



DEPARTMENT OF VETERANS AFFAIRS
Durham VA Health Care System
508 Fulton Street
Durham, NC 27705

(Date)
(Name)
(Home Address)
(Home Address)

In Reply Refer To: 558/yy
SSN: _____
DOB: _____
U.S. Citizen: Yes or No

Dear _____:

Welcome to the Veterans Affairs Medical Center. You will be assigned to our facility as a _____ from _____ through _____ under authority _____ (Position) (Begin Date MMDDYY) (End Date MMDDYY) 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 _____, _____ (Chief or Supervisor) (Name of Service).

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 Department of Veterans Health Administration, such as leave, retirement, etc. You may be eligible to receive benefits if indicated (circled) below. Cash cannot be paid in lieu of any of these benefits.

Quarters Subsistence Uniforms Laundering 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 yours,

X _____
JERRY FREEMAN
Chief, Human Resources Management Service

X _____
PAUL S. CREWS, MPH, CPHQ, FACHE
Director, Durham VA Health Care System
***(Non-citizens Only)**

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

Signature _____ Date _____

Veterans Status 1-Vietnam Veteran 2- Other Veteran 3-Non-Veteran * For this purpose, a Vietnam Veteran is one with Service between August 15, 1964 and May 7, 1975
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