



**DEPARTMENT OF VETERANS AFFAIRS
NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM**

Omaha
4101 Woolworth Avenue
Omaha NE 68105-1873

Lincoln
600 S 70th Street
Lincoln NE 68510-2493

Grand Island
2201 N Broadwell Avenue
Grand Island NE 68803-2196

In reply refer to: 636

Dear:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a resident from _____ to _____, 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 Associate Chief of Staff for Education.

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 Veterans Health Administration such as leave, retirement, etc. In addition, you agree to adhere to all policies and procedures of the Department of Veterans Affairs as well as those of the Nebraska Western Iowa Health Care System (NWIHCS).

If you agree to these conditions, please sign the statement below. This agreement may be terminated at any time by either party by written notice of such intent. On your last working day, you must report to your supervisor to obtain your clearance papers to clear the Medical Center. All VA property must be turned in before you will be cleared.

Sincerely,

Gena Hyre
VISN 23 Regional Human Resources Officer, NWI

I agree to serve in the above capacity under the conditions indicated:

X _____
Resident's Signature

Date