



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
#1 Jefferson Barracks Drive  
St. Louis, MO 63125-4199

Date: \_\_\_\_\_

In Reply Refer to: 657/117-JB

Name: \_\_\_\_\_

Address:

EIU  
500LincolnAve

City, State, Zip: Charleston, IL 61920

Dear ,

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as  
Recreation Therapy Student Trainee (WOC) \_\_\_\_\_ 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, Extended Care & Rehab \_\_\_\_\_

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 Affairs, 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 yours,

MARIE E. LEWIS  
Human Resources Manager

\_\_\_\_\_  
Carole Wagner  
PM&R Manager

Enclosure

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

Veteran 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 \_\_\_\_\_