

OFFER OF REASSIGNMENT

In response to your request for an accommodation, we agreed that reassignment was a suitable option. Based on your selection of the options provided in VA Form 0857h, we identified a vacancy that appears to be suitable.

1. NAME OF EMPLOYEE

2. JOB INFORMATION

2A. JOB SERIES (*Number and name*)

2B. PAY LEVEL

2C. LOCATION

2D. NAME OF SUPERVISOR

3. You have 14 calendar days from today's date to consider whether to accept the offered reassignment. If you do not accept, we will not seek another position for you, unless you can show that the position offered is incompatible with your functional limitations.

4A. NAME OF HR MANAGER

4B. SIGNATURE OF HR MANAGER

4C. DATE

5. By signing, I accept this offer of reassignment

5A. SIGNATURE OF EMPLOYEE

5B. DATE

6. THE JOB OFFER IS INCOMPATIBLE WITH THE FUNCTIONAL LIMITATIONS THAT WERE LISTED IN MY ORIGINAL REQUEST FOR ACCOMMODATION BECAUSE (*must be specific*)

7. PLEASE RETURN THIS FORM TO _____ (LRAC)

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