APPROVAL OF INTERIM/TEMPORARY ACCOMMODATION

1. EMPLOYEE NAME	2. EMPLOYEE'S OFFICIAL TITLE	3. DATE

4. THE PURPOSE OF THIS FORM IS TO CONFIRM THAT I AM APPROVING AN INTERIM/TEMPORARY ACCOMMODATION

- ☐ UNTIL THE REQUESTED ACCOMMODATION IS AVAILABLE OR A FINAL DETERMINATION IS MADE
- ☐ A COMPLETED VA FORM 0857e *(Medical Documentation)* IS SUBMITTED TO THE REASONABLE ACCOMMODATION COORDINATOR RAC) *(see explanation in 6 below)*
- ☐ UNTIL TEMPORARY ACCOMMODATION ENDS

5. THE INTERIM/TEMPORARY ACCOMMODATION WILL BE PROVIDED BY THIS DATE _____ END DATE _____

6. THE ACCOMMODATION WILL BE:

INTERIM OR TEMPORARY ACCOMMODATION: WHEN ALL FACTS AND CIRCUMSTANCES ARE KNOWN TO THE AGENCY THE INDIVIDUAL MAY BE ENTITLED TO AN INTERIM/TEMPORARY ACCOMMODATION, BUT THE ACCOMMODATION CANNOT BE PROVIDED IMMEDIATELY, THE AGENCY WILL PROVIDE THE INDIVIDUAL WITH AN INTERIM/TEMPORARY ACCOMMODATION THAT ALLOWS THE INDIVIDUAL TO PERFORM SOME OR ALL THE ESSENTIAL FUNCTIONS OF THE JOB, ABSENT UNDUE HARDSHIP. AN INTERIM/TEMPORARY ACCOMMODATION SHOULD BE PROVIDED IMMEDIATELY IF THE EMPLOYEE REPORTS THAT ANY ASPECT OF HIS OR HER DUTIES IS CAUSING PAIN OR AGGRAVATION OF A MEDICAL CONDITION.

7. AT THIS TIME, WE MAY NOT HAVE DOCUMENTATION TO VERIFY THAT YOU HAVE A DISABILITY, YOUR DISABILITY MAY NOT BE VISIBLE AND/OR KNOWN TO THE AGENCY. THEREFORE, BY GRANTING THIS INTERIM/TEMPORARY ACCOMMODATION, WE ARE NOT REGARDING YOU AS A PERSON WITH A DISABILITY COVERED BY THE REHABILITATION ACT. WHEN YOU SUBMIT THE COMPLETED VA FORM 0857e, THEN WE WILL BE ABLE TO MAKE A DETERMINATION.

YOU HAVE INDICATED THAT YOU CAN OBTAIN AN APPOINTMENT WITH YOUR TREATING PHYSICIAN BY _____ .
THEREFORE, RAC WILL EXPECT TO RECEIVE THE COMPLETED VA FORM 0857e BY _____ . IF RAC DOES NOT RECEIVE IT BY THAT DATE, YOUR INTERIM/TEMPORARY ACCOMMODATION WILL EXPIRE.

8. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME VIA THE EMAIL ADDRESS OR PHONE NUMBER PROVIDED BELOW. YOU MAY ALSO CONTACT THE RAC WITHIN YOUR ORGANIZATION.

9. DMO SIGNATURE	10. DMO NAME	11. DMO PHONE NUMBER	12. DMO EMAIL

13. RAC NAME	14. RAC PHONE NUMBER	15. RAC EMAIL

16. ARAC NAME	17. ARAC PHONE NUMBER	18. ARAC EMAIL

I, THE EMPLOYEE, CERTIFY THAT I **ACCEPT** THE INTERIM/TEMPORARY ACCOMMODATION(S) OFFERED.

19. EMPLOYEE SIGNATURE	20. DATE

I, THE EMPLOYEE, CERTIFY THAT I **DO NOT ACCEPT** THE INTERIM/TEMPORARY ACCOMMODATION(S) OFFERED.

21. EMPLOYEE SIGNATURE	22. DATE

*** When sending this form via electronic means, please ensure the file is encrypted to protect the requester PII &PHI information.
This form should be retained separately from the employee's Official Personnel Folder.