



EMPLOYEE LIMITATIONS ON REASSIGNMENT OPTIONS

1. EMPLOYEE NAME

2. EMPLOYEE OFFICIAL TITLE

3. EMPLOYEE PHONE NUMBER (Include
Area Code)

4. It has been determined that you are no longer able to perform the essential functions of your current position due to functional limitations caused by your disability(ies) (see VA Form 0857f). VA would like to retain you as an employee. Therefore, we are offering to seek a suitable position for you. VA will not be able to create a new position; we are limited to identifying an existing position that is currently vacant or will be vacant within the next forty (40) business days. Please review the options listed below and check those you are willing to consider during the reassignment search. Please consider as many options as possible to aid our effort in identifying a suitable position.

This does not guarantee that VA will be able to reassign you to a different position. **Please return your completed form and your updated resume to the Reasonable Accommodation Coordinator (RAC) listed below by (enter date)** _____

The Reassignment search WILL NOT begin until both the completed VA0857h and your updated resume are received by your Servicing HR office.

Per Merit Promotion regulations - 5 CFR 335.101 through 335.106, you CAN NOT be reassigned into a position that has promotion potential.

After the Reassignment search is completed, if no vacancies are found that meet your job qualifications and your functional limitations OR you decline an offer of reassignment, your reasonable accommodation request will be closed.

Please note: The VA is not obligated to seek a reassignment position with another Federal Agency.

5. RAC ASSIGNED

6. RAC PHONE NUMBER

7. RAC EMAIL ADDRESS

8. I AM WILLING TO CONSIDER REASSIGNMENT UNDER THE FOLLOWING PARAMETERS:

- ☐ AT MY CURRENT FACILITY OR WITHIN COMMUTING AREA ONLY (my current duty station location (City/State) and current county is listed below);

- ☐ OUTSIDE MY CURRENT FACILITY OR COMMUTING AREA (List locations or indicate that you are willing to be reassigned to any location.) (NOTE: VA will not pay relocation expenses, except if they are authorized in the job announcement.);

- ☐ TO A DIFFERENT TYPE OF POSITION FOR WHICH I AM QUALIFIED (List the types of positions or job series you will accept. i.e. IT Specialist, Management/ Program Analyst OR GS-2210, GS-0343, etc.);

- ☐ TO A TITLE 5 POSITION (For Title 38 employees only);
- ☐ TO A DIFFERENT SUB-COMPONENT OF THE AGENCY;
- ☐ TO A LOWER GRADE POSITION IF NO POSITION IS AVAILABLE AT MY CURRENT PAY LEVEL (Indicate the lowest pay level you will accept); AND/OR

- ☐ TO A PART TIME POSITION

I certify that I have selected the options which I am willing to consider, and I understand that if VA cannot find a suitable position, that meet my job qualifications and my functional limitations, the agency has no further obligation to accommodate me and/or conduct another reassignment search, and I will be advised of any available benefits authorized under the law.

9. EMPLOYEE SIGNATURE

10. DATE (MM/DD/YYYY)

11. THE FOLLOWING ITEMS WERE RECEIVED BY THE RAC LISTED ABOVE IN BLOCK 5

- ☐ COMPLETED VA0857h, EMPLOYEE LIMITATIONS ON REASSIGNMENT OPTIONS. DATE RECEIVED (MM/DD/YYYY): _____
- ☐ EMPLOYEE'S RESUME. DATE RECEIVED (MM/DD/YYYY): _____

The assigned RAC will sign below items above are received and the date received is annotated on this form.

12. RAC SIGNATURE

13. DATE (MM/DD/YYYY)

Please return the completed form to the RAC listed above in block 5.

***** 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 (paper or electronic) Personnel Folder.