



FINAL ACCOMMODATION DETERMINATION (Case Closure)

1. EMPLOYEE NAME	2. EMPLOYEE OFFICIAL TITLE
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The purpose of this form is to advise you of the final determination regarding your accommodation request.

3. I AM THE DECISION MAKING OFFICIAL (DMO) FOR THIS REQUEST. MY CONTACT INFORMATION IS BELOW.

4. DMO NAME	5. DMO PHONE NO.	6. DMO EMAIL
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7. EFFECTIVE DATE YOUR REASONABLE ACCOMMODATION/ PERSONAL ASSISTANCE SERVICE REQUEST HAS CONCLUDED.	8. YOU HAVE BEEN PROVIDED THE FOLLOWING ACCOMMODATION(S) ON THIS DATE. <i>(For approvals only also fill out boxes 9 & 10) (see 0857f)</i>
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9. THE APPROVED ACCOMMODATION WAS DETERMINED TO BE EFFECTIVE ON	10. FOLLOW UP ON YOUR ACCOMMODATION WAS CONDUCTED ON <i>(for interactive process see 0857o)</i>
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11. UNFORTUNATELY WE ARE UNABLE TO PROVIDE YOU WITH AN EFFECTIVE ACCOMMODATION, AND YOUR REQUEST IS HEREBY CLOSED. EFFECTIVE THIS DATE <i>(for denials only see 0857g)</i>	12. ATTEMPTS TO ACCOMMODATE YOU INCLUDED A JOB SEARCH WHICH CONCLUDED ON THIS DATE, WITH NO VIABLE POSITIONS FOUND. <i>(for no reassignment positions found see 0857p)</i>
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13. YOU HAVE BEEN OFFERED AN ACCOMMODATION BY THE DMO/RDMO AND REFUSED THE ACCOMMODATION
ON THIS DATE _____

14. BASED ON THE FOLLOWING REASONS, YOUR CASE WILL BE CLOSED *(i.e., other reasons not listed on VA Form 0857d)*

15. YOUR CASE WILL BE CLOSED ON THIS DATE _____

16. IF YOU WISH TO FILE AN EQUAL EMPLOYMENT OPPORTUNITY (EEO) COMPLAINT, PURSUE A MERIT SYSTEMS PROTECTION BOARD (MSPB) COMPLAINT OR A UNION GRIEVANCE, GUIDANCE IS PROVIDED BELOW:

- To file an EEO complaint, applicants for employment or employees must contact an EEO counselor within forty-five (45) days of notice of the denial, pursuant to 29 C.F.R. Part 1614. Contact your local Office of Resolution Management for further information.
- Non-Bargaining Unit Employees may file an Administrative Grievance within fifteen (15) calendar days of receiving the denial. Contact your local Human Resources Office for further information.
- Bargaining Unit Employees may file a grievance in accordance with applicable Collective Bargaining Agreements. Contact your local union representative for further information.
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement; or Initiate an appeal to the Merit Systems Protection Board within thirty (30) days of an appealable adverse action as defined in 5 C.F.R. §1201.3.
- Employees and applicants are encouraged to participate in informal resolution processes available to address the reasonable accommodation outcome. The ADR process is outlined in VA Directive 5978: Alternative Dispute Resolution. Individuals may participate in ADR as part of the above avenues of redress or independently. If participation is independent of the above avenues of redress, it does not meet the requirements for filing claims under the aforementioned processes.

The use of alternative resources does not affect the time limits for initiating statutory and collective-bargaining claims. Your participating in VA's informal alternative dispute resolution process will neither satisfy nor delay time restrictions of the formal processes indicated above.

17. DMO SIGNATURE	18. DATE
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19. RAC NAME	20. RAC PHONE NUMBER	21. RAC EMAIL
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22. I, THE EMPLOYEE, CERTIFY THAT I RECEIVED THIS FORM EMPLOYEE SIGNATURE	23. DATE
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When sending this form via electronic means, please ensure the file is encrypted to protect the requestors PII & PHI information.

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