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										
1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Period	9th Period	10th 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

19. Summary of training events	Estimated Hours
The following is a summary of the tasks that the trainee will learn during the training period. The	
trainee will be supervised by trained personnel and will be evaluated on these tasks.	

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.

   _____ Date _____
   Signature of Veteran

   _____ Date _____
   Signature for Establishment