WOC APPOINTMENT REQUEST

(FOR STUDENTS, RESIDENTS, FELLOWS IN AN APPROVED TRAINING PROGRAM AFFILIATED WITH A SCHOOL)

New Appointment ☐
Extension of Appointment ☐

This section to be completed by WOC

LAST NAME, FIRST, MIDDLE	
STREET ADDRESS	EMERGENCY CONTACT PERSON
CITY, STATE, ZIP	EMERGENCY CONTACT PHONE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE	WORK PHONE
E-MAIL ADDRESS	CITIZENSHIP STATUS
	ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? ☐ YES ☐ NO- IF NO INDICATE COUNTRY OF CITIZENSHIP
COLLEGE/UNIVERSITY ATTENDING	TOTAL CREDITS / DEGREE (IF ANY) / YR RECEIVED
SIGNATURE	DATE

This section to be completed by Service

	LOCATION WHERE APPOINTEE WILL WORK (Service and Section/Unit)	NAME & PHONE NUMBER OF SUPERVISOR

REQUESTED PERIOD OF APPOINTMENT (MUST BE RENEWED ANNUALLY)		
BEGINNING:	ENDING:	
IS THIS POSITION DIRECT PATIENT CARE? ☐ YES ☐ NO	NEEDS COMPUTER ACCESS? ☐ YES ☐ NO	
ORGANIZATION PAYING APPOINTEE (If any)	NUMBER OF HOURS APPOINTEE WILL WORK	

ATTACHED ARE THE FOLLOWING REQUIRED DOCUMENTS

☐ **OF-612, Appropriate Application for Federal Employment, CV or Resume if appropriate**

☐ **OF-306, Declaration for Federal Employment**

☐ **SF-85, Questionnaire for Non-Sensitive positions, completed by the candidate (not required for appointments of 6 months or less that <u>will not</u> be extended)**

☐ **Transcripts (if applicable)**

☐ **License/Certification (if applicable)**

☐ **Photocopy of visa or other authorization document on non-citizen showing expiration date (If non-citizen, length of appointment may only be made to coincide with the expiration date of visa).**

Attach copy of visa or alien registration card.		
The Service is responsible for the return of all VA property (i.e. keys, ID badges, library material etc.) issued to the above appointee at the end of this assignment.		
SIGNATURE OF SERVICE CHIEF	**DATE**	**PHONE NUMBER**