

Sample

Monthly Verification of Hours Worked

Date

Company Name

Address

City, State, Zip

Facility Code:

VA Regional Office

P. O. Box 100027

Decatur, GA 30031-7027

RE: Name of veteran or dependent

VA Claim Number

Address of veteran or dependent

Dear Sir:

Please accept this letter as the monthly certification of _____ (on-the-job or apprenticeship) training.

I hereby certify that the following statements are true and correct to the best of my knowledge and belief.

Trainee, _____ (trainee's name), worked a total of _____ (number of hours) during the month of _____ (month).

The trainee was enrolled in and pursuing the approved program for the month indicated. The wage is in accordance with the training agreement.

If you have any questions, please contact me at _____.

Sincerely,

Signature of Certifying Official

Signature of Trainee

Date Signed

Date Signed