



Department of Veterans Affairs

442/05

Cheyenne VA Medical Center
2360 E. Pershing Blvd.
Cheyenne, WY 82001

Student/Instructor:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility for training from _____ to _____, under authority 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 Chief, Nursing Service.

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 the Veterans Health Administration such as leave, retirement, etc. You will, however, be eligible to receive U.S. Department of Labor Workers' Compensation benefits for on the job injury or disease.

If you agree to these conditions, please sign as indicated.

<u>NAME</u>	<u>SSN</u>	<u>SIGNATURE</u>

Sincerely,

Kay Peterson
Human Resources Manager