



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 given a without compensation appointment at our facility from **(start date)** _____ through **(end date)** _____ under the authority of Title 38 United States Code (U.S.C.) 7406 as a (position) _____. During your period of appointment to our facility, you will be paid by VA using a disbursement agreement with **(affiliate)** _____ and will be authorized to perform services as directed by **(chief or supervisor and service)** _____.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period. If you have prior federal service, you are requested to inform our Human Resources Management Office prior to the start of your program. Please retain this letter, as well as any documents you may have relating to your prior federal service.

Upon satisfactory completion of the Associate Health Care Training Program, and within 1 year after graduation, you are eligible for a noncompetitive career-conditional (or, if appropriate, career) appointment to a VA position in the health care discipline for which trained. Completion of these requirements does not, however, guarantee appointment.

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