<table>
<thead>
<tr>
<th>Name:</th>
<th>RA Request Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/Program:</td>
<td>Work Phone Number:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Series and Grade:</td>
</tr>
<tr>
<td>Current Duty Station:</td>
<td></td>
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</tbody>
</table>

1. A reassignment may be available as an accommodation of last resort. Do you want to be considered for a reassignment as a reasonable accommodation if there is a vacant, funded position for which you are qualified?  
[ ] Yes  [ ] No

2. If you are willing to relocate, please indicate the geographic area where you are willing to be reassigned.  
[ ] Headquarters (Washington, DC; Riverdale, MD)  [ ] Eastern Region (Raleigh, NC)  
[ ] Western Region (Fort Collins, CO)  [ ] Minneapolis, MN Metro Area

List Specific States:

List Specific Cities:

3. If there is no position available at your current grade level, what is the lowest grade level you will consider for a reassignment?  

Lowest Grade:

By signing this form, I am confirming that I have received an explanation of the reassignment process orally and in writing. I have specified the geographic area(s) where I am interested in working. I understand that if I relocate, the agency is not obligated to pay relocation costs. I understand that if there are no vacant or soon to be vacant positions at my current grade level, I may be offered a lower graded position. If I am offered a position(s) and I decline the position(s) or if there are no positions available within 45 calendar days from the signature/date on this form, I may be separated from Federal Service.

Employee’s Signature:  
Date Signed:  

Send this completed form to:  
United States Department of Agriculture  
Marketing and Regulatory Programs  
Animal and Plant Health Inspection Service  
Human Resources (Attn: Reasonable Accommodation Specialist)  
4700 River Rd., Unit 4  
Riverdale, MD 20737