

DEPARTMENT OF VETERANS AFFAIRS
Southeast Louisiana Veterans Health Care System
P. O. Box 61011
New Orleans LA 70161-1011



**APPOINTMENT LETTER FOR TRAINEES PAID
THROUGH A DISBURSEMENT AGREEMENT**

Dear VA Health Professions Trainee:

Welcome to the Department of Veterans Affairs (VA) and the Southeast Louisiana Veterans Health Care System (SLVHCS). You will be given a ***without compensation appointment*** at our facility as a Medical Resident/Fellow _____ (*month/year start of academic year*), through _____ (*month/year of residency end date*), under the authority of Title 38 United States Code (U.S.C.) 7406. During your period of appointment to our facility, you will be paid by VA using a disbursement agreement with _____ (*name of affiliated school*) and will be authorized to perform services as directed by your SLVHCS Site Director.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period. If you have prior federal service, you are requested to report to our Human Resources Management Office within 14 days of the beginning of your rotation for additional appointment information and processing. Please bring this letter with you, as well as any documents you may have relating to your prior federal service.

Sincerely yours,
/s/

Inger Alston
Chief, Human Resources Management Service

(Signature) _____
(Date)

(Printed or Typed Name)

(School and Program)