



Elsie Arntzen, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov

Application for Approval of Veterans Training On-the-Job Training Program

The information listed below must be completed and returned to this office at the above address to initiate the approval process.

Name of Company or Facility		(Area Code) Telephone
Postal Address	City/State/ZIP Code	
Physical Address	City/State/ZIP Code	
Training Program Manager/Company Training Officer	Title	
FAX Number	E-mail Address	
Job Title of Training Objective		
Description of Fully Trained Employee's Duties		

1. Normal Length of Training Program: _____ (months) [Minimum 6 months; maximum 24 months.]
2. Current Base Wage Rate For Trained Employee: \$_____ Per Hour/Month/Year
3. Work Hours per Week (Normal): _____
NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.
4. Recognized Holidays: (Check)

☐ New Years Day	☐ Presidents Day	☐ Labor Day
☐ Martin Luther King Day	☐ Independence Day	☐ Memorial Day
☐ Thanksgiving	☐ Christmas	☐ Other: _____
5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or the percentave of fully trained (Table B) the trainee shall receive for the duration of training. (Use appropriate number of blocks to equal length of program.)
 - a. The starting rate shall be at least 50% of the base fully trained rate.
 - b. Wage increases will be regular and periodic.
 - c. The final wage will be at least 85% of the fully trained wage.

Note: Rules 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.

TABLE A

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

____ Months @ \$ _____

TABLE B

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

____ Months @ _____ %

6. Scheduled vacation periods are as follows:

☐ One week after 6 months

☐ Other _____

☐ One week after 1 year

(Specify)

7. I certify the following:

- a. The signed training agreement will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.
- b. A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.
- c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.
- d. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
- e. This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than that customarily required to train a person to an average level of competency.
- f. I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.
- g. There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
- h. I will notify the Montana State Approving Agency or the Department of Veteran Affairs of any **proposed change** in information listed in this application, including:
 - Wage Schedule Changes
 - Training Plan Adjustments
 - Leave or Holiday Schedules

8. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) _____.

9. The following supplemental related training is required to complete the program:

Name of Program or Location of Training	Assignment Hours

10. A listing of tasks or areas to be trained and approximate number of hours in each area. total hours should equate to 2000 hours per year for a normal 40-hour work week program.

A listing in similar format may be attached to this application. Write "see attachment" on first line if applicable.

Work Exerience Schedule

Task or Topic	Hours
TOTAL PROGRAM HOURS	

I agree to an initial and subsequent inspections and visitations by the Montana State Approving Agency and the Department of Veterans Affairs.

Signature of Company Official (Authorized to make above declarations)	Title	Date
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THIS PAGE FOR STATE APPROVING AGENCY USE ONLY

**To: Education Liaison Representative
Department of Veteran Affairs**

1. This program meets all requirements of 38 USC 21.4262(c).
2. This program is approved as a Registered/Unregistered program.
3. Original application was received on _____.
4. Effective date of approval _____.
5. There is in the training establishment adequate space, equipment, instructional material, and journeyman to provide satisfactory training on the job.
6. Date of initial inspection _____.

(Signature)
Montana State Approving Agency

(Date)