

VA SPONSORED WOC REQUEST (All Others)

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

QCVL ATTACHED OF-306

COMPLETED APPLICATION: Resume/CV VA Form 10-2850 for Physicians

VA Form 10-2850A for Nurses VA Form 10-2850c for Associated Health Occupations

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 INITIATE

POSITION IS EXPECTED TO HAVE CONTACT WITH: HUMAN SUBJECTS ANIMAL SUBJECTS NONE

PLEASE INCLUDE THE BELOW ITEMS IN YOUR COMPLETED PACKET

- Completed Application {VA Form 10-2850a, VA Form 10-2850c or VA Form 10-2850}
- Resume/CV
- OF-306
- Form I-9 (Complete section 1)
- TQCVL (required for all fellows)
- Declaration of Health (If no TQCVL)
- Pre-App for Credentialing (if applicable)
- VetPro Enrollment (if applicable)
- E-QIP Enrollment form (if applicable)

- 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)**
- Computer Access Request Form**
- 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 documents 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