

**REASSIGNMENT SEARCH CONCLUSION** *(No Positions Found)*

1. EMPLOYEE NAME

2. EMPLOYEE OFFICE (i.e. VBA, VHA, etc.)

3. CURRENT STATION ID (i.e. 103 - Austin, TX)

4. DMO NAME

Your DMO authorized a reassignment search to be conducted. On (MM/DD/YYYY) \_\_\_\_\_, you completed VA Form 0857h - Employee Limitations on Reassignment Options. Your completed VA0857h, your resume and your functional limitations were provided to your Servicing HR office to begin the reassignment search on (MM/DD/YYYY) \_\_\_\_\_.

Your servicing HR Office, \_\_\_\_\_, began the reassignment search on (MM/DD/YYYY) \_\_\_\_\_.

Per VA Handbook 5975.1, the reassignment search is conducted for forty (40) business days. After searching for forty (40) business days, the agency is unable to provide the accommodation (*reassignment*) due to no available positions (*current vacancies or projected vacancies*) were found that meet your functional limitations, your job qualifications and were within your requested reassignment options as per VA Form 0857h. Your accommodation request has concluded with no viable reassignment options available.

The reassignment search concluded on (MM/DD/YYYY) \_\_\_\_\_.

5. HRO NAME

6. DATE (MM/DD/YYYY)

7. HRO SIGNATURE

8. DMO NAME

9. DATE (MM/DD/YYYY)

10. DMO SIGNATURE

I ACKNOWLEDGE RECEIPT OF THIS FORM AND UNDERSTAND THE REASSIGNMENT SEARCH HAS BEEN CONCLUDED WITH NO POSITIONS FOUND THAT MEET MY FUNCTIONAL LIMITATIONS, JOB QUALIFICATIONS OR MY DESIGNATED REASSIGNMENT OPTIONS PER VA0857h. YOU WILL BE REFERRED TO EMPLOYEE/LABOR RELATIONS FOR APPROPRIATE ACTION.

11. EMPLOYEE SIGNATURE

12. DATE (MM/DD/YYYY)

**PLEASE RETURN THIS SIGNED FORM TO**

13. RAC NAME

14. RAC PHONE NUMBER

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