

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



Module 2

Lesson 1 – Scan Drop

Posttest Variant

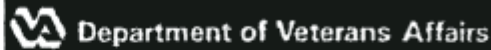
October 15, 2008

List of Effective Pages

Order Number	Item	No. of Pages	Change in 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
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021_1	VA Form 22-6553c	1	V01
025_1	VA Form 22-6553d-1	1	V01
028_1	On-The-Job Training Agreement	2	V01
036_1	Apprenticeship Agreement	2	V01
038_1	Apprenticeship Agreement	2	V01
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Record of Changes

Version and Change Number	Date	Description



SCAW DROP

MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

FOR VA USE ONLY

VA FILE NUMBER 000-00-0021	PAYEE John Phillip Blackburn
FACILITY CODE	TYPE TRAINING C.FL. Carpenter

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.

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 1 160	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)
	160	5. REASON FOR TERMINATION	
	160	6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete items 6B and 6C)	6B. RATE

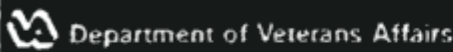
7. REMARKS

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. SIGNATURE OF TRAINEE John Blackburn	8B. DATE 11/03/06
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL Jack Fillmore	9B. DATE SIGNED 01/17/07

FILE NUMBER:



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 Carl Gregory Manning		2. FILE NUMBER 000-00-0074		3. REPORTING PERIOD	
				4. BEGINNING DATE	5. ENDING DATE
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record) 2159 Steve Hunt Road Opa Locka, FL 33054				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
			\$	\$

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

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			D. GROUND		
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
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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	13B. DATE SIGNED 08/15/2001	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: Jake Bradley	Employer: Address: Phone Number:
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Apprentice: Last Name Nichols	First Name John	Middle Name Curtis	Social Security Number: 000-00-0093	Date of Birth: 03/11/69
Address 620 Newport Lane Smyrna, GA 30080			Phone Number:	
Race White		Educational Background High School Graduate		
Occupation Title: Powerline Technician			Veteran Status Other Veteran	Sex Male
			Apply for VA Benefit: Y Date Training Began:	
			D.O.T. Code:	

Probationary Period 500	Date Training Begins 04/01/2007	Expected Date of Completion 04/01/2011	Attachments? (required if previous credit is given)
----------------------------	------------------------------------	---	--

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: _____

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

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) 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 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 Food Service Supervisor
 - b. Name of person who will maintain progress and other records of trainees Traning 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. Sears Recruitment 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 Kresno Date 04/02/99
 Veterans Training Inspector James Pierce Date 05/13/99

7. Schedule of work

	ESTIMATED HOURS OF TRAINING
Sanitation	900
Count Procedures	900
Report Writing	900
TOTAL HOURS PER COURSE	2700

CERTIFICATION STATEMENT

I (We) hereby certify:

a. That there is reasonable certainty that the job for which Leatrice Pax Mitchell
 (VA Claim No. or SS# 000-00-0045) is being trained will be available to him at the
 end of the training period;

b. that hours of credit have been given the veteran for previous training
 experience;

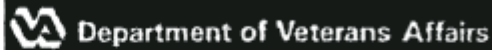
c. that the information on this application is true and correct.

Date _____ Signature for Establishment _____

Title _____

VETERAN Leatrice Pax Mitchell DATE _____

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 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		2. FILE NUMBER		3. REPORTING PERIOD	
Heather Dawn Smith		000-00-0061		A. BEGINNING DATE	B. ENDING DATE
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record)				5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE (State reason in item 12)	
3181 Pine Street Sarasota, FL 34232					
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
				\$	\$
8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD					\$
8B. STATE AND LOCAL SALES TAXES (if applicable)					\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD					\$
9. TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD					\$
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		MAXIMUM APPROVED	
HOURS GIVEN TO DATE		TYPE OF INSTRUCTION		HOURS GIVEN TO DATE	
A. DUAL				D. GROUND	
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		13B. DATE SIGNED		14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL	
		05/12/2007			
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code)		16. VA OFFICE SAVING STUDENT'S RECORDS			



MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

FOR VA USE ONLY

VA FILE NUMBER 000-00-0019	PAYEE Brenda Lee Heflin
FACILITY CODE	TYPE TRAINING Machinist

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	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	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)	6B. RATE	6C. EFFECTIVE DATE

7. REMARKS

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. SIGNATURE OF TRAINEE Brenda Lee Heflin	8B. DATE 11/15/2007
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL Elisha Edwards	9B. DATE SIGNED 01/06/2008

FILE NUMBER:

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 Mark Kresno Title Associate Director
2. Address 1451 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 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.

Signature for Establishment _____ Title _____ Date _____

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

Establishment Representative Mark Kresno Date 04/02/99
 Veterans Training Inspector John Smith Date 05/13/99

7. Schedule of work

	ESTIMATED HOURS OF TRAINING
Tool/Radio Control	900
Inmate Payroll	900
Emergency Procedures	900
TOTAL HOURS PER COURSE	2700

CERTIFICATION STATEMENT

I (We) hereby certify:

- a. That there is reasonable certainty that the job for which Ladarius Michael Brown
(Name of Veteran)
(VA Claim No. or SS# 000-00-0037) is being trained will be available to him at the end of the training period;
- b. that hours of credit have been given the veteran for previous training experience;
- c. that the information on this application is true and correct.

Date _____ Signature for Establishment _____
Title _____
 VETERAN _____ DATE _____



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 Brown	Employer: Same as Sponsor Address: Phone Number:
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Apprentice: Last Name Hayes	First Name Alfredo	Middle Name Warren	Social Security Number: 000-00-0089	Date of Birth: 07/02/67
Address 794 Tanglewood Road Tunelo, MS 38801			Phone Number:	
Race White		Educational Background High School Graduate		
Occupation Title: Powerline Technician			Apply for VA Benefit: Date Training Began: 04/01/2007	
			D.O.T. Code:	

Probationary Period 500	Date Training Begins 04/01/2007	Expected Date of Completion	Attachments? (required if previous credit is given)
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OJT/Hours Required 8000	RI/Hours Required 576
OJT/Credit for Previous Work Experience	RI/Credit for Previous Related Instruction
OJT/Hours Remaining 8000	RI/Hours Remaining
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 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 M2L1PTV Claimants Orderno:036_1.1 For Training Purposes Only V01

Case: APPENDIX B 1 Orderno: 036 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: Alfredo Warren Hayes	Signature of Sponsor: John L. Walker	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 (if applicable)



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: John A. Jackson			Employer: Same as Sponsor Address: Phone Number:		
Apprentice: Last Name First Name Middle Name Forest Anthony Kelvin			Social Security Number: 000-00-0092		Date of Birth: 07/17/71
Address: 3692 Cherry Ridge Road Athens, GA 30605			Phone Number:		
Race: White		Educational Background: High School Graduate		Veteran Status: Other Veteran	
				Sex:	
Occupation Title: Powerline Technician			Apply for VA Benefit: Y		
			Date Training Began: 04/01/2007		
			D.O.T. Code: 822.381.014		
Probationary Period: 500		Date Training Begins: 04/01/2007		Expected Date of Completion	
				Attachments? (required if previous credit is given)	
OJT/Hours Required: 8000			RI/Hours Required: 576		
OJT/Credit for Previous Work Experience			RI/Credit for Previous Related Instruction		
OJT/Hours Remaining: 8000			RI/Hours Remaining: 576		
			Wages paid during training? No		
<p>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.</p> <p>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.</p>					
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

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 Sponsor: Michael 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) Apprentice Copy (3) Field File Copy (4) Sponsor Copy (5) VA Copy (if applicable)

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 Mark Kresno 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 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.

Signature for Establishment _____ Title _____ Date _____

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

Establishment Representative Mark Kresno Date 04/02/99
 Veterans Training Inspector Jim Jones Date 05/13/99

7. Schedule of work

		ESTIMATED HOURS OF TRAINING
TOTAL HOURS PER COURSE		

CERTIFICATION STATEMENT

I (We) hereby certify:

a. That there is reasonable certainty that the job for which _____
(Name of Veteran)
 (VA Claim No. or SS# _____) is being trained will be available to him at the end of the training period;

b. that _____ hours of credit have been given the veteran for previous training experience;

c. that the information on this application is true and correct.

Date _____ Signature for Establishment _____
Title _____

VETERAN _____ DATE _____