



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Huntington, WV 25704

Dear _____,

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as _____ from _____ through _____ under authority of 38 U.S.C., 4114(a)(1)(A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief, _____.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Services and Research Administration, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

- Quarters Subsistence Uniforms Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelop. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

Approved/Disapproved

Lyle Provost
Acting Chief, Human Resources Management Service

J. Brian Nimmo
Medical Center Director

Enclosure

I agree to serve in the above capacity under the conditions indicated.

Signature: _____

Print NAME: _____

Date: _____

Veteran Status – please check as appropriate

___ **1-Vietnam Veteran***

___ **2-Other Veteran**

___ **3-Non-Veteran**

* For this purpose, a Vietnam Veteran is one with Service between August 5, 1964 and May 7, 1975.

QUALIFICATIONS REVIEW FOR WOC POSITIONS

Name: _____

Address: _____

Position Applying For: _____

Citizenship () U.S. *DO NOT USE THIS FORM! Use the one without Medical Center

Director's Signature Block on page 1.

() Other (Please Specify Country) _____

Answer one of the following:

(A) Is your primary and native written and spoken language English? (i.e., have you been raised to adulthood where English was the primary language?)

() Yes

() No

(B) Have you completed 8 years of education in a school where the basic curriculum is conducted in English? This may include graduate/post-graduate training

() Yes

() No

If yes, give name and location (city and state) of school(s):

Signature (SIGN IN INK)

Date Signed

PRIVACY ACT NOTICE: The information requested is voluntary and is solicited under authority of Title 38 and Public Law 95-201. It will be used to evaluate your qualifications for a specific position. If you decline to provide the information requested, it may not be possible to evaluate your qualifications fully.