



**U.S. Department of Veterans Affairs**  
Iowa City VA Health Care System

601 Highway 6 West  
Iowa City, IA 52246  
319-338-0581  
1-800-637-0128  
[www.iowacity.va.gov](http://www.iowacity.va.gov)

**In Reply Refer To: 636A8/05**

Date

Name  
Address  
City, State

Dear

Welcome to the Iowa City VA Health Care System (ICVAHCS). You will be assigned to our facility as a \_\_\_\_\_, from \_\_\_\_\_ through \_\_\_\_\_ under authority of 38 U.S.C., 7405(a) (1), or 7306. During your period of affiliation with our facility, you are authorized to perform services as directed by the Associate Chief of Staff for Research & Development or his/her Administrative Officer.

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 Department of Veterans Affairs, such as leave, retirement, etc. Cash cannot be paid in lieu of these benefits. In addition, you agree to adhere to all the policies and procedures of the Department of Veterans Affairs, as well as those of the ICVAHCS

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.

Please indicate your veteran status by checking the appropriate box:  
**1-Vietnam Veteran\***, **2-Other Veteran**, **3-Non-Veteran**

Sincerely,

DANIEL J. HELLE  
Human Resources Officer

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I agree to serve in the above capacity under the conditions listed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*For our purposes, a Vietnam Veteran is one with service between 8/5/64 and 5/7/75.