United States Department of Agriculture
Marketing and Regulatory Programs
Agricultural Marketing Service
Animal and Plant Health Inspection Service

Reasonable Accommodation Reassignment Request

| Grain inspection, Packers and Stockyards Administration | | | |
|--|--------------------|-----------------------|--|
| Name: | RA Request Number: | RA Request Number: | |
| | | | |
| Agency/Program: | Work Phone Number: | | |
| Agency/Program. | Work Phone Number. | | |
| | | | |
| Email Address: | Series and Grade: | Current Duty Station: | |
| Email / Idai 600. | cenes and crade. | Current Buty Ctation. | |
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| 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 | | | |
| 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 | | e Lowest Grade: | |
| level you will consider for a reassignment? | | | |
| 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: | |
| | | | |

MRP Form 30 MAR 2011

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