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| **SUBMIT COMPLETED FORM THROUGH** |
| <https://veterans.georgia.gov/services/education-training/job-trainingapprenticeship-document-submission> |
| **Department of Veterans Service - Georgia State Approving Agency (404) 656-2306 or 2322** |
| **TRAINING REQUEST (ON-THE-JOB TRAINING (OJT) or APPRENTICESHIP (APP)** |
| **SECTION 1 - EMPLOYER COMPLETE** |
| NAME OF ESTABLISHMENT |
|        |
| ADDRESS (Complete street address, City, State, and ZIP Code) |
|        |
| PERSON TO CONTACT | TITLE |
|        |        |
| EMAIL ADDRESS | PHONE NUMBER |
|        |        |
| TRAINEE JOB POSITION | TRAINEE JOB POSITION START DATE | SALARY AS OF START DATE |
|        |        |        |
| PRIOR TRAINING/EXPIRENCE |
| Previous experience or education toward this skill, prior to the start date above, must be evaluated and prior credit granted if it is appropriate. I certify that prior training/experience has been evaluated and that the trainee has been granted       months of credit toward the total months required for this job. (If no credit is granted, state “none”).  |
| CERTIFIYING OFFICIAL'S/EMPLOYER'S SIGNATURE | TITLE | DATE |
|        |        |        |
| **SECTION 2 - TRAINEE COMPLETE** |
| NAME (First, Middle, Last) | PHONE NUMBER |
|        |        |
| ADDRESS (Complete street address, City, State, and ZIP Code) | SOCIAL SECURITY NUMBER |
|        |        |
| EMAIL | DATE OF BIRTH |
|        |        |
| ARE YOU A SPOUSE OR DEPENDENT OF A VETERAN USING CHAPTER 35 BENEFITS? [ ]  YES [ ]  NO |
| IF YES, PROVIDE VETERAN'S SSN |       |
| ARE YOU A SPOUSE OR DEPENDENT OF A VETERAN USING POST 9/11 TRANSFER BENEFITS? [ ]  YES [ ]  NO |
| HAVE YOU USED YOUR GI BILL EDUCATION BENEFITS BEFORE? [ ]  YES [ ]  NO IF YES, PLEASE PROVIDE THE FOLLOWING FOR PERIOD OF LAST USE |
| INSTITUTION'S NAME |
|        |
| LAST DATE OF ATTENDANCE/TRAINING (MM/DD/YY) | NATURE OF TRAINING OR PROGRAM OF STUDY |
|       |        |
| IF YOU HAVE NEVER APPLIED FOR VA EDUCATION BENEFITS OR NEED TO UPDATE YOUR INFORMATION (E.G. DIRECT DEPOSIT INFORMATION GO TO THE FOLLOWING WEBSITE:[**https://www.va.gov/education/how-to-apply/**](https://www.va.gov/education/how-to-apply/)FOR TRAINEES THAT HAVE NEVER APPLIED; UNDER 'HOW DO I APPLY' SELECT THE 'FIND YOUR EDUCATION BENEFITS FORM' TAB AND SELECT 'APPLYING FOR A NEW BENEFIT' AND FOLLOW THROUGH WITH THE PROMPTS.FOR TRAINEES THAT HAVE APPLIED, BUT NEED TO UPDATE THEIR INFORMATION CLICK THE 'MANAGE BENEFITS' TAB ON THE SIDEBAR AND SELECT THE APPROPRIATE DROPDOWN THAT APPLIES TO YOU AND FOLLOW THROUGH WITH THE PROMPTS. |
| **SECTION 3 - DEPARTMENT OF VETERANS SERVICE USE ONLY** |
| The following forms are required for this enrollment: |  |  |
| [ ]  VSO FORM 61 [ ]  VSO FORM 62 [ ]  VSO FORM 90 [ ]  VA FORM 22-1999 |
| Chapter of Eligibility:       | Credit granted:       months | Facility Code:       |
| Hours of work/training each week:       hours Enrollment period: From       (mm/dd/yy) To       (mm/dd/yy) |  |

**VSO FORM 55 (08-07-2020) Previous editions may not be used.**