

WOC APPOINTMENT REQUEST

November 10, 2005

(Please Print)

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? <input type="checkbox"/> YES <input type="checkbox"/> NO- IF NO INDICATE COUNTRY OF CITIZENSHIP
COLLEGE/UNIVERSITY ATTENDED	TOTAL CREDITS / DEGREE (IF ANY) / YR RECEIVED
SIGNATURE	DATE

This section to be completed by VA Staff

POSITION TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	NEEDS COMPUTER ACCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ORGANIZATION PAYING APPOINTEE (If any)	NUMBER OF HOURS APPOINTEE WILL WORK	
ATTACHED ARE THE FOLLOWING REQUIRED DOCUMENTS		
<input type="checkbox"/> OF-612, Appropriate Application for Federal Employment, CV or Resume if appropriate <input type="checkbox"/> OF-306, Declaration for Federal Employment <input type="checkbox"/> 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) <input type="checkbox"/> Transcripts (if applicable) <input type="checkbox"/> License/Certification (if applicable) <input type="checkbox"/> 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.		
I acknowledge that I am responsible for the return of all VA property (i.e. keys, ID badges, library material etc.) issued to the above appointee working in my area at the end of this assignment.		
SIGNATURE OF SUPERVISOR OR APPROPRIATE PERSON FROM SERVICE	DATE	PHONE NUMBER