

REQUEST FOR WOC APPOINTMENT

TO BE COMPLETED BY REQUESTING SERVICE

Last Name:	First Name:	MI:	Date of Birth:
SSN:	US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: <small>If born outside the United States, WOC must submit a copy of their current legal status document.</small>	
Duty Station: James A Haley Veterans' Hospital	Service: Nursing	VA Supervisor: Yvette Falero-Cruz	
Affiliation Agreement:			
No – There is NOT an approved affiliation agreement. Give reason for WOC appointment: To work on a research project. See Statement of Work. If training is the purpose of the appointment - Name of Training Program: _____ Educational Institution: _____ Type of Degree: (Ph.D, MS, BS, AD, etc) _____			
<input checked="" type="radio"/> Yes – There is an approved affiliation agreement. Name of Training Program: _____ Nursing _____ Educational Institution: _____ Circle Type of Degree: Ph.D, DNP, MS, BS, AD, LPN			
Position Title: Student Nurse			
Type of Work to be Performed: Attach a copy of your clinical school objectives			
Proposed Start Date:	*Proposed End Date:	Attend NEO: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Computer Access Needed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Issue Hospital ID: <input type="checkbox"/> Y <input type="checkbox"/> N Uniforms Authorized: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
		* WOC Appointments must be limited, not to exceed two years.	

Signature of Service Trainee Director:

Date:

TO BE COMPLETED BY APPOINTEE

In accepting the above assignment I acknowledge that 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 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

I certify that the appointee has properly completed all required forms and meets the requirements for service to be rendered.

Review by Human Resources Specialist

Date

Signature of Human Resources Representative

Date

FOR NON-CITIZENS ONLY – DIRECTOR'S APPROVAL

Signature of Director:

Date:

