Department of Veterans Affairs

APPROVAL OF INTERIM ACCOMMODATION

1. NAME OF EMPLOYEE

2. THE PURPOSE OF THIS FORM IS TO CONFIRM THAT I AM APPROVING AN INTERIM ACCOMMODATION UNTIL:

☐ THE REQUESTED ACCOMMODATION IS AVAILABLE

☐ A COMPLETED VA FORM 0857e *(Medical Documentation)* IS SUBMITTED *(see explanation in 5 below)*

3. THE INTERIM ACCOMMODATION WILL BE PROVIDED BY THIS DATE _____

4. THE INTERIM ACCOMMODATION WILL BE:

5. AT THIS TIME, WE DO NOT HAVE DOCUMENTATION TO VERIFY THAT YOU HAVE A DISABILITY, AND YOUR DISABILITY IS NOT VISIBLE. THEREFORE, BY GRANTING THIS INTERIM ACCOMMODATION, WE ARE NOT REGARDING YOU AS A PERSON WITH A DISABILITY COVERED BY THE REHABILITATION ACT. WHEN YOU SUBMIT THE OCMPLETED 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, I WILL EXPECT TO RECEIVE THE COMPLETED VA FORM 0857e BY _____. IF I DO NOT RECEIVE IT BY THAT DATE, YOUR INTERIM ACCOMMODATION WILL EXPIRE.

6. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME VIA THE EMAIL ADDRESS OR PHONE NUMBER PROVIDED BELOW. YOU MAY ALSO CONTACT THE LRAC OR ALRAC.

7. DMO EMAIL	8. DMO PHONE NUMBER	
9. LRAC EMAIL	10. LRAC PHONE NUMBER	
11. ALRAC EMAIL	12. ALRAC PHONE NUMBER	

This form should be retained separately from the employee's Official Personnel Folder.