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	Item	No. of Pages	Change in
Number			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	2	V01
	Agreement		
16_1	On-The-Job Training	2	V01
	Agreement		
19_1	VA Form 22-6553c	1	V01
21_1	Apprenticeship Agreement	2	V01
23_1	On-The-Job Training	2	V01
	Agreement		
28_1	Apprenticeship Agreement	2	V01
36_1	VA Form 22-6553d-1	1	V01

Record of Changes

Version and Change Number	Date	Description



📉 Department of Veterans Affairs

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 disclosed outside the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Reliabilitation 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 seviewing 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.

comments regarding this burde comments.	en estimate or any other a	spect of this collection of infe	remation, call	1-888-442-4	551 for mailing info	mation on where to send your
IMPORTANT: Read instruction						
1. FIRST - MIDDLE - LAST NAME		2. FILE NUMBER			3. REPORTI	NG PERIOD
Leonard Sidney Hob		000-00-0012	4 BEGINN	NG DATE	B. ENDING DATE	
4. ADDRESS OF STUDENT (Com	plete only if this is a change th	on your address of record)		5. IF TRAIN	NG WAS COMPLETE	D OR TERMINATED DURING
729 Roughbend Roa	nd Gulfport, MS 3	9501		REPORT	ING PERIOD, GIVE D	ATE (Sara request in Item 12)
				6. NAME OF	CURRENT COURSE	
		FURNISHED FOR CURRE	NY COURSE	DURING F	REPORTING PERK	00
A TYPE OF IN	STRUCTION	D. HORSE POWER		OURS	D. RATE	E. AMOUNT
Dual		4 00	1.20		1 55	186.00
Ground		1	.50		17	8.50
Oround			1.50		1''	0.00
			1		ĺ	1 1
			1			1 1
			1			1 1
			1		1	1 1
BA, COST TO STUDENT FO	R INSTRUCTION DURIN	NG THIS REPORTING PER	IOD			s 194.50
9B STATE AND LOCAL SAL	ES TAXES (If applicable)				s
8C. TOTAL COST TO STUD	ENT THIS REPORTING	PERIOD				s 194.50
9 TOTAL COST TO STUDE	NT FOR THIS COURSE	THROUGH END OF REPO	ORTING PER	COD		s 194.50
	10. SUMMARY OF TO	TAL HOURS IN COURSE T	HROUGH EN	ND OF REP	ORTING PERIOD	
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN	TYPE OF INST		MAXIMUM APPROVED	HOURS GIVEN TO DATE
A DUAL	15	5.30	O. GROLIND		15	.50
B. SOLO		5	OTHER			
C. PRE-FLIGHT AND POSTFLIGHT						
11A. CLASS OF MEDICAL CERTI	FICATE HELD BY STUDEN	IT ON DATE THIS FLIGHT CO	URSE BEGAN	111	B. DATE OF LAST EX	AMINATION
12. REMARKS (Indicate any substitu	ation, flight test or variance fro	m approved outrie)				
						1
						1
CERTIFICATION: WE CERT	TEV THAT the above and	cs are true and comme				
13A SIGNATURE OF STUDENT	M Y YEAVY OR SOUTH COM		A. SIGNATURI	E OF SCHOOL	OL CERTIFYING OFF	ICIAL 148 DATE SIGNED
Leonard Sidney	y Hobbs	11/10/2007			- 2	
D. NAME AND ADDRESS OF FL	IGHT SCHOOL (To but 4-2)	l la	VA OFFICE S	SAVING STU	DENT'S RECORDS	
13. FAMIC AND ADARGESS OF PL	PORT I GUITOVAL (INCINOR TREA	10 10	. VA OPPICE S	MING SIU	DENT 3 RECORDS	1
						1

VA FORM 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
entice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The

	rentice equal op	portunity in emp	loyme	ent and tra				part of this agreement. The suse of race, color, religion.	
Sponsor: Pike Electri	c Incorporate	ed			Em	ployer:Sam	ie as Sponso	or	
Address: 100 Pike Way Mt Air	y, NC 27030				Address:				
Phone Number: 336-7	789-2171				Phone Number:				
Program # 24412	00 217 1								
Supervisor of Program:	Zack Jones								
Apprentice: Last Name Jones Bradley Ed	Name I	e Name		Social Sec 000-00-0	curity Number: 045	Date of Birth: 09/21/71			
Address				Phone N	lumber: 555-	555-55555			
23 East Street Fran	064			Veteran S	atus	Sex			
	Educational Ba ligh School (1	/A Benefit: ing Began:		
Occupation Title: Powerline Technicia	0.0								
Powerline recrinici	an 					D.O.T. Co	de:		
Probationary Period 500	Date Trai 04/01/20	ning Begins Expected Date of Comple 04/01/2011			f Completio	n Attachments? (required if previous credit is given) No			
OJT/Hours Required	8000			RI/Hou	rs Re	equired 576	6		
OJT/Credit for Previou	s Work Experie	ence 0		ı			Related Instruct	tion	
OJT/Hours Remaining	8000			RI/Hou	rs Re	maining 57	'6		
				Wages	paid	during train	ning?		
The Standards of Apprentic That, after the probationar terminated by the sponsor, written notice to the apprent The sponsor will: * Abide by the Standards of * Keep a copy of standards	ceship and appro y period, the agr for good cause, atice and to the r f Apprenticeship	oved revisions are reement may be with due notice to registration agency or, including appre- ce apprentice's rev	e ador cance to the cy of t oved a view d	oted by refi led at the apprentice the final ac and registe aring usus	erence reque e and ction (cred re	e. st of the app a reasonable taken. evisions to the	rentice, or may opportunity for lose standards. where the standa		
Signature of Apprentice:		Signature of	Spons	sor or Rep	resen	tative:	Signature of A	apprenticeship Consultant:	
(Parent/Guardian, if a min	or):	Title:							
Date:		Date:					Date:		
Bureau Chief's Approval:	Barry Judge								
	_ Previous	Credit				_ 🗆 w	aiver Date	:	
	4.09.03 REV 5					Agreement		01/10/2	
								Copy(5) VA Copy Coposes Only V01	
Case: APPENDI				ng Purpo			te Rec'd:	Poses Offix Ant	

North Carolina Department of Labor Apprenticeship and Training Bureau 4West 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: Bradley Edward Jones	Signature of Sponsor: Michael B. Jones	Signature of Apprenticeship Consultant:
(Parent Guardian, if a minor):	Title:	Eddie Jackson
Date: 04/01/07	Date: 04/01/07	Date: 04/27/07
Bureau Chief's Approval:		
Pre	vious Credit	er Date:
Copy (1) File Copy (2) Appr Page 2 of 2	rentice Copy (3) Field File Copy (4) Sponsor Copy	y (5) VA Copy(isapplicable)

TIMS Clerk M2L1PT Claimants Orderno: 08_1.2 For Training Purposes Only V01 Case: APPENDIX A 1 Orderno: 08 For Training Purposes Only. Date Rec'd:

🐪 Department of Veterans Affairs

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 Voterans 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

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

IMPORTANT: Kend Instructio	ns on reverse before com				
FIRST - MIDDLE - LAST NAME		2. FILE NUMBER		3. REPORTI	NG PERIOD
Rosa Maria Gonzal	ez	000-00-0023	1 BEGINN	ING DATE	B. ENDING DATE
ADDRESS OF STUDENT (Com	oles only if this is a change t	from your address of record)	5. IF TRAI	NING WAS COMPLETE	D OR TERMINATED DURIN ATE (Sure region in from 12)
43 Oak St. Madiso	on, AL 35756		REPOR	TING PERIOD, GIVE D	ATE (Some requors in frem 12)
			6. NAME C	F CURRENT COURSE	
7.	FLIGHT INSTRUCTION	N FURNISHED FOR CURR	ENT COURSE DURING	REPORTING PERIO	α
A TYPE OF IN	TRUCTION	D. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
Du	al	400	1.20	s 155	s 186.00
Du	al	400	4.10	166	680.60
Grou	ınd		1.50	18	27.00
Pre/Post			1.75	17	29.75
BA, COST TO STUDENT FO	R INSTRUCTION DUR	ING THIS REPORTING PE	RIOD		s 923.35
B. STATE AND LOCAL SAL	ES TAXES (If applicable	le)			s
BC. TOTAL COST TO STUD	ENT THIS REPORTIN	G PERIOD			s 923.35
TOTAL COST TO STUDE					s 923.35
		TAL HOURS IN COURSE	THROUGH END OF RE	PORTING PERIOD	
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	APPROVED	HOURS GIVEN TO DATE
A DUAL	12	7.25	D. GROLIND	15	1.5
8. SOLO			E. OTHER		
C. PRE-FLIGHT AND POSTFLIGHT	3.25	2.30			
A. CLASS OF MEDICAL CERTI	FICATE HELD BY STUDE	NT ON DATE THIS FLIGHT CO		18. DATE OF LAST EX	
D OCHADKS (In the state of the state of	des Aldress		∠nd class	07	1/28/02
POSTFLIGHT 1A. CLASS OF MEDICAL CERTS 2. REMARKS (Indicate any substitute)	FICATE HELD BY STUDE	ENT ON DATE THIS FLIGHT CO	2nd class		AMINATION 7/28/02
	IFY THAT the above cut				
		138. DATE SIGNED	4A. SIGNATURE OF SCHO	OL CERTIFYING OFFI	CIAL 148/DATE SIGNED
CERTIFICATION: WE CERT SA. SIGNATURE OF STUDENT Rosa Maria Goi	nzalez	08/19/2007			1

JUN 2001 22-0553C

JUL 1999, WILL BE USED.

TIMS Clerk M2L1PT Claimants Orderno:10_1 For Training Purposes Only V01 Case: APPENDIX A 1 Orderno: 10 For Training Purposes Only.

Date Rec'd:

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

	Name of Establis Establishment Co	hment	Depa	Kros	no		CHOIR	•		Ti	+1 ₀ Λ	ccoc	ioto D	irector
	Address 1451 No	rth Ma	rket S Stre	t Eliz	abeth	town	170)22 7	07-26	7-9070)		elepho	
3.	Training organiz a. Name and tit Program Foo b. Name of pers Training Coo	le of d servion wh	and perso vice S o wil	super on who	o wil ⁄isor	n 1 be	direc	-	n cha	rge of	the	Vete	rans 1	Fraining
١.	Training is to b							1		2	3		4	5
	Food Service Ins						Dicti	Number onary of pationa itles	f 1	ength of raining Period (Hours)	Work per week (Hour	per no en	trained rsonnel ormally oployed n this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
							197 2	21-01	0	2700		10	27	3
							POT . E.							
·	Wage schedule fo	r thi	2nd	3rd	4th	g tra	ining Day Per	peri	8th	9th Period	10th Period	11th Period	12th	Normal Pay Rates of Trained Personnel
·.		1st	2nd Period	3rd	4th	g tra	ining Day Per	peri	8th				12th	Rates of Trained
j.		1st Period 22304	2nd Period 23618	3rd Period	4th Period	g tra	ining Day Per 6th Period	peri	8th				12th	Rates of Trained
·.	These wages comp	1st Period 22304	2nd Period 23618 th al	3rd Period	4th Period	g tra	Day Per 6th Period	peri	8th				12th	Rates of Trained Personnel
i.	These wages comp Michael A Smith	1st Period 22304 lly wi	2nd Period 23618 th al Su	3rd Period	4th Period tinen sor	g tra 5th Period t law O4/0	Day Period 6th Period 75. 04/99 Tit	period	8th Period	Period	Period	Period	12th Period	Rates of Trained Personnel
	These wages comp Michael A Smith Signature for Es	1st Period 22304 ly wi tabli	2nd Period 23618 th all Su shmen	3rd Period	4th Period tinen	g tra 5th Period t law 04/0 condi	Day Period 6th Period 75. 04/99 Tit	period	8th Period	Period	Period	Period	12th Period	Rates of Trained Personnel

PDE-3538 (9\94)

7. Schedule of work

	ESTIMATED HOURS OF TRAINING
Equipment Operations and Replacement	900
Evaltuation and Progress Reports Care Custody Control	900
Care Custody Control	900
TOTAL HOURS PER COURSE	2700
CERTIFICATION STATEMENT	
I (We) hereby certify:	
a. That there is reasonable certainty that the job for which Maya Leah Vega	otonon)
(VA Claim No. or SS# 000-00-0010) is being trained will be avaiable to end of the training period;	o him at the
 that hours of credit have been given the veteran for previous training experience; 	
c. that the information on this application is true and correct.	
DateSignature for Establishment	

TIMS Clerk M2L1PT Claimants Orderno:12_1.2 For Training Purposes Only V01 Case: APPENDIX A 1 Orderno: 12 For Training Purposes Only. Date Rec'd:

Maya Leah Vega

VETERAN _____ DATE _____

Title _____

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.	Nam	ne	of	Ε	stal	olis	shment	Depa	artmer	nt of C	orrec	tions							
_	Ect	۲s	h1i	ch	mont	- ሰ	ntact	ماما	· C:4	h					T1	itle_/	\ssoc	iate D	Director
2.	Add	dr	ess	1	451	_Nc	orth M	larket	Stree	et_Eli	zabe	thtow	n_170	022	717-26 ip Cod	7-90	70 _	-1	
3.	Tra a. b.	ai	nir Nan Pro Nan	g e gr e	orga and am of p	tit Dire Ders	zation :le of ector	and person	super on wh	visio o wil	n 1 be	direc	tly i	n cha	rge of	the	Vete		one Fraining
4.	Tra	ai	nir	α	is i	to h	ne aiv	en in											
•							ogram						1	\perp	2	3	\perp	4	5
	Co	or	rec	tio	ns F	- - - - -	d Serv	/ice In	struc	tor		Dicti	Number onary of pationa itles	f	ength of training Period (Hours)	Worl per weel (Hour	s) per no em	trained rsonnel rmally ployed n this ccup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
													097.221-010 2			40	5	27	3
							1st Period			4th Period	5th Period	Day Per 6th Period	7th	8th Period	9th Period	10th Period	11th Period	12th Period	Normal Pay Rates of Trained Personnel
							22304	1 236′											
	Mi	ic	cha	ае	I A	Sr	nith	th al		tinen	t law	s. Dire						Date	
	319	yrı	ldill	re	101	ES	SLUDII	Shinen	L			111	ie					Date	2
6.					in ment		mation	desc					of e	mploy	ment a	and tr			
	Est	ta	b1i	sh	ment	t Re	eprese	ntati	ve	ne A.		S 					D	ate_12	2/02/07
								pecto	Jin	ո P. P	rice								2/13/07

PDE-3538 (9\94)

(OVER)

7. Schedule of work

	FCTTMATED
	ESTIMATED HOURS OF
	TRAINING
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Equipment Operations and Replacement	900
Lumber Hauling	900
Evaluation and Progress Reports	900
	2700
TOTAL HOURS PER COURSE	2700
CERTIFICATION STATEMENT	
I (We) hereby certify:	
a That there is reasonable certainty that the job for which Marjorie Green	
a. That there is reasonable certainty that the job for which (Name of Ve	eteran)

Marjorie Green (Name of Veteran) eing trained will be avaialble to him at the
ne veteran for previous training
s true and correct.
shment
Title



$oldsymbol{lpha}$ Department of Veterans Affairs

MONTHLY CERTIFICATION OF FLIGHT TRAINING

PRIVACY ACT INFORMATION: No benefits may be paid to n 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 Voterans 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

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IMPORTANT: Read instruct	ions on reverse before cor	maleting this form.				
FIRST - MIDDLE - LAST NAM	E OF STIEDENT	2. FILE NUMBER		T	3, REPORTING	PERIOD
rederick Victor Wi	renn	000-00-0042		1 BEGINN		ENDING DATE
ADDRESS OF STUDENT (Co				5. IF TRAIN	VING WAS COMPLETED OF	R TERMINATED DURING (Sara region in frem 12)
4466 Amber Oak C	ircle Winter Parl	k, FL 32789				
				6. NAME O	F CURRENT COURSE	
7	FLIGHT INSTRUCTIO	ON FURNISHED FOR CU	RRENT COURS	E DURING	REPORTING PERIOD	
	NSTRUCTION	D. HORSE POWE		IOURS	D. RATE	E. AMOUNT
Ground			1.50		9 4	21.00
Dual		600	4.25		154	654.50
Dual		600	1.30		148	192.40
Pre/Post			2.10		18	37.80
10/1 000					"	07.00
		1				
						005.70
BA, COST TO STUDENT F	OR INSTRUCTION DU	RING THIS REPORTING	PERIOD			ş 905.70
9B. STATE AND LOCAL SA	ALES TAXES (If applica	ble)				s
		,				
BC. TOTAL COST TO STE	DENT THIS REPORT	NG PERIOD				s 905.70
9 TOTAL COST TO STUD	CAST COD YANG COLIO	AL TIDOUGUESTO OF				905.70
9 (OTAL COST TO \$100						\$ 505.70
		OTAL HOURS IN COUR	SE THROUGH E	ND OF RE	PORTING PERIOD	
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN	TYPE OF INS	TRUCTION	APPROVED	HOURS GIVEN
	14	12.50	1		18	4.5
A DUAL			D. GROUND		10	1.0
B. SOLO			E. OTHER			
C. PRE-FLIGHT	3.25	7.50	-		1	
AND POSTFLIGHT	3.23	2.50	1		1	
1A. CLASS OF MEDICAL CER	TIFICATE HELD BY STUD	ENT ON DATE THIS FLIGHT	T COURSE BEGAN	1 1	18. DATE OF LAST EXAM	NATION
2. REMARKS (Indicate any subst	inzion, flight test or variance	from approved cosme)				
CERTIFICATION: WE CER		ptrics are true and currect.				
SA. SIGNATURE OF STUDEN		138. DATE SIGNED	14A, SIGNATUR	RE OF SCHO	OL CERTIFYING OFFICIA	L 148 DATE SIGNED
rodorial Mint	or wretiti	05/12/2007	1			1
Frederick Victor		1				
-rederick Victo	I IGHT SCHOOL (Table)	ferlin ands)	16 VA OFFICE	SAVING STI	JDENT'S RECORDS	

JUN 2001 22-6553c

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

TIMS Clerk M2L1PT Claimants Orderno: 19_1 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 19 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 sponsor will afford the appre- national origin, disability, or	ntice equal op	portunity in emp	loyme	ent and tra					
Sponsor: Pike Electric				200 0,000	Employer:Same as Sponsor				
Address: 100 Pike Way Mt Air	·				Address:				
Phone Number: 336-78	•				Pho	ne Number:			
Program # 24412	0 2 17 1								
Supervisor of Program: Jim Smith									
Apprentice: Last Name First Name Middle Name McKenzie William Thomas					,			Date of Birth: 07/04/77	
Address						Phone N	umber: 555-5	555-5555	
5151 Maple Oak Grove Franklin, NC 28734						Veteran St	atus	Sex	
Race White Educational Background High School Graduate						Other Veteran Apply for VA Benefit:			
Occupation Title: Powerline Technician							Date Training Began: D.O.T. Code:		
Probationary Period Date Training Begins Expected E 04/01/07			pected Da	ate of	te of Completion Attachments? (required if previous credit is given				
OJT/Hours Required 80	00			RI/Hou	urs Required 576				
OJT/Credit for Previous	Work Experi	ence O		1	dit for Previous Related Instruction0				
OJT/Hours Remaining	8000				rs Remaining s paid during training? No				
This agreement is made und The Standards of Apprentice. That, after the probationary perminated by the sponsor, for written notice to the apprention of the sponsor will: * Abide by the Standards of the Reep a copy of standards are	ship and approperiod, the ago or good cause, ce and to the r Apprenticeship vailable for the	oved revisions are reement may be with due notice to registration agency, including appro- capprentice's rev	e ador cance to the cy of t oved a view d	pted by refiled at the apprentice the final action and registe the final state and register the final state are the final stat	reque e and ction (ered re	e. est of the appropriate a reasonable taken. evisions to the iness hours w	centice, or may be opportunity for one one standards. here the standards.	be suspended, canceled, or corrective action, and with the are kept.	
Signature of Apprentice: William Thomas Mo	cKenzie	Signature of	Spons	sor or Rep	resen	tative:	Signature of Ap	pprenticeship Consultant:	
(Parent/Guardian, if a minor	r):	Title:							
Date:		Date:					Date:		
Bureau Chief's Approval: Ba	arry Judge								
	☐ Previous	Credit				_ Wa	iver Date:		
Copy(1)								01/10/2 Copy(5) VA Copy	
TIMS Clerk M2L1								oses Only V01	
Case: APPENDIX	A 1 Orde	rno: 21 For	ı raını	ing Purpo	ses (nıy. Dat	e Rec'd:		

North Carolina Department of Labor Apprenticeship and Training Bureau 4West 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: William Thomas McKenzie	Signature of Sponsor: Michael B. Holden	Signature of Apprenticeship Consultant:		
(Parent Guardian, if a minor):	Title:	Perry Reaves		
Date: 04/01/07	Date: 04/01/07	Date: 04/27/07		
Bureau Chief's Approval:	vious Credit Waiv	ver Date:		
Copy (1) File Copy (2) Appr Page 2 of 2	rentice Copy (3) Field File Copy (4) Sponsor Copy	y (5) VA Copy(if-applicable)		

TIMS Clerk M2L1PT Claimants Orderno:21_1.2 For Training Purposes Only V01

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													
2	Establishment Co	ntact	Mark	Kres	no					T	itle <u>⊿</u>	ssoc	iate D	irector
2.	Address 1451 No	rth Ma	arket Stre	Elizal et	bethto	own 1 C	7022 ity	717-2	267	-9070 Zip Co	de	Te	e1epho	one
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													
	Training Coo	rainai	or											
4.	. Training is to be given in the following program:						1		2	3		4	5	
	Foord Service Instructor					Code Number in Dictionary of Occupational Titles			Length of training Period (Hours)	Worl per weel (Hour	s) per	trained rsonnel ormally oployed n this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.	
							097.2	21-01	0	2700	40		27	3
5.	Wage schedule fo	r thi	s pro	gram	durin	g tra	ining Day Pe		od.					
		1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8ti Peri	h 9th od Period	10th Period	11th Period	12th Period	Normal Pay Rates of Trained Personnel
		22304	23618											
	These wages comply with all pertinent laws. Michael A. Smith Supervisor 04/04/99													
	Signature for Es	tabli	shmen	t			Tit	1e					Date	9
6.	 The above information describes the conditions of employment and training in this establishment. 							this						
	Establishment Re	prese	ntati		ark A.	John	son					D	ate <u>4/(</u>	02/99
	Veterans Trainin			Jar	ne A.	Jacks	on							5/13/99

PDE-3538 (9\94)

(OVER)

TIMS Clerk M2L1PT Claimants Orderno:23_1.1 For Training Purposes Only V01 Case: APPENDIX A 1 Orderno: 23 For Training Purposes Only. Date Rec'd:

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/	Schedu1	Δ	$^{\circ}$	work
		-	UI.	WULK

		ESTIMATED HOURS OF TRAINING
Tool/Radio Control	g	900
Toxics and Caustics		900
Sanitation		900
	TOTAL HOURS PER COURSE	700
CERTIF:	ICATION STATEMENT	
(We) hereby certify:		

I (We) hereby certify:	
a. That there is reasonable certainty	that the job for which Robert William Joseph
(VA Claim No. or SS# 000-00-0005 end of the training period;	(Name of Veteran)) is being trained will be avaialble to him at the
b. that hours of credit have been experience;	given the veteran for previous training
c. that the information on this appli	cation is true and correct.
DateSignature for	Establishment
	Title
Robert William Joseph VETERAN	DATE
GIMS Clerk M2L1PT Claimants O	orderno:23_1.2 For Training Purposes Only



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 ap						ining	without disc	rimination becau	se of race, color, religion.
Sponsor: Pike Electric Incorporated				Emp	Employer:Same as Sponsor				
Address: 100 Pike Way Mt.	Air	, NC 2703	30			Address:			
Phone Number: 336-	789	-2171				Pho	ne Number:		
Program # 24412									
Supervisor of Program: James Jordan									
Apprentice: Last Name First Name Middle Name Donato Deborah Ann					Name		Social Sec 000-00-0	Date of Birth: 10827/69	
Address	_						Phone N	umber:	
43 East Glen Stree	t O	pelika, AL	36801				Veteran St	atus	Sex
Race White		ıcational Ba					Apply for \	/A Benefit:	
	Hig	h School C	Fraduate	-				ing Began:	
Occupation Title: Powerline Technician					D.O.T. Co				
Probationary Period Date Training Begins Expected Date Training Begins Date Date Date Date Date Date Date Date			ate of	e of Completion Attachments? (required if previous credit is given)					
OJT/Hours Required	800	0			RI/Hou	rs Required 576			
OJT/Credit for Previo			ence		RI/Cred	dit for Previous Related Instruction			
OJT/Hours Remainin	g 8	3000				rs Remaining paid during training? No			
The Standards of Apprent That, after the probational	ticesl ary por, for entice	nip and appropried, the agreed cause, we and to the representations of the proprenticeship.	wed revisions are reement may be with due notice the registration agence, including appro-	e adop cancel to the s cy of t	oted by refi led at the apprentice the final ac	erence reque and tion t	e. st of the app a reasonable taken. evisions to th	rentice, or may be opportunity for coose standards.	sions to those standards). e suspended, canceled, or corrective action, and with the desired action.
Signature of Apprentice	:		Signature of	Spons	sor or Rep	resent	tative:	Signature of Apprenticeship Consultant:	
(Parent/Guardian, if a m	Parent/Guardian, if a minor): Title:								
Date:			Date:					Date:	
Bureau Chief's Approval:	Bar	ry Judge							
	Previous Credit Waiver Date:								
Cop TIMS Clerk M2I	y(1) 1P	Γ Claima	ants Orde	rno:	:28_1.	1 F	or Trai	ning Purp	01/10/2 Copy(5) VA Copy oses Only V01
Case: APPEND	NX A	. 1 Orde	rno: 28 For ⁻	Traini	ng Purpo	ses C	Only. Da	te Rec'd:	

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

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 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:				
(Parent Guardian, if a minor):	Title:	Jarod R.Wright				
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(is applicable) Page 2 of 2						

TIMS Clerk M2L1PT Claimants Orderno: 28_1.2 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 28 For Training Purposes Only. Date Rec'd:

•	DROP
SCA	

Department of Vet	erans Affairs						
MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING							
FOR VA	FOR VA USE ONLY						
VA FILE NUMBER	PAYEE						
000-00-0036	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 enother form.

INSTRUCTIONS TO TRAINEE

TEMS 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 "journeymen" 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.

		TO THE PROPERTY OF THE PARTY OF THE PARTY.	4 5 4 5 5 5 5 5 5 5	ATRICA DESIGNATION AND A CO. A.
1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN	S. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FO THE MONTH(S) SHOWN IN ITEM 17		MINATED (Mo., day, yr.)
	ITEM 1	W	1	
August, September, October	125, 115, 125	YES NO Items 4 and 5)		
		5. REASON FOR TERMINATION		
1				
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
				!!!
		YES NO Items 6B and 6C)		
7. REMARKS				
I CERTIFY THAT the previous statements	s are true and correct to the best	of my knowledge and belief.		
PENALTY - Willful false reports concerni	ing benefits payable by VA may	result in fines or imprisonment or both.		
8A. SIGNATURE OF TRAINEE			8B. DATE	
Hector Rivera			12/17/07	
SA. SIGNATURE AND TITLE OF CERTIFYIN	IG OFFICIAL		9B. DATE SIGNE	٠ ا
Cecilia Powers			01/03/08	
			1	1

VA FORM NOV 2002 22-6553d-1 EXISTING STOCKS OF VA FORM 22-6553d-1, OCT 1999, WILL BE USED.

TIMS Clerk M2L1PT Claimants Orderno: 36_1 For Training Purposes Only V01

Case: APPENDIX A 1 Orderno: 36 For Training Purposes Only. Date Rec'd: