



ADMINISTRATIVE CLOSURE OF ACCOMMODATION REQUEST

1. EMPLOYEE NAME	2. EMPLOYEE'S OFFICIAL TITLE	3. DATE (MM/DD/YYYY)
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4. THE PURPOSE OF THIS FORM IS TO CONFIRM THAT I AM CLOSING YOUR ACCOMMODATION REQUEST BECAUSE:

YOU NOTIFIED ME ON _____ THAT YOU WISH TO WITHDRAW YOUR REQUEST.

YOU DO NOT HAVE A DISABILITY COVERED BY THE REHABILITATION ACT.

YOU DID NOT SUBMIT A COMPLETED VA0857e, REQUEST FOR MEDICAL DOCUMENTATION, WITHIN FORTY (40) BUSINESS DAYS OF THE REASONABLE ACCOMMODATION COORDINATORS (RACs) REQUEST FOR THIS INFORMATION AND YOU DO NOT HAVE A VISIBLE DISABILITY.

YOU SUBMITTED VA0857e, REQUEST FOR MEDICAL DOCUMENTATION, BUT IT WAS NOT COMPLETED BY A LICENSED MENTAL HEALTH PRACTITIONER AND/OR APPROPRIATE MEDICAL PROFESSIONAL FOR YOUR MEDICAL CONDITION(S).

YOU HAVE NOT RESPONDED TO ANY EMAILS, PHONE CALLS, VOICE MESSAGES OR IM's FROM THE DECISION MAKING OFFICIAL (DMO) AND/OR REASONABLE ACCOMMODATION COORDINATOR (RAC) FOR THE PAST TWENTY (20) OR MORE BUSINESS DAYS CREATING THE IMPRESSION YOU HAVE WITHDRAWN FROM THE INTERACTIVE PROCESS.

YOU REQUESTED AN ACCOMMODATION TO HELP SUPPORT AN IMMEDIATE FAMILY MEMBER. THIS TYPE OF REQUEST IS NOT COVERED BY THE REHABILITATION ACT. PLEASE CONTACT YOUR SERVICING HR OFFICE FOR SUPPORT ON WHAT BENEFITS ARE AVAILABLE TO YOU FOR THIS SITUATION.

EMPLOYEE REFUSED TO ACCEPT ACCOMMODATIONS OFFERED BY ORIGINAL DMO AND DID NOT SUBMIT HIS/HER RECONSIDERATION STATEMENT WITHIN THE SEVEN (7) BUSINESS DAYS ALLOWED PER VA0857f, ACCOMMODATION REQUEST DETERMINATION FORM.

EMPLOYEE RETIRED, TRANSFERRED OR RESIGNED FROM FEDERAL SERVICE.

DOCUMENTS PROVIDED UNDER FALSE PRETENSES.

OTHER

5. PLEASE BE ASSURED THAT YOU ARE WELCOME TO SUBMIT A NEW REQUEST OR APPROPRIATE MEDICAL DOCUMENTATION AT ANY TIME AND THE PROCESS WILL BE CONTINUED. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT EITHER THE RAC OR YOUR DMO VIA THE E-MAIL ADDRESSES OR PHONE NUMBERS PROVIDED BELOW.

6. REASONABLE ACCOMMODATION CONSULTANT (RACs) CONTACT INFO:

6a. RAC NAME	6b. RAC PHONE NUMBER	6c. RAC EMAIL
6d. RAC SIGNATURE		6e. DATE (MM/DD/YYYY)

7. NATIONAL REASONABLE ACCOMMODATION COORDINATORS (NRAC) CONTACT INFO:

7a. NRAC NAME	7b. NRAC PHONE NUMBER	7c. NRAC EMAIL
7d. NRAC SIGNATURE		7e. DATE (MM/DD/YYYY)

8. DECISION MAKING OFFICIAL (DMO) CONTACT INFORMATION

8a. DMO NAME	8b. DMO PHONE NUMBER	8c. DMO EMAIL
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*** 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.