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



Module 2

Lesson 1 – Scan Drop

Posttest Variant

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
004_1	VA Form 22-6553d-1	1	V01
010_1	VA Form 22-6553c	1	V01
013_1	Apprenticeship Agreement	2	V01
018_1	On-The-Job Training	2	V01
	Agreement		
021_1	VA Form 22-6553c	1	V01
025_1	VA Form 22-6553d-1	1	V01
028_1	On-The-Job Training	2	V01
	Agreement		
036_1	Apprenticeship Agreement	2	V01
038_1	Apprenticeship Agreement	2	V01
043_1	On-The-Job Training	2	V01
	Agreement		

Record of Changes

Version and Change Number	Date	Description

SCAN	DRAF	>

Department of	Veterans Affairs
	FICATION OF ON-THE-JOB ENTICESHIP TRAINING
	R VA USE ONLY
VA FILE NUMBER	PAYEE
000-00-0021	John Phillip Blackburn
FACILITY CODE	C.FL. Carpenter
lr.	MPORTANT
DO NOT Complete, date, of to be certified.	or sign before the last date of period
Read the instructions care complete, date, and sign to of the last month shown in or lost ask VA for enother	fully. You and the employer should his form on or after the last day hitem 1. If form is destroyed 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, 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.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	S. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FO THE MONTH(S) SHOWN IN ITEM 17 If "No," complete Items 4 and 5).	A. DATE TERM	MINATED (Mo., day, yr.)
August	160			
September	160	S. REASON FOR TERMINATION		
October	160			
Octobel		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE	6C. EFFECTIVE DATE
		YES NO ltems 6B and 6C)		
7. REMARKS				
I CERTIFY THAT the previous statemen	ts are true and correct to the best	of my knowledge and belief.		
PENALTY - Willful false reports concern	ning benefits payable by VA may	result in fines or imprisonment or both.		
8A. SIGNATURE OF TRAINEE			8B. DATE	
John Blackburn			11/03/06	
9A. SIGNATURE AND TITLE OF CERTIFY!	NG OFFICIAL		9B. DATE SIGNE	D
Jack Fillmore			01/17/07	
W 500W 00 0550 L4	Turanus brees	10 OF 111 FORM 52 SEES 1 1 OCT 1000		

VA FORM 22-6553d-1

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

Case: APPENDIX B 1 Orderno: 004 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. 3620(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 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 bender comments.	in estimate or uny other a	spect of this collection of inf	ormation, call	1-888-442-45	551 for mailing inform	nation on where to send your			
IMPORTANT: Read instruction	es on reverse before comp								
1. FIRST - MIDDLE - LAST NAME		2. FILE NUMBER			3. REPORTING PERIOD				
Carl Gregory Mannir	ng	000-00-0074		1 BEGINNE	NG DATE	E. ENDING DATE			
4. ADDRESS OF STUDENT (Com	ott your address of record)		5. IF TRAINE	NG WAS COMPLETED	OR TERMINATED DURING				
2159 Steve Hunt Ro	ad Opa Locka,	FL 33054		REPORTI	NG PERIOD, GIVE DA	TE (Some requon in from 12)			
				6. NAME OF	CURRENT COURSE				
7.	FLIGHT INSTRUCTION	FURNISHED FOR CURRE	NY COURSE	DURING R	EPORTING PERIO	D			
A TYPE OF IN	STRUCTION	D. HORSE POWER	C. H	OURS	D. RATE	E. AMOUNT			
					S	S			
BA, COST TO STUDENT FO	R INSTRUCTION DURI	NG THIS REPORTING PER	s						
9B. STATE AND LOCAL SAL	ES TAXES (If applicable)		s					
8C. TOTAL COST TO STUD	ENT THIS REPORTING				s				
9 TOTAL COST TO STUDE						s			
	10. SUMMARY OF TO	TAL HOURS IN COURSE	THROUGH E	ND OF REP	ORTING PERIOD				
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION MAXIMUM APPROVED		HOURS GIVEN TO DATE				
A DUAL			D. GROLIND						
B. SOLO			E. OTHER						
C. PRE-FLIGHT AND POSTFLIGHT									
11A. CLASS OF MEDICAL CERTI	FICATE HELD BY STUDEN	YT ON DATE THIS FLIGHT CO	URSE BEGAN	116	B. DATE OF LAST EX	MINATION			
12. REMARKS (Indicaté zny suberia	ation, flight test or veriance fro	on approved course)							
CERTIFICATION: WE CERT	TFY THAT the above cuts	ics are true and currect.							
ISA. SIGNATURE OF STUDENT			IA. SIĞNATUR	E OF SCHOO	L CERTIFYING OFFIC	IAL 148: DATE SIGNED			
13. NAME AND ADDRESS OF FL	IGHT SCHOOL (Include fac	Zicy code)	16. VA OFFICE SAVING STUDENT'S RECORDS						
14 COON			D/ 00 0500-						

VA FORM 22-6553c

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

TIMS Clerk M2L1PTV Claimants Orderno: 010 1 For Training Purposes Only V01

Case: APPENDIX B 1 Orderno: 010 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

Intice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement. The

The program sponsor and the sponsor will afford the appre	ntice equal op	portunity in emp	oloyme	ent and tra					
national origin, disability, or			on reve	erse side.					
Sponsor: Pike Electric	Incorporate	ea			Employer:				
Address: 100 Pike Way Mt. Airy, NC 27030						ress:			
Phone Number: 336-78	39-2171				Pho	ne Number	:		
Program # 24412									
Supervisor of Program:	y								
Apprentice: Last Name Nichols John Curtis	Name I	Name		Social Sec 000-00-0	curity Number: 0093	Date of Birth: 03/11/69			
Address						Phone N	lumber:		
620 Newport Lane S	myrna, GA	30080				Veteran S		Sex	
Race	ducational Ba	ckaround				Other V	eteran	Male	
Hi	gh School (1	/A Benefit:Y ing Began:		
Occupation Title: Powerline Technician D.O.T. Code:									
Probationary Period Date Training Begins Expected Date of Completion Attachments?							ttachments?		
Probationary Period Date Training Begins 04/01/2007 Expected Date of 04/01/2011						Completto	(required if previous credit is given)		
OJT/Hours Required 80	000			RI/Hou	rs Required 576				
OJT/Credit for Previous	Work Experie	ence			dit for Previous Related Instruction				
OJT/Hours Remaining	8000			RI/Hou	rs Remaining				
				Wages	paid	paid during training? No			
This agreement is made und The Standards of Apprentice That, after the probationary terminated by the sponsor, for written notice to the apprent The sponsor will: * Abide by the Standards of * Keep a copy of standards a	ship and appro period, the ago or good cause, ice and to the r Apprenticeship	oved revisions are reement may be with due notice to registration agen- o, including appro-	te adop cancel to the a cy of the roved a	oted by ref led at the apprentice the final ac	reque e and ction t	e. st of the app a reasonable taken. evisions to the	orentice, or may be opportunity for one one standards.	pe suspended, canceled, or corrective action, and with	
Signature of Apprentice:		Signature of	Spons	sor or Rep	resent	tative:	Signature of Ap	pprenticeship Consultant:	
(Parent/Guardian, if a mino	r):	Title:							
Date:		Date:					Date:		
Bureau Chief's Approval: B	arry Judge								
	☐ Previous	Credit				_ 🗆 w	aiver Date:		
	09.03 REV 5					Agreement		01/10/2	
		2) Apprentice/T						Copy(5) VA Copy	
TIMS Clerk M2L1I Case: APPENDIX				o:013_ ning Purp			aining Pu: ate Rec'd:	rposes Only V01	

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: John Curtis Nichols	Signature of Sponsor: Jim Jones	Signature of Apprenticeship Consultant:			
(Parent Guardian, if a minor):	Title:				
Date: 04/01/07 Date: 04/01/07		Date:			
Bureau Chief's Approval:	_				
Previous Credit Waiver Date:					
Copy (1) File Copy (2) App Page 2 of 2	rentice Copy (3) Field File Copy (4) Sponsor Copy	y (5) VA C opy(iFapplicable)			
TIMS Clerk M2L1PTV Claim	ants Orderno:013_1.2 For 5	Training Purposes Only V01			

Case: APPENDIX B 1 Orderno: 013 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

1. 2. 3.	Name of Establis Establishment Co Address 1451 Nor Training organiz a. Name and tit Program Foo b. Name of pers Traning Coor	ntact th Ma ation le of d Ser on wh	Mark rket S Stree and s perso vice S o wil	Kres treet et super on wh	no Elizal visio o wil	pethto C n 1 be	wn 1 ity direc	7022 tly i	n ch	267-90 Zip Cod arge of	70 de f the	Te Vete	elepho	Fraining
4.	4. Training is to be given in the following program: 1 2 3 4 5							5						
	Food Service Ins	•					Dicti Occu	Number onary of pationa itles	·	Length of training Period (Hours)	Worl per weel (Hour	s) per no em	trained rsonnel ormally oployed n this ccup.	
							097.2	21-01	0	2700	4	0	27	3
5.	Day Percent of						Normal Pay							
		1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Perio	9th d Period	10th Period	11th Period	12th Period	Rates of Trained Personnel
		22304	23618											
	These wages comply with all pertinent laws. Michael A. Sears Recruitment Supervisor 04/04/99													
	Signature for Es	tab1i	shmen	t			Tit	1e					Date	e
6.	The above informestablishment.	ation	desc				tions	of e	mplo	yment a	and tr			
	Establishment Re	prese	ntati	ve	ark Kre							D		/02/99
	Veterans Trainin	g Ins	pecto		nes P	rerce						D	ate	5/13/99

PDE-3538 (9\94)

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

	ESTIMATED
	HOURS OF TRAINING
	HVIIII
Sanitation	900
Count Procedures	900
_Report Writing	900
	+
	+
	2700
TOTAL HOURS PER COURSE	2700
CERTIFICATION STATEMENT	
I (We) hereby certify:	
a. That there is reasonable certainty that the job for which Leatrice Pax Mito	hell
(Name of V	eteran)

CERTIFICATION STATEMENT
I (We) hereby certify:
a. That there is reasonable certainty that the job for which $\frac{\text{Leatrice Pax Mitchell}}{\text{(Name of Veteran)}}$ (VA Claim No. or SS# $\frac{000\text{-}00\text{-}0045}{\text{end of the training period;}}$) is being trained will be available to 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
Leatrice Pax Mitchell VETERAN DATE
TIMS Clerk M2L1PTV Claimants Orderno:018_1.2 For Training Purposes Only V

701 Case: APPENDIX B 1 Orderno: 018 For Training Purposes Only. Date Rec'd:

OMB Approved No. 2000-61e2 Respondent Burden: 30 Mins.

<equation-block> 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 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

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information values 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 comments regarding this burds comments.	data sources, gathering as in estimate or any other as	ed maintaining the data a pect of this collection of	ceded, and comp information, call	loting and so 1-888-442-4	viewing the collection SSI for mailing informa-	of information. If you have ation on where to send your		
IMPORTANT: Read instruction	ens on reverse before compl	cting this form.						
1. FIRST - MIDDLE - LAST NAME	OF STIEDENT	2. FILE NUMBER		3. REPORTING PERIOD				
Heather Dawn Smitl	า	000-00-0061		4 BEGINNE		B. ENDING DATE		
4. ADDRESS OF STUDENT (Com	plete only if this is a change the	et your address of pecord)		5. IF TRAIN	NG WAS COMPLETED	OR TERMINATED DURING		
3181 Pine Street Sa				REPORTI	NG PERIOD, GIVE DAT	E (Some request in frem 12)		
				6. NAME OF	CURRENT COURSE			
7.	FLIGHT INSTRUCTION	FURNISHED FOR CUR	RENT COURSE	DURING R	EPORTING PERIOD			
A TYPE OF IN	STRUCTION	D. HORSE POWER	C. H	OURS	D. RATE	E. AMOUNT		
					S	S		
BA, COST TO STUDENT FO	R INSTRUCTION DURIN	IG THIS REPORTING P	ERIOD			s		
9B. STATE AND LOCAL SAL	ES TAXES (If applicable)					s		
8C. TOTAL COST TO STUD	ENT THIS REPORTING	PERIOD				s		
9 TOTAL COST TO STUDE						s		
	10. SUMMARY OF TOT	AL HOURS IN COURSE	THROUGH E	ND OF REP	ORTING PERIOD			
TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INS	TRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE		
A DUAL			D. GROUND					
B. SOLO			E. OTHER					
C. PRE-FLIGHT AND POSTFLIGHT								
11A. CLASS OF MEDICAL CERTI	FICATE HELD BY STUDEN	T ON DATE THIS FLIGHT	COURSE BEGAN	11(B. DATE OF LAST EXAM	NOTION		
12. REMARKS (Indicaté any substitu	ation, flight test or variance from	n дергоved overse)						
CERTIFICATION: WE CERT								
ISA. SIGNATURE OF STUDENT	,	138. DATE SIGNED 05/12/2007	14A, SIGNATUR	E OF SCHOO	OL CERTIFYING OFFICE	AL 148 DATE SIGNED		
10. NAME AND ADDRESS OF FL	IGHT SCHOOL (Include facil	ey code)	16. VA OFFICE SAVING STUDENT'S RECORDS					

VAFORM **22-6553c**JUL 1999 WILL RE USED.

TIMS Clerk M2L1PTV Claimants Orderno: 021_1 For Training Purposes Only V01

Case: APPENDIX B 1 Orderno: 021 For Training Purposes Only. Date Rec'd:

CCAN	DROP
SUM	

Department of Veterans Affairs						
	IFICATION OF ON-THE-JOB ENTICESHIP TRAINING					
FO	R VA USE ONLY					
VA FILE NUMBER	PAYEE					
000-00-0019	Brenda Lee Heflin					
FACILITY CODE	TYPE TRAINING					
	Machinist					
1	MPORTANT					
DO NOT Complete data or sign before the last data of period						

DU NUI 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.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	THE MONTH(S) SHOWN IN ITEM 17	4. DATE TERMINATED (Mo., day, yr.)					
		YES NO lif "No," complete ltems 4 and 5)						
1		S. REASON FOR TERMINATION						
1		1						
		6A. IS WAGE RATE IN ACCORDANCE WIT TRAINING AGREEMENT?	H 6B. RATE 6C. EFFECTIVE DATE					
		YES NO ktems 68 and 6C)						
7. REMARKS								
1								
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			8B. DATE					
Brenda Lee Heflin			11/15/2007					
9A. SIGNATURE AND TITLE OF CERTIFYI	NG UFFICIAL		9B. DATE SIGNED					
Elisha Edwards			01/06/2008					
1			1					

VA FORM 22-6553d-1

EXISTING STOCKS OF VA FORM 22-6553d-1, OCT 1999,

WILL BE USED.

TIMS Clerk M2L1PTV Claimants Orderno: 025 1 For Training Purposes Only V01 Case: APPENDIX B 1 Orderno: 025

For Training Purposes Only. Date Rec'd:

SCAN DROP

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 Establishment Department of Corrections													
Street City Zip Code Telephone													
a. Name and tit Program <u>Foo</u> b. Name of pers	le of d Servison who	perso vice S o wil	on wh	o wil	1 be	direc ress	tly i and o	n cha ther	rge of	f the ds of	Veter trair	rans T	[raining
. Training is to be given in the following program:						1 2			2	3		4	5
Food Service Instructor						Code Number in Dictionary of Occupational Titles			raining Period	per p week r (Hours)		sonnel rmally ployed this	In view of col. 4 give max. no. of trainees to be employed in this occup.
						097.2	21-01	0	2700	4	0	27	3
1st 2nd 3rd 4th 5th						Day Percent of 6th 7th 8th 9th 1				10th Period	11th Period	12th Period	Normal Pay Rates of Trained Personnel
	22304 2	23618											
These wages comply with all pertinent laws. Signature for Establishment Title							and tr		ng in	this			
	Establishment Co Address 1451 Ma Training organiz a. Name and tit Program Foo b. Name of pers Training Coo Training is to b the following pr Food Service Ins Wage schedule for These wages comp Signature for Es The above informestablishment. Establishment Re	Establishment Contact Address 1451 Market S Training organization a. Name and title of Program Food Ser b. Name of person who Training Coordina Training is to be give the following program Food Service Instructor Wage schedule for this 1st Period 22304 These wages comply with Signature for Establic The above information establishment. Establishment Represent	Establishment Contact Mark Address 1451 Market Street Street Training organization and a. Name and title of person Program Food Service Sb. Name of person who will Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program: Food Service Instructor These wages comply with all Signature for Establishment The above information descreptablishment. Establishment Representative Establishment Representative	Establishment Contact Mark Kres Address 1451 Market Street Eliza Street Training organization and super a. Name and title of person when Program Food Service Super b. Name of person who will main Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program Period Perio	Address 1451 Market Street Elizabetht Street Training organization and supervisio a. Name and title of person who will Program Food Service Supervisor b. Name of person who will maintain Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program durin 1st 2nd 3rd 4th Period Peri	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown Street Training organization and supervision a. Name and title of person who will be Program Food Service Supervisor b. Name of person who will maintain prog Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program during training Service Instructor These wages comply with all pertinent law Signature for Establishment The above information describes the condiestablishment. Establishment Representative Mark Kresn Schedule Street Elizabethtown Contact Street Contact	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown 17022 Street City Training organization and supervision a. Name and title of person who will be directly program Food Service Supervisor b. Name of person who will maintain progress Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program during training The following program: Food Service Instructor Total Representative The above information describes the conditions establishment. Establishment Representative Mark Kresno John Smith	Address 1451 Market Street Elizabethtown 17022 717 Street City Training organization and supervision a. Name and title of person who will be directly i Program Food Service Supervisor b. Name of person who will maintain progress and o Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program during training peri Day Percent of Period Perio	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown 17022 717-267- Street City Z Training organization and supervision a. Name and title of person who will be directly in cha Program Food Service Supervisor b. Name of person who will maintain progress and other Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program during training period. Wage schedule for this program during training period. Day Percent of Service Period Pe	Address 1451 Market Street Elizabethtown 17022 717-267-9070 Street City Zip Coc Training organization and supervision a. Name and title of person who will be directly in charge of Program Food Service Supervisor b. Name of person who will maintain progress and other record Training Coordinator Training is to be given in the following program: Food Service Instructor Wage schedule for this program during training period. Wage schedule for this program during training period. Day Percent of Period	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown 17022 717-267-9070 Street City Zip Code Training organization and supervision a. Name and title of person who will be directly in charge of the Program Food Service Supervisor b. Name of person who will maintain progress and other records of Training Coordinator Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training program: Toda Number in Dictionary of Period Period (Hours) Titles The service Instructor Training period. Training period. Training is to be given in the following program: Toda Number in Dictionary of Period (Hours) Toda Number in Dictionary of Period Peri	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown 17022 717-267-9070 Street City Zip Code Te Training organization and supervision a. Name and title of person who will be directly in charge of the Veter Program Food Service Supervisor b. Name of person who will maintain progress and other records of train Training Coordinator Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training is to be given in Dictionary of Occupational Titles Dictionary of Occupational Titles Dictionary of Occupational Titles Day Percent of Teahing Period Per	Establishment Contact Mark Kresno Address 1451 Market Street Elizabethtown 17022 717-267-9070 Street City Zip Code Telephoral Training organization and supervision a. Name and title of person who will be directly in charge of the Veterans Program Food Service Supervisor b. Name of person who will maintain progress and other records of trainees Training Coordinator Training is to be given in the following program: Food Service Instructor Training is to be given in the following program: Food Service Instructor Training organization and supervision Day Period Perio

PDE-3538 (9\94)

(OVER)

Schedule of wo	rĸ

	ESTIMATED
	HOURS OF
	TRAINING
Tool/Radio Control	900
Inmate Payroll	900
Inmate Payroll Emergency Procedures	900
	+
	+
	+
	+
	+
	+
	+
	+
	+
	+
	+
	+
	2700
TOTAL HOURS PER COURSE	2700
CERTIFICATION STATEMENT	
I (We) hereby certify:	
a. That there is reasonable certainty that the job for which Ladarius Michael	l Brown
(VA Claim No. or SS# 000-00-0037) is being trained will be avaiable to	CUCI UII)

I (We) hereby certify:	
a. That there is reasonable certainty that the (VA Claim No. or SS# $\frac{000-00-0037}{\text{end of the training period;}}$) is be	
 that hours of credit have been given the experience; 	ne veteran for previous training
c. that the information on this application is	s true and correct.
DateSignature for Establis	shment
	Title
VETERAN	DATE
IMS Clerk M2L1PTV Claimants Orderno:0	



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

	pren	tice equal op	portunity in emp	loyme	ent and tra				ise of race, color, religion.	
Sponsor: Pike Electric Incorporated E						Emp	Employer:Same as Sponsor			
Address: 100 Pike Way Mt. Airy, NC 27030					Address:					
Phone Number: 336-	789	-2171				Pho	ne Number:			
Program # 24412										
Supervisor of Program: James Brown										
Apprentice: Last Name First Name Middle Name Hayes Alfredo Warren						,			Date of Birth: 07/02/67	
Address							Phone N	ımber:		
794 Tanglewood R	oac	Tunelo, I	MS 38801				Veteran Sta	atus	Sex	
Race White		ucational Ba h School (Apply for V			
Occupation Title:							Date Training Began:04/01/2007			
Powerline Technic	ıan						D.O.T. Cod	D.O.T. Code:		
Probationary Period 500			Date Training Begins 4/01/2007 Expected Da				te of Completion Attachments? (required if previous credit is giv			
OJT/Hours Required	800	00			RI/Hou	rrs Required 576				
OJT/Credit for Previo			ence			dit for Previous Related Instruction				
OJT/Hours Remainin	g	3000				rs Remaining s paid during training? No				
The Standards of Apprent That, after the probational	r, for entic	hip and appro eriod, the ago good cause, e and to the r pprenticeship	wed revisions are reement may be with due notice t egistration agence o, including appr	e ador cancel to the cy of t	oted by refe led at the a apprentice the final ac	erence reque e and ction t	e. st of the appr a reasonable taken. evisions to the	entice, or may be opportunity for one one of the contract of t	sions to those standards). se suspended, canceled, or corrective action, and with the ds are kept.	
Signature of Apprentice			Signature of	Spons	sor or Rep				pprenticeship Consultant:	
(Parent/Guardian, if a m	inor)	:	Title:	-						
Date:			Date:				1	Date:		
Bureau Chief's Approval:	Bar	ry Judge								
		☐ Previous	Credit				_ D Wa	ver Date:		
		9.03 REV 5		'rainee	e Copy(3) Fie	Agreement	(4) Sponsor (01/10/2 Copy(5) VA Copy	
									rposes Only V01	
Case: APPEND	IX E	3 1 Orde	rno: 036 Foi	r Trair	ning Purp	oses	Only. Da	ite 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: Alfredo Warren Hayes	do Warren Hayes Signature of Sponsor: John L. Walker						
(Parent Guardian, if a minor):	Title:						
Date: 04/01/07	Date: 04/01/07	Date:					
Bureau Chief's Approval: Previous Credit Waiver Date:							
Copy (1) File Copy (2) A	pprentice Copy (3) Field File Copy (4) Spons	sor Copy (5) VA Copy(iFapplicable)					

TIMS Clerk M2L1PTV Claimants Orderno: 036_1.2 For Training Purposes Only V01 Case: APPENDIX B 1 Orderno: 036 For Training Purposes Only. Date Rec'd:





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

sponsor will afford the ap	pren	tice equal op	portunity in emp	loyme	ent and tra				art of this agreement. The use of race, color, religion.
national origin, disability Sponsor: Pike Elect				on rev	erse side.	Emr	olover Sam	e as Sponsor	
Address:	.110	incorporati	Ju				ress:	- 30 oponoon	
100 Pike Way Mt.		•	30			Mad	1688.		
Phone Number: 336-	789)-2171				Pho	ne Number:		
Program # 24412									
Supervisor of Program: John A. Jackson									
Apprentice: Last Nam Forest Anthony			Name M	Middle	e Name	,			Date of Birth: 07/17/71
Address							Phone N	umber:	
3692 Cherry Ridge	e Ro	oad Athen	s, GA 30605	•			Veteran St		Sex
Race White	Ed	ucational Ba	ckground				Other Ve		L
vvnite	Hig	h School (Graduate					A Benefit:Y	
Occupation Title:							Date Training Began:04/01/2007		
Powerline Technic	cian						D.O.T. Coo	le: 822.381.0	014
Probationary Period Date Training Begins 04/01/2007 Expected D					pected Da	ate of	te of Completion Attachments? (required if previous credit is given)		
OJT/Hours Required	800	00			RI/Hou	rs Required 576			
OJT/Credit for Previo	ous V	Nork Experie	ence		RI/Cred	dit for Previous Related Instruction			
OJT/Hours Remainin	g	8000			RI/Hou	rs Remaining 576			
					Wages	paid during training? No			
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	Spons	sor or Rep	resent	tative:	Signature of Ap	oprenticeship Consultant:
(Parent/Guardian, if a m	inor)):	Title:	-					
Date:			Date:					Date:	
Bureau Chief's Approval:	Ba	rry Judge							
		☐ Previous	Credit				_ D Wa	iver Date:	
AOI	24.0	9.03 REV 5					Agreement		01/10/2
Сор	y(1)	File Copy(2) Apprentice/T				ld file Cop		Copy(5) VA Copy
TIMS Clerk M2I Case: APPEND								aining Pu: ate Rec'd:	rposes Only V01
Case. APPENL	ᇄ샤	o i Olde	rno: 038 Foi	Hall	ning Purp	USES	Offig. D	ale Rec a.	

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: Anthony Kelvin Forest	Signature of Apprenticeship Consultant:							
(Parent Guardian, if a minor):	Title:							
Date: 04/01/07	Date: 04/01/07	Date:						
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 M2L1PTV Claimants Orderno:038_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 Establis	hment	Depa	artme	nt of (Jorre	ctions								
	Establishment Co	Establishment Contact Mark KresnoTitle_Associate Director													
2.	Address 1451 North Market Street Elizabethtown 17022 717-267-9070														
3.	Training organiz a. Name and tit Program <u>Foo</u> b. Name of pers Training Coo	le of d Ser on wh	perso vice S o wil	super	o wil	n 1 be	ity direc ress	tly i and o	n cha	Zip Coo arge of record	the	Veter	elepho rans l nees _	Fraining	
	Training 000	Tulliat	.OI												
4.	Training is to be given in the following program:						1			2	3		4	5	
	Food Service Instructor						Code Number in Dictionary of Occupational Titles			ength of training Period (Hours)	Worl per weel (Hour	per no em ir	trained sonnel rmally ployed this ccup.	In view of col. 4 give max. no. of trainees to be employed in this occup.	
						097.221-010		0 :	2700	4	40	27	3		
5.	Wage schedule fo	1st Period 22304	2nd Period	3rd	4th	5th	Day Per	cent of	8th	9th I Period	10th Period	11th Period	12th Period	Normal Pay Rates of Trained Personnel	
	These wages comply with all pertinent laws.														
	Signature for Establishment					Title				Date					
6.	The above information describes the conditions of employment and training in this establishment.														
	Mark Kresno Establishment Representative											Date 04/02/99			
	Jim Jones Veterans Training Inspector											Date 05/13/99			

PDE-3538 (9\94)

7. Schedule of work						
	ESTIMATED HOURS OF TRAINING					
	\vdash					
TOTAL HOURS PER COURSE						
CERTIFICATION STATEMENT						
I (We) hereby certify:						
a. That there is reasonable certainty that the job for which(Name of Ve						
(VA Claim No. or SS#) is being trained will be avaialble to him at the end of the training period;						
 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						
Title						
VETERAN DATE						

TIMS Clerk M2L1PTV Claimants Orderno:043_1.2 For Training Purposes Only V01 Case: APPENDIX B 1 Orderno: 043 For Training Purposes Only. Date Rec'd: