

**ADMINISTRATIVE CLOSURE OF ACCOMMODATION REQUEST**

1. EMPLOYEE NAME		2. EMPLOYEE'S OFFICIAL TITLE	3. DATE (MM/DD/YYYY)
4. THE PURPOSE OF THIS FORM IS TO CONFIRM THAT I AM CLOSING YOUR ACCOMMODATION REQUEST BECAUSE			
<input type="checkbox"/> YOU NOTIFIED ME ON (MM/DD/YYYY) _____ THAT YOU WISH TO WITHDRAW YOUR REQUEST.			
<input type="checkbox"/> YOU DO NOT HAVE A DISABILITY COVERED BY THE REHABILITATION ACT.			
<input type="checkbox"/> YOU DID NOT SUBMIT A COMPLETED VA FORM 0857e, 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.			
<input type="checkbox"/> YOU SUBMITTED VA FORM 0857e, 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).			
<input type="checkbox"/> 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ACCOMMODATION COORDINATOR (RAC) FOR THE PAST TWENTY (20) OR MORE BUSINESS DAYS CREATING THE IMPRESSION YOU HAVE WITHDRAWN FROM THE INTERACTIVE PROCESS.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 VA FORM 0857f, ACCOMMODATION REQUEST DETERMINATION FORM.			
<input type="checkbox"/> EMPLOYEE RETIRED, TRANSFERRED OR RESIGNED FROM FEDERAL SERVICE.			
<input type="checkbox"/> DOCUMENTS PROVIDED UNDER FALSE PRETENSES.			
<input type="checkbox"/> 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 COORDINATOR (RACs) CONTACT INFO			
6A. RAC NAME	6B. RAC PHONE NUMBER	6C. RAC EMAIL ADDRESS	
6D. RAC SIGNATURE		6E. DATE (MM/DD/YYYY)	
7. NATIONAL REASONABLE ACCOMMODATION CONSULTANT (NRAC) CONTACT INFO			
7A. NRAC NAME	7B. NRAC PHONE NUMBER	7C. NRAC EMAIL ADDRESS	
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 ADDRESS	
*** 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.