



ADMINISTRATIVE CLOSURE OF ACCOMMODATION REQUEST

1. NAME OF EMPLOYEE

2. THE PURPOSE OF THIS FORM IS TO CONFIRM THAT I AM CLOSING YOUR ACCOMMODATION REQUEST BECAUSE:

- THE FORM 0857e WAS NOT SUBMITTED, AND YOU DO NOT HAVE A VISIBLE DISABILITY.
- THE FORM 0857e WAS SUBMITTED, BUT IT WAS NOT COMPLETED BY YOUR HEALTH PRACTITIONER.
- YOU NOTIFIED ME ON _____ THAT YOU WISH TO WITHDRAW YOUR REQUEST.

3. 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.

4. If you have any questions, please contact me via the email address or phone number provided below. You may also contact the LRAC.

5. DMO EMAIL ADDRESS

6. DMO TELEPHONE NUMBER *(Include area code)*

7. LRAC EMAIL ADDRESS

8. LRAC TELEPHONE NUMBER *(Include area code)*

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