



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY  
 EDUCATION VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
**VETERAN TRAINING AGREEMENT**

VE-1A

**INSTRUCTIONS** COMPLETE THE ORIGINAL AND THREE COPIES OF THIS AGREEMENT.  
 DISTRIBUTE THEM AS FOLLOWS:

ORIGINAL - Department of Veterans' Affairs Regional Office, P.O. Box 66830, St. Louis, Missouri 63166. (attach to completed VA ENROLLMENT CERTIFICATION)

COPY • Director of Veterans' Education and Training Section, P.O. Box 480, Jefferson City, Missouri 65102

COPY • Trainee.

COPY • Training Establishment file.

THIS AGREEMENT entered into between - \_\_\_\_\_  
 (NAME OF TRAINING ESTABLISHMENT)

\_\_\_\_\_  
 (ADDRESS) (TELEPHONE NUMBER)

\_\_\_\_\_  
 (NAME OF VETERAN) **C or SS-**  
 (CLAIM OR SOCIAL SECURITY NUMBER)

**APPROVED WAGE SCHEDULE**  
 If your Current Wage Schedule is different from the Approved Wage Schedule, submit an Amended Wage Schedule (VE Form 2) to the Director of Veterans' Education and Training Section.

HOUR	WEEK	MONTH	NORMAL WORK-WEEK _____	HOURS
BEGINNING WAGE		\$	END OF _____ MONTHS	\$
END OF _____ MONTHS		\$	END OF _____ MONTHS	\$
END OF _____ MONTHS		\$	END OF _____ MONTHS	\$

WITNESS, that the TRAINING ESTABLISHMENT agrees to train and the VETERAN agrees to perform the work diligently and faithfully during the term of training, in accordance with the terms and conditions of the Training Program (including the training outline and wage schedule) as approved by the Missouri State Approving Agency.

JOB OBJECTIVE TITLE	LENGTH OF TRAINING PERIOD
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EFFECTIVE DATE OF THIS AGREEMENT (THIS DATE CANNOT BE PRIOR TO THE EFFECTIVE DATE OF THE APPROVAL OF THE TRAINING PROGRAM)

CREDIT GIVEN FOR EXPERIENCE PRIOR TO THE EFFECTIVE DATE OF THIS AGREEMENT

TRAINING PERIOD REMAINING AFTER THE EFFECTIVE DATE OF THIS AGREEMENT

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	TITLE
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SIGNATURE OF VETERAN	DATE
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