



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

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., 7405(a)(1). 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 Veterans Health Administration (VHA), 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 envelope. 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,

Chief, Human Resources Management Officer

Enclosure

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

Veterans Status
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.

Signature _____
Date _____

(Over)