Oath of Office

Please stand and raise your right hand

I, (state your name), do solemnly swear; that I will support and defend the Constitution of the United States; against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will, well, and faithfully discharge the duties of the office on which I am about to enter; So help me God.
New Employee In-Processing Forms
Do not remove or complete any forms until you have received further instructions.
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization OR</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
</tbody>
</table>
UNEMPLOYMENT INSURANCE

If you have applied for or have been receiving unemployment insurance benefit payments from any state, it is your responsibility, under penalty of law, to notify the appropriate local office, in writing, to discontinue the issuance of unemployment insurance checks now that you are employed. Failure to notify the State agency can result in a penalty such as a fine, imprisonment, or both.

Lindsay Weissberg
Acting Human Resources Officer

Print Name: ____________________________
Signature: ____________________________
Date: _________________________________
CONFLICTS OF INTEREST ACKNOWLEDGEMENT FORM

You must avoid any action that might result in or look as though you are using public office for private gain or might conflict, or appear to conflict, with the interest of VA or the Federal Government. You may not attempt to accomplish indirectly, through your immediate family or otherwise, any action that is prohibited. If you have any doubt as to whether planned actions may result in a conflict of interest with your VA responsibilities, first seek advice from your Regional Counsel Office.

I have received, read and agree to abide by the guidance contained in Veterans Health Administration (VHA) Handbook 1660.3 dated June 2002, about conflicts of interest and scarce medical specialist service contracts from the Under secretary for Health and the Designated Agency Ethics Official.

I understand that this acknowledgement will be placed in my Official Personnel Folder.

Print Name: ________________________________

Signature: ________________________________

Date: ________________________________
FOURTEEN PRINCIPLES OF ETHICAL CONDUCT FOR FEDERAL EMPLOYEES

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.

3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.

4. An employee shall not, except as permitted by the Standards of Ethical Conduct, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.

5. Employees shall put forth honest effort in the performance of their duties.

6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.

7. Employees shall not use public office for private gain.

8. Employees shall act impartially and not give preferential treatment to any private organization or individual.

9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.
11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

12. Employees shall satisfy in good faith their obligations as citizens, including all financial obligations, especially those -- such as Federal, State, or local taxes -- that are imposed by law.

13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

14. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in the Standards of Ethical Conduct. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.

Print Name: ________________________________

Signature: ________________________________

Date: ________________________________
STANDARDS OF ETHICAL CONDUCT

The following is a very brief summary of the major ethics rules for government employees.

1. A Government employee must place loyalty to the public trust above anyone's private gain.
   
   ▶ Prevent conflicts of interest. ("Don't serve two masters.")
   ▶ Avoid the appearance of a conflict of interest. ("Employees must be above reproach.")

2. Restriction on gifts: With some exceptions, an employee must not accept a gift from a prohibited source or given because of the employee's official position.

3. Gifts to official superiors are limited.

4. An employee must not take any official action which affects his or her financial interests. (Subpart D)

5. An employee should not take any official action in circumstances where a reasonable person would question the employee's impartiality in that action.

6. An employee must not take any official action which affects the financial interest of any person or entity with whom the employee is negotiating for employment.

7. An employee must not use his or her public office -- including official time, information, property or endorsements -- for personal gain or the private gain of anyone.
8. An employee must not engage in any outside employment or outside activity which conflicts with his or her official duties. An employee must comply with all ethics laws and regulations.

9. When in doubt, seek advice from your supervisor or Human Resources Management Service. It could save you and the VA a lot of trouble!

Print Name: ________________________________

Signature: ________________________________

Date: ________________________________
POLICY PROHIBITING PATIENT ABUSE

It is a strict policy of the VA that no patient is to be neglected, mistreated or abused in any manner. Physical abuse, verbal abuse and abuse through neglect will not be tolerated. Any case of the suspected or reported abuse or mistreatment of a patient will be investigated to determine the facts. Appropriate corrective or disciplinary action will be taken, if warranted.

In order to take a disciplinary action, it is not necessary that abuse or mistreatment be proven beyond a reasonable doubt, as is the case in a court of law. Since this medical center is entrusted with full care of patients, charges of abuse, mistreatment, or negligence will be sustained if it is reasonable shown by the evidence.

The normal penalty for abuse of patient is removal. The employee may receive a lesser penalty only when the abuse involves such acts as teasing a patient, speaking harshly, rudely, or irritable, or laughing at, ridiculing, or scolding a patient. However, in certain cases, these acts can be considered major abuse. The use of disrespectful, vulgar, or slang expressions that are offensive to a patient’s religious, racial or ethnic background can also be considered abusive.

An employee who witnesses abuse or mistreatment of a patient and does not promptly report it to his/her supervisor or Service Line Vice President, is subject to disciplinary action up to and including removal.

My signature below attests that:

"I have read this policy on patient abuse and have received a copy of the VA code of Patient Concern. I understand and agree to adhere to the policy of the VA which strictly prohibits any abuse against our veteran patients."

Print Name: 
Signature: 
Date: 
CODE OF PATIENT CONCERN

The Veterans Administration is committed to providing high quality medical care for its patients. It is also committed to providing this care in a climate in which the human needs and concerns of the patient are met, and in which individual interests are protected. This climate must be based on respect for the dignity of the patient as an individual, and on care which is provided in a courteous, concerned and compassionate manner. In order to achieve these goals, the dedication of each employee to the principles outlined in this document is essential. It is only through the willing assumption of this responsibility on the part of the staff that this healthcare facility will be able to provide the kind of patient care to which it is committed. To this end, this Code of Patient Concern reaffirms the commitment of the Veterans Administration.

1. Each patient must be accorded dignity as an individual and treated with compassion and respect.

2. Each patient seeking advice or assistance will be helped in a prompt, courteous responsive manner.

3. Every effort should be made to make the patient feel that all employees care about him/her as an individual.

4. In all cases, the needs and feelings of the patient and family will be primary consideration.

5. Each employee in contact with patients and their family is responsible for creating and fostering an atmosphere of mutual acceptance and trust.

6. The physician responsible for the care of the patient, or a designated employee will provide the patient with information concerning diagnosis, treatment, and prognosis in terms the patient can reasonably be expected to understand. When it is not medically advisable or feasible to give such information to the patient, the information should be made available to the next-of-kin, or other person designated by the patient upon acceptance for care except when existing law does not permit the release of information without written consent of the patient.
7. The physician responsible for the care of the patient, or a designated employee, will make certain that the patient is aware of the person who is responsible for coordinating the patient's care.

8. The physician will, prior to the initiation of any procedure with a recognized element of risk, provide the patient with sufficient information for the patient to form the basis of a reasonable request for such procedure. Except in emergencies such information should include the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care and treatment exist, or when the patient requests information concerning medical alternatives, this information will be provided. The patient also will be told the name of the person responsible for the procedure and/or treatment. In the case of a patient that is considered to be mentally incapable of making a rational decision and request for a procedure, the sponsor or legal guardian will be provided with significant information to form a basis of a reasonable request for such procedure to be performed on the patient.

9. The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval.

10. The privacy of the patient, including matters concerning the patient's own medical care program, will be respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.

11. All records and communications pertaining to the care of the patient must be treated as confidential.

12. The healthcare facility, within its capacity, will be responsive to the request of the patient for service, as determined to be medically appropriate.

13. In the event any investigative (Research) procedures are contemplated involving a patient, the patient will be fully advised and informed consent secured. The patient will not be included in the investigative procedures if such informed consent is not given. Any exception to the rule must be submitted to review by an approved mechanism which clearly provides protection of the patient's interests (i.e., Ethical Review Committee). No attempt will be made to influence the patient to give consent if he/she is reluctant to do so. In the case of patients that are considered mentally incapable of executing an informed consent, approval will be obtained from the guardian, nest-of-kin, or other person legally entitled to give consent.

14. The patient will be provided continuity of care within the applicable laws and policies which govern the Veterans Administration and within the resources available. The patient's physician, or a designated employee, will provide appropriate guidance and recommendations for further medical care to the patient who is being discharged from the Veteran Administration medical care program.
15. In the hospital setting, the physician responsible for the care of the patient, or the designated employee, will insure that discharge planning is initiated early in the period of hospitalization. The patient will be assisted, where necessary, in making appropriate plans for follow-up medical care, rehabilitation, and living arrangements after the episode of hospitalization.

16. The patient will be provided with this healthcare facility rules and guidelines which apply to his/her responsibility as a patient.

17. It is important that each employee recognize that the veteran patient has, in effect, pre-paid health care coverage by virtue of service in the Armed Forces of this country, and, has fully earned the right to medical care.

18. All of the above concerns are equally applicable to veterans placed in Personal Care Homes and Community Nursing Homes under VA contract. The VA, non-VA staff and sponsors providing patient care in the community setting are expected to willingly assume responsibility for carrying out all elements of the Code of Patient Concern. No set of guidelines alone will insure that the patient receives the kind of care and treatment that the Veterans Administration is committed to give. It is imperative, therefore, that each employee be concerned about each patient as a human being, and carry out the spirit and intent of this Code of Patient Concern.

Print Name: ________________________________
Signature: ________________________________
Date: ________________________________
CROSS MATCHING OF PERSONNEL RECORDS

The President of the United States has declared by Executive Order that all current and prospective employees of the U.S. Government be informed about cross matches that are routinely made between Federal personnel and State records on individuals who owe child support, and how to initiate voluntary wage withholding requests. Below you will find information on this subject.

The Office of Child Support Enforcement routinely conducts matches with Federal personnel records to determine if there are Federal employees who are delinquent in child support payments. If an employee is identified as being delinquent, State child support enforcement agencies are notified and appropriate enforcement action, including wage withholding, may be initiated. Cross matches are also used to assist state agencies in locating noncustodial parents, e.g., to establish paternity or formalize a child support obligation.

Employees who wish to make voluntary child support payments should contact their payroll office. Voluntary child support payments may be initiated by submitting Optional Form 299, "Request by Employee for Action of Allotment From Pay," or a memorandum with complete payee information. Voluntary payments (allotments) will continue until canceled by the employee. Child support orders from a state agency or court, however, will remain in effect until revoked by a subsequent order.

Print Name: ________________________________
Signature: ________________________________
Date: ________________________________
LIFE INSURANCE AND HEALTH INSURANCE ENROLLMENT DEADLINES

LIFE INSURANCE is effective the first day of your appointment. You are automatically covered under Basic Life insurance, and withholdings will be made from your pay unless you waive coverage. You have 60 days from your appointment date to elect optional life insurance coverage. Please visit your Human Resources Office to make this election.

HEALTH INSURANCE is available for election within 60 days from the date of your appointment. Please contact your Human Resources Office to make an appointment to complete your election form.

FEDVIP (DENTAL AND VISION COVERAGE) is available to you within 60 days from the date of your appointment. To enroll, please visit www.opm.gov/insure or call 1-877-888-3337.

"I acknowledge receipt of the above benefit deadline information"

Print Name: ____________________________

Signature: ____________________________

Date: ____________________________
GOVERNMENT ETHICS NOTICE FOR PROSPECTIVE VA EMPLOYEES

VA is committed to an ethical culture. All employees are expected not only to abide by all government ethics laws, but also to avoid any actions that raise even the appearance of impropriety.

As a VA employee, you will be subject to criminal statutes and government ethics regulations that ensure that every citizen can have complete confidence in the integrity of VA's operations. If you believe that you will be unable to abide by these laws, you should not accept the offer of VA employment.

You will be subject to the bribery and criminal conflict of interest statutes (18 U.S.C. § 201-209). In general, these statutes prohibit employees from:

- Accepting or soliciting bribes,
- Representing outside entities before the Federal government,
- Participating in Federal matters that affect their financial interests,
- Communicating with or appearing before the Federal government, in some situations, after leaving Federal employment.

You will also be subject to the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. part 2635). These regulations cover topics such as acceptance of gifts from outside sources, misuse of your VA position, impartiality, and outside activities. The impartiality regulations, in particular, may limit your ability to work on VA matters that affect persons such as relatives and entities that you continue to be associated with or were associated with in the year prior to your joining VA.

All new VA employees must complete initial ethics orientation within three months following their appointment. Your supervisor (or HR office) will provide further orientation instructions after your appointment.

If you are required to submit a financial disclosure report, as noted in the announcement for your position, you must do so within 30 days after you begin employment. Your HR office will notify an Ethics Specialty Team (EST) paralegal upon your arrival, and the paralegal will provide you with instructions on how to file your report. To ensure timely and accurate processing of your report, please review the guidance provided by the EST paralegal.

If you have questions about government ethics issues, even before you accept your offer of employment, please contact the EST: OGCNorthAtlanticEthics@va.gov - CT, DC, DE, MA, MD, ME, NC, NH, NJ, NY, PA, RI, VA, VT, WV

__________________________  
Sign Name

__________________________  
Print Name

__________________________  
Date
GOVERNMENT ETHICS NOTIFICATION FOR NEW SUPERVISORS

VA is committed to an ethical culture. All employees are expected not only to abide by all government ethics laws, but also to avoid any actions that raise even the appearance of impropriety.

Every supervisor in the executive branch has a heightened personal responsibility for advancing government ethics. It is imperative that supervisors serve as models of ethical behavior for subordinates. Supervisors have a responsibility to help ensure that subordinates are aware of their ethical obligations under the Standards of Conduct and that subordinates know how to contact agency ethics officials. Supervisors are also responsible for working with agency ethics officials to help resolve conflicts of interest and enforce government ethics laws and regulations, including those requiring certain employees to file financial disclosure reports. In addition, supervisors are responsible, when requested, for assisting agency ethics officials in evaluating potential conflicts of interest and identifying positions subject to financial disclosure requirements.

Please review the Principles of Ethical Conduct (5 C.F.R. § 2635.101(b)) at: https://vaww.ogc.vaco.portal.va.gov/law/ethics/SiteAssets/AGE14GeneralPrinciples_v0.5%20(2).pdf

If you or your subordinates have questions about government ethics issues, please contact the Office of General Counsel’s Ethics Specialty Team (EST):

OGCNorthAtlanticEthics@va.gov-CT, DC, DE, MA, MD, ME, NC, NH, NJ, NY, PA, RI, VA, VT, WV

______________________________
Sign Name

______________________________
Print Name

______________________________
Date
30-DAY SPECIFIC NOTICE

1. On September 15, 1986, the President signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free workplace Program to include random testing for the use of illegal drugs by employees in sensitive positions.

2. This is to notify you that your position is sensitive as defined in Section 7 (d) of the Executive Order and has been designated as a testing designated position; and therefore, you will be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs. Random testing will begin no sooner than 30 days from the date you receive this notice.

3. You can be assured that the quality of testing procedures is tightly controlled, that the test used to confirm use of illegal drugs is highly reliable and that the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.

4. As an employee subject to random drug testing you should be aware of the following:

   a. Counseling and rehabilitation assistance will continue to be available to all employees through existing Employee Assistance Programs (EAP) at VA facilities (Federal Occupational Health at 1800-222-0364 or www.FOH4you.com)

   b. You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer;

   c. VA will initiate action to discipline any employee who is found to use illegal drugs on the basis of a verified positive drug test except that VA will not initiate any disciplinary action against an employee who voluntarily identifies himself or herself as a user of illegal drugs prior to being notified of a scheduled drug test, obtains counseling or rehabilitation, and thereafter refrains from using illegal drugs.

   d. Removal action will be initiated against an employee who is found to use illegal drugs and who refuses to obtain counseling or rehabilitation through an Employee Assistance Program.
e. You have the opportunity to voluntarily identify yourself as a user of illegal drugs willing to receive counseling or rehabilitation, in accordance with paragraph 4c of this notice, in which case disciplinary action will not be taken;

f. An employee found to use illegal drugs will be referred to VA Employee Assistance Programs. Such referral, however, does not preclude institution of disciplinary proceedings;

g. VA will initiate action to remove from service any employee who is found to use illegal drugs a second time;

h. An employee found to use illegal drugs will not be allowed to remain on duty in a sensitive position prior to successful completion of rehabilitation through an EAP. However, as part of an EAP, the authorized VA official may, in his/her discretion, allow an employee to return to duty in a sensitive position if it is determined that this action would not pose a danger to public health or safety or national security;

i. Disciplinary action up to and including removal will be initiated against any employee who refuses to be tested.

5. You may contact the Coordinator of the Drug Testing Program, at (412) 822-3505 for additional information regarding the VA Drug-Free Workplace Program.

Lindsay Weissberg
Acting Human Resources Officer
VA Pittsburgh Healthcare System

Acknowledgement of Notice of Employee Whose Position is Designated Sensitive for Drug Testing Purposes

I acknowledge receiving and reading the notice which states that my position has been designated for random drug testing, and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

Print Name: _______________________

Signature: _______________________

Date: _______________________

page 19
Department of Veterans Affairs

CERTIFICATION OF LICENSURE, REGISTRATION,
OR BAR MEMBERSHIP

PRIVACY ACT NOTICE: The information requested is voluntary and is solicited under authority of Chapter 73, Title 38, U.S.C, Sections 4105 and 4106, or Title 5, U.S.C., Sections 3301, 3302, 3304, and 3320. It will be used to determine your current qualifications for a specific position. If you decline to provide the information requested, it may result in disqualification for the position.

INSTRUCTION TO EMPLOYEE: Please complete items 8A through 10.

<table>
<thead>
<tr>
<th>1. STATION NAME AND LOCATION</th>
<th>2. STATION NO</th>
<th>3. DUTY STATION</th>
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<tr>
<td></td>
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<thead>
<tr>
<th>4. EMPLOYEE NAME (Last, first, middle)</th>
<th>5. SOCIAL SECURITY NO</th>
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<tr>
<th>6. POSITION TITLE</th>
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</table>

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<tr>
<th>7. ORGANIZATION (Department or staff office, service, division, etc.)</th>
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</table>

<table>
<thead>
<tr>
<th>CURRENT LICENSE, REGISTRATION, OR BAR MEMBERSHIP</th>
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<tbody>
<tr>
<td>8A STATE</td>
</tr>
<tr>
<td>-----------</td>
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<tr>
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<table>
<thead>
<tr>
<th>CERTIFICATION: I certify that I have a current license, registration, or bar membership as described above.</th>
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<table>
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<tr>
<th>9. SIGNATURE OF EMPLOYEE</th>
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<table>
<thead>
<tr>
<th>10. DATE</th>
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The information above has been verified.

<table>
<thead>
<tr>
<th>11. SIGNATURE AND TITLE OF VERIFYING OFFICIAL</th>
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<th>12. DATE</th>
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ACKNOWLEDGEMENT OF RECEIPT LETTER

FERS (Federal Employees Retirement System) Booklet
Summary of Thrift Savings Plan
Thrift saving Plan – Managing your Account
Guide to Federal Benefits for Federal Civilian Employees
Master Agreement between the Department of Veterans Affairs and the AFGE
Whistleblower Disclosure (Pamphlet)

"I have received a copy of all of the documents indicated above."
(Please cross out any documents you did not receive. Please alert Human Resources if you have any questions pertaining to your package.)

Print Name: ________________________________
Signature: ________________________________
Date: ____________________________________
The VA Pittsburgh Payroll Department is located on the Aspinwall Campus Building 70 on the 2nd Floor. Room number is 2A215. We will answer all your questions regarding:

- Taxes
- Address Changes
- Pay Information
- Garnishments and Bankruptcy
- Child Support and Alimony Payments
- Thrift Savings Plan Loans

For any questions or assistance please call 412-822-1040.
WITHHOLDING FOR LOCAL EARNED INCOME TAXES

1. I request that Municipality (City, Borough, Township) Earned Income Taxes be withheld from my bi-weekly paycheck for the purpose of paying the city, borough or township of _____________________________.

   Please note that local income tax will be withheld as a percentage of your pay based on the withholding rate required by the local taxing authority. The Payroll Section cannot adjust this percentage.

2. I understand that this withholding can be cancelled or changed at anytime by forwarding a written request to the Employee Accounts Section.

3. If you have been reassigned to another CBOC or VA facility, the Payroll Section will require a written statement to make necessary changes (This will not be automatically processed).

4. The Local Taxing Authority will appear in Block 18 of the MyPay Leave and Earnings Statement with the current bi-weekly and year to date deductions appearing in the DEDUCTIONS area. The year to date total amount withheld will appear on your W-2 Statement.

Name ____________________________

SSN ____________________________

Service ____________________________

Signature ____________________________

Address ____________________________