

VA SPONSORED AND NON VA-SPONSORED CLINICAL TRAINEE WOC

REQUEST

(PLEASE PRINT)

In accordance with VA Handbook 5005, Part II, Chapter 3, approval is requested for the following Without Compensation (WOC) appointment(s) under 38 U.S.C. 7405(a)(1) appointments for assignments to the _____ Service of the Eastern Colorado Health Care System. The appointment will be effective _____ through _____ (not to exceed 1 year). In accepting this assignment, the appointee, _____, understands that he/she will receive no monetary compensation, is not entitled to any benefits, and that this agreement may be terminated at any time. I understand that WOC candidates may not provide their services at any ECHCS facility until their WOC request has been approved and an appointment letter has been issued to the candidate.

NAME: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

US CITIZEN: YES NO NATURALIZED US CITIZEN

NON-CITIZEN MEMO (if applicable), PLEASE ATTACH THE APPROVED NON-CITIZEN MEMO

TQCVL ATTACHED OF-306

COMPLETED APPLICATION: APPLICATION FOR HEALTH PROFESSIONS TRAINEE'S (VA FORM 10-2850D)
(To include DEO's signature)

FINGERPRINTS TAKEN

APPOINTMENT IS LESS THAN 180 DAYS IN AN AGGREGATE YEAR (2 days or less per week)

APPOINTMENT IS MORE THAN 180 DAYS IN AN AGGREGATE YEAR SF-85/e-QIP INITIATED

PLEASE INCLUDE THE BELOW ITEMS IN YOUR COMPLETED PACKET

- Completed Application
- OF-306
- Form I-9 (Complete section 1)
- TQCVL
- Current Badge?
- Computer Access Request Form
- E-QIP Enrollment form (if applicable)
- Position Description Form (not applicable if there is a TQCVL)
- Mandatory Training Certificates
- Service Specific Orientation
- Patient Abuse SOU (Signature acknowledgment page)

- Rules of Behavior SOU (Signature acknowledgment page)
- Employee/Patient Relationship SOU (Signature acknowledgment page)
- Non-Citizen Memo (if applicable)
- Valid Visa (if applicable) [original document should be presented at time of in-processing]
- Verification of Naturalization (if applicable) [original document should be presented at time of in-processing]

Note: Please do not send students to HR if we don't have a completed WOC packet. A WOC Appointment letter will not be issued without the complete packet.

SERVICE: _____

POINT OF CONTACT: _____ PHONE: _____

SIGNATURE OF SUPERVISOR

DATE

PRINT NAME OF SUPERVISOR