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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
VETERANS' EDUCATION & TRAINING SECTION
3024 DUPONT CIRCLE, JEFFERSON CITY, MO 65109-0525

VE-1

APPLICATION FOR APPROVAL OF OTHER ON-THE-JOB TRAINING

INSTRUCTIONS:

(1) Submit the completed application electronically to: mosaa@dese.mo.gov

(2) Submit training outline electronically, a schedule listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task.

NAME OF TRAINING ESTABLISHMENT	TELEPHONE NUMBER	DATE
ADDRESS	CITY	ZIP CODE
TYPE OF BUSINESS	JOB OBJECTIVE-TITLE	
LENGTH OF THE TRAINING PERIOD		

WAGE SCHEDULE

☐ HOUR ☐ WEEK ☐ MONTH NORMAL WORK-WEEK ☐ HOURS

BEGINNING WAGE	$	END OF _____ MONTHS	$
END OF _____ MONTHS	$	END OF _____ MONTHS	$
END OF _____ MONTHS	$	WAGE AT COMPLETION OF PROGRAM	$

CERTIFICATION

(1) The wages to be paid the veteran upon entrance into training are not less than wages paid nonveterans in the same training position and are at least 50 percent of the wages paid for the job for which he is to be trained, and will be increased in regular periodic increments until, not later than the last full month of the scheduled training period, they will be at least 85 percent of the wages paid for the job for which the veteran is being trained.

(2) There is reasonable certainty that the job for which the veteran is to be trained will be available to him at the end of the training period.

(3) A signed copy of the training agreement (Form VE – 1A) for each veteran, as approved by the state approving agency, will be provided to the veteran and the Department of Veterans Affairs and the state approving agency. No training agreement will be made with any veteran who is already qualified by training and experience for the job.

(4) This establishment will keep a record of employment, progress, and wages paid to the veteran.

TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	TITLE
SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	EMAIL ADDRESS

STATE APPROVING AGENCY RECOMMENDATION

☐ NOT RECOMMENDED

☐ I HAVE FOUND THIS PROGRAM TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.

EFFECTIVE DATE	DATE OF VISIT(S)	AREA SUPERVISOR