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  Carole Wagner
Human Resources Manager  PM&R Manager

Enclosure

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 ________________________________