VA	U.S. Department of Veterans Affairs
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OFFER OF REASSIGNMENT									
In response to your request for an accomprovided on VA0857h, we identified a v					able option	on. Based on your sele	ection of the options		
1. EMPLOYEE NAME				2. EMPLOYEE OFF	FICE (i.e. V	/BA, VHA, etc.)			
3. CURRENT STATION ID (i.e. 103 - Austin, TX)				4. CURRENT SUPERVISOR'S NAME			5. DATE		
NEW JOB INFORMATION									
6. JOB SERIES (i.e., 0343 - Management & Program Analyst)	7. POSITION (i.e. PN-916		8. PAY LEVEL/SALARY (i.e. GS-0343-12; \$36,000) 9. ORGANIZATION				BA, VHA, etc.)		
10. LOCATION (City/State)		11. STATIO	TION ID (i.e. 103 - Austin, TX) 12. SUPERVISOR NA		12. SUPERVISOR NAME				
You have fourteen (14) business days fr seek another position for you, unless you Your decision is due by: Due to extenuating circumstances, exceptissuance of this form.	u can show t	that the po	sition	offered is incompatible	e with yo	our functional limitatio	ns.		
			14. HR MANAGER SIGNATURE				15. DATE		
16. NATIONAL REASONABLE ACCOMMODATION CONSULTANT (NRAC) NAME			17. NRAC SIGNATURE				18. DATE		
	AC	CEPTANO	CE / DI	ECLINATION OF JOB	OFFER		l		
19. I, EMPLOYEE, CERTIFY THAT I ACCEPT THE JOB OFFERED ABOVE EMPLOYEE SIGNATURE							20. DATE		
21. I, EMPLOYEE, CERTIFY THAT I DO NOT ACCEPT THE JOB OFFERED ABOVE. BELOW IS MY EXPLAINATION. EMPLOYEE SIGNATURE							22. DATE		
23. THE JOB OFFER IS INCOMPATIBLE WITH BECAUSE (must be specific)	F	PLEASE R	EETUR	N THIS SIGNED FORM		IGINAL REQUEST FOR	ACCOMMODATION		
24. REASONABLE ACCOMMODATION COORDINATOR (RAC) NAME			25. RAC PHONE NUMBER 26			26. RAC EMAIL ADDRESS			
*** When sending this form via ele	ctronic mea	ans, please	e ensu	re the file is encrypted	d to prot	tect the requestors Pl	I & PHI information.		

This form should be retained separately from the employee's Official (paper or electronic) Personnel File.