



APPRENTICESHIP/ON-THE-JOB TRAINING AGREEMENT

Establishment Information

Revised/Effective Date: _____ (choose rev or eff)

Facility Code: _____ if new, leave blank

1. Name of Establishment: _____

2. Establishment Contact: _____ Title: _____

3. Address: _____

E-Mail: _____

4. Telephone Number: _____ FAX Number: _____

5. Activity of the establishment: _____

6. Total number of personnel employed by this establishment: _____

7. Name/Title of person directly in charge of the training program: _____

8. Name of person who will maintain progress records: _____

Program Information: (Please check one) Apprenticeship: ☐ On-The-Job Training: ☐

9. Program Name: _____ O-Net Number: _____

10.Length (in hours) of program: _____ Work hours per week: _____

11.Number of fully trained personnel (journeymen) currently in this program: _____

12.Number of trainees currently in this program: _____

Wage Periods:

13. Wage Progression Length of wage periods:

Pay Percent of										
1 st Period	2 nd Period	3 rd Period	4 th Period	5 th Period	6 th Period	7 th Period	8 th Period	9 th Period	10 th Period	Fully Trained Rate

(Wages can vary as long as the changes are approved by the State Approving Agency.)

14. Is this program registered with the Pennsylvania Apprenticeship Council? Yes: ☐ No: ☐ N/A ☐

15. Number of hours per year of related instruction required: _____

16. Related instruction provided by: _____

THE INFORMATION ON THIS FORM DESCRIBES THE CONDITIONS OF EMPLOYMENT AND THE TRAINING PROGRAM IN THIS ESTABLISHMENT

17. For Establishment _____ Date _____

18. For State Approving Agency _____ Date _____

SCHEDULE OF WORK PROCESSES

[illegible]

Total hours in the training program

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ENROLLMENT CERTIFICATION STATEMENT

After the program is approved, complete this section to enroll a veteran/individual. Do **NOT** use the original to enroll an individual (make a copy). Submit the copy along with the Enrollment Certification (VA 22-1999) and Application for Benefits (VA 22-1990) or Request for Change of Program (VA 22-1995) to: Department of Education, Division of Veterans/Military Education, 333 Market Street, 12th Floor, Harrisburg, PA 17126-0333. We hereby certify:

1. That there is reasonable certainty that the job for which _____
(Name of individual)
(VA Claim number (SSAN) _____) is being trained will be available to him/her at the end of the training program. Training start date is _____.
2. That _____ hours of credit for previous training has been given to this veteran.
3. **APPRENTICESHIP PROGRAMS ONLY:** That _____ hours of related instruction at _____ will begin on _____.
4. That the information on this application is true and correct.

Signature of Veteran

Date _____

Signature for Establishment

Date _____

Division of Veterans and Military Education

333 Market Street | Harrisburg, PA 17126 | 717.787.2414 | F 717.772.3622 | www.education.state.pa.us/Veterans

Revised November 2014