



**DEPARTMENT OF VETERANS AFFAIRS  
VA St. Louis Healthcare System  
#1 Jefferson Barracks Drive  
St. Louis, MO 63125-4199**

**WOC BENEFITS LETTER INSTRUCTIONS**

Purpose: Without Compensation appointment is a federal appointment and subject to federal rules of behavior and regulations in the performance of official duties; must comply with VA requirements pertaining to job qualifications and training.

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**Date:** Use the date you are completing this letter.

**Print Full Name:** Please provide your full legal name as shown on driver’s license or a photo ID.  
Last Name, First Name Middle Name

**Address:** Please provide your complete street address, a PO Box or Apartment Number.

**City, State, Zip:** Please provide the complete City, State, and Zip code.

**Dear:** Complete name as shown above.

**Service Line:** Select which service line you will be going to train.

**WOC:** Select if you are a student or Resident or Fellow.

**Dates:** Please provide the beginning date of your appointment year ( for example: June 15, 2017) and the ending date of your appointment (for example: June 14, 2019) Appointment dates can be different than shown.

**Signature:** Please sign your name.

**Print Name:** Please print your name.

**Date:** Use the date you are completing this letter.



**DEPARTMENT OF VETERANS AFFAIRS  
St. Louis Health Care System  
#1 Jefferson Barracks Drive  
St. Louis, MO 63125-4199**

**In Reply Refer to: 657/151 JC**

Date:

Name:

Address:

City, State, Zip:

Dear

Welcome to the Department of Veterans Affairs. You will be assigned to our facility in the \_\_\_\_\_ Service Line as a WOC  Student  Resident  Fellow, for the following dates \_\_\_\_\_ to \_\_\_\_\_ under authority of 38 U.S.C. 7405(a) (1). It is in the interest of the facility to utilize your qualities because of your appropriate credentials to be in the United States through this time frame when no other qualified citizens are available. During your period of affiliation with our facility, you are authorized to perform services as directed by the Director of the Service Line.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits given to regularly paid employees of the Department of Veterans Affairs, such as leave, retirement, etc. In addition, you agree to adhere to all policies and procedures of the Department of Veterans Affairs as well as those of the Veterans Affairs St. Louis Health Care System.

This agreement may be extended, dependent upon funding and satisfactory performance. This agreement may be terminated at any time by either party by written notice of such intent. Prior to your last working day, you must report to your supervisor to obtain clearance papers to clear the VA St. Louis Health Care System. All VA property issued to you must be returned before you will be cleared.

If you agree to these conditions indicated, please sign, print, and date the statement below and return the letter to be return to the GME Office.

Sincerely,

\_\_\_\_\_  
Jill M. Vaughn  
Human Resources Manager  
Enclosed

\_\_\_\_\_  
Ziyad Al-Aly, MD  
Designated Education Officer  
ACOS, Research and Education

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Please indicate your veteran status by circling the appropriate number below.

*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: \_\_\_\_\_

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

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