

EMPLOYEE LIMITATIONS ON REASSIGNMENT OPTIONS

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. 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. Please review the options listed below and check those you are willing to consider. Please consider as many options as possible to aid our effort to identify a suitable reassignment.

This offer does not guarantee that VA will be able to reassign you to a different position. *Please return the completed form to me by (enter date) _____.*

NAME OF LOCAL REASONABLE ACCOMMODATION COORDINATOR	TELEPHONE NUMBER	EMAIL ADDRESS

I _____ am willing to consider reassignment.

- 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)*

- 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, the agency has no further obligation to accommodate me, and I will be advised of other options.

NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE	DATE OF SIGNATURE

Please return the completed form to the Local Reasonable Accommodation Coordinator listed above.

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