROGRAM
 UNDER PROVISIONS OF PUBLIC LAW 90-77

On-The-Job Training For Veterans

1. Name of Establishment Department of Corrections
 Establishment Contact Mark Kresno Title Associate Director
2. Address 1451 North Market Elizabethtown 17022 717-267-9070
 Street City Zip Code Telephone
3. Training organization and supervision
 a. Name and title of person who will be directly in charge of the Veterans Training Program Food Service Supervisor
 b. Name of person who will maintain progress and other records of trainees Training Coordinator

4. Training is to be given in the following program:

Food Service Instructor

1	2	3	4	5
Code Number in Dictionary of Occupational Titles	Length of training Period (Hours)	Work per week (Hours)	No. trained personnel normally employed in this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
097.221-010	2700	40	27	3

5. Wage schedule for this program during training period.

Day Percent of													Normal Pay Rates of Trained Personnel
1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Period	9th Period	10th Period	11th Period	12th Period		
22304	23618												

These wages comply with all pertinent laws.

Michael A. Smith Supervisor 04/04/99

Signature for Establishment Title Date

6. The above information describes the conditions of employment and training in this establishment.

Establishment Representative Mark A. Johnson Date 4/02/99
 Veterans Training Inspector Jane A. Jackson Date 05/13/99

PDE-3538 (9\94)

(OVER)



SCAN DROP

North Carolina Department of Labor
 Apprenticeship and Training Bureau
 4 West Edenton Street
 Raleigh, NC 27601-1092
 (919) 733-7533

Apprenticeship Agreement

The program sponsor and the apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The sponsor will afford the apprentice equal opportunity in employment and training without discrimination because of race, color, religion, national origin, disability, or sex. Terms of agreement are on reverse side.

Sponsor: Pike Electric Incorporated Address: 100 Pike Way Mt. Airy, NC 27030 Phone Number: 336-789-2171 Program # 24412 Supervisor of Program: James Jordan	Employer: Same as Sponsor Address: Phone Number:
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Apprentice: Last Name Donato	First Name Deborah Ann	Middle Name	Social Security Number: 000-00-0008	Date of Birth: 10827/69
Address 43 East Glen Street Opelika, AL 36801			Phone Number:	
Race White		Educational Background High School Graduate		
Occupation Title: Powerline Technician			Apply for VA Benefit: Date Training Began: D.O.T. Code:	

Probationary Period 500	Date Training Begins 04/01/07	Expected Date of Completion	Attachments? (required if previous credit is given)
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OJT/Hours Required 8000 OJT/Credit for Previous Work Experience OJT/Hours Remaining 8000	RI/Hours Required 576 RI/Credit for Previous Related Instruction RI/Hours Remaining Wages paid during training? No
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This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference. That, after the probationary period, the agreement may be canceled at the request of the apprentice, or may be suspended, canceled, or terminated by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the registration agency of the final action taken.

The sponsor will:
 * Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
 * Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.

Signature of Apprentice:	Signature of Sponsor or Representative:	Signature of Apprenticeship Consultant:
(Parent/Guardian, if a minor):	Title:	
Date:	Date:	Date:

Bureau Chief's Approval: Barry Judge

Previous Credit Waiver Date: _____

North Carolina Department of Labor
 Apprenticeship and Training Bureau
 4 West Edenton Street
 Raleigh, NC 27601-1092
 (919) 733-7533

This agreement is made under the sponsor's approved and registered Standards of Apprenticeship (and revisions to those standards). The Standards of Apprenticeship and approved revisions are adopted by reference.

If this agreement is terminated, the termination shall be done in accordance with pertinent provisions of the approved and registered Standards of Apprenticeship, including approved, registered revisions.

The sponsor will:

- Place and train the apprentice in the trade specified in the subsequent part of this agreement.
- Abide by the Standards of Apprenticeship, including approved and registered revisions to those standards.
- Keep a copy of standards available for the apprentice's review during usual business hours where the standards are kept.
- Advise the apprentice in writing of proposed revisions to the standards, at least two weeks before the revisions are to be submitted to the North Carolina Department of Labor's Apprenticeship and Training Bureau for approval and registration.
- Accept and duly consider the apprentice's written comments on proposed revisions to the standards (as long as the apprentice's comments are received at least one week prior to the submission of the proposed revisions to the Apprenticeship and Training Bureau).

The apprentice will:

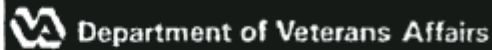
- Perform the work in said trade, faithfully and diligently, throughout the apprenticeship.
- Attest to having read the Standards of Apprenticeship.
- Abide by the provisions of the standards and all subsequent revisions to the standards that are submitted, approved, and registered in accordance with the review process.
- Waive his rights under 20 USCA S1232g (b). This means that an educational agency or institution may disclose the student's grades and attendance records to the sponsor, and the North Carolina Department of Labor's Apprenticeship and Training Bureau without the student's further permission. Release of the apprentice's grades and attendance records is done so that the sponsor and the North Carolina Department of Labor may evaluate the apprentice's progress and administer the apprenticeship program.

Signature of Apprentice: Deborah Ann Donato	Signature of Sponsor: Michael B. Goode	Signature of Apprenticeship Consultant: Jarod R. Wright
(Parent Guardian, if a minor):	Title:	
Date: 04/01/07	Date: 04/01/07	Date: 04/27/07

Bureau Chief's Approval:

_____ Previous Credit Waiver Date:

Copy (1) File Copy (2) Apprentice Copy (3) Field File Copy (4) Sponsor Copy (5) VA Copy (if applicable)



MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

FOR VA USE ONLY

VA FILE NUMBER 000-00-0036	PAYEE Hector Gomez Rivera
FACILITY CODE	TYPE TRAINING Culinary School

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.

SCAN DROP

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 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 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 August, September, October	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1 125, 115, 125	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)	
	5. REASON FOR TERMINATION			6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete items 6B and 6C)
7. REMARKS		6B. RATE	6C. EFFECTIVE DATE	

FILE NUMBER:

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 Hector Rivera	8B. DATE 12/17/07
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL Cecilia Powers	9B. DATE SIGNED 01/03/08