#### 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