#### REQUEST FOR WOC APPOINTMENT

# TO BE COMPLETED BY REQUESTING SERVICE

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| **Last Name:**  | **First Name:**  | **MI:**  | **Date of Birth:**  |
| **SSN:** | **US Citizen \_\_\_\_Yes \_\_\_\_No Place of Birth: San Francisco, CA****If born outside the United States, WOC must submit a copy of their current legal status document.** |
| **Duty Station** | **Service:** | VA Supervisor |
| Affiliation Agreement: No – There is NOT an approved affiliation agreement. Give reason for WOC appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If training is the purpose of the appointment - Name of Training Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Degree: (Ph.D, MS, BS, AD, etc)\_\_\_\_\_\_\_\_\_\_Yes – There is an approved affiliation agreement. Name of Training Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Degree: (Ph.D, MS, BS, AD, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Position Title:**  |
| **Type of Work to be Performed:** |
| **Eligible for the following benefits:**Quarters Subsistence Uniforms Laundering of Uniforms None |
| **Proposed Start Date: NOTE: End date can be no later than 9/30 of any year.** **If appointment exceeds 9/30, a separate request for Proposed End Date: WOC appointment starting 10/1 must be prepared.** |
| **Signature of Service Chief or Site Manager: Date:** |

# TO BE COMPLETED BY APPOINTEE

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| **In accepting the above assignment I will receive no monetary compensation and will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration, such as leave, retirement, etc. I am only eligible for those benefits indicated above. I cannot be paid cash in lieu of any of these benefits. This agreement may be terminated at any time by either party by written notice of such intent.****I agree to provide service in the above capacity under the conditions indicated.****Signature of Appointee: Date:** |

# TO BE COMPLETED BY HUMAN RESOURCES MANAGEMENT SERVICE

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| **I certify that the appointee has properly completed all required forms and meets the requirements for service to be rendered.****Signature of Human Resources Representative: Date:** |

# FOR NON-CITIZENS ONLY – DIRECTOR’S APPROVAL

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| **Signature of Director: Date:** |

Revised FL-294-10 May 2002