



Memorandum

Date:

From: VALBHS Education

Subj: Without Compensation Appointment (**WOC**)

To: Human Resources Manager (005)

Approval is requested for the appointment of _____ to the position of Worker Without Compensation

Name

(WOC) Community Nursing Faculty beginning _____ to _____. Selection of this candidate

Position Title

Start Date

End Date

is in accordance with Department of Veterans Affairs regulations concerning citizenship and veteran preference requirements.

- As a WOC (without compensation) appointee, the candidate will receive no monetary compensation, does not receive payment-in-kind, and will not be entitled to benefits normally given to paid employees, such as leave, retirement, etc.

Recommend Approval / Disapproval

Arnesse Randolph-Cheney, MSN, RN-BC, NPD-BC
Director Clinical Staff Development | Education Healthcare Group

_____ Date

****FOR HUMAN RESOURCES ONLY****

TO: Chief, HCG

Date: _____

FROM: Human Resources Manager (005)

The WOC appointment requested above is approved. All regulatory requirements have been met and this individual may be appointed. This agreement may be terminated at any time by either party by written notice of such intent. Please give a copy of this letter to the employee with instructions to obtain an identification badge in Human Resources, Building # 165 and vehicle registration (if the employee will be driving on the facility grounds) from Police and Security, Building # 5A.

Faye Johnson, BSM
Director, GME | Education Department

_____ Date

I request appointment to the position indicated above and agree to the conditions specified.

Applicant Signature

_____ Date