



# Washington State Department of Transportation

## Reasonable Accommodation Reassignment Form

Reassignment is a form of reasonable accommodation that must be provided, absent undue hardship, to an employee who, because of a sincerely held belief(s) or a disability, can no longer perform the essential functions of his/her current position, with or without reasonable accommodation. Reassignment is the reasonable accommodation of last resort and is required only after it has been determined that there are no effective accommodations that will enable the employee to perform the essential functions of his/her current job, or all other reasonable accommodations would impose an undue hardship.

Reassignment is available for only employees, and not applicants. An employee must be "qualified" for the new position. An employee is "qualified" for a position if s/he: (1) satisfies the requisite skill, experience, education, and other job-related requirements of the position, and (2) can perform the essential functions of the new position, with or without reasonable accommodation. In addition, reassignment may be made only to vacant positions. The law does not require the creation of new positions or moving other employees from their current positions to create a vacancy.

This form will assist the Office of Human Resources & Safety in searching for vacant and funded positions for which you meet the required knowledge, skills, and abilities. Information provided on this form will be used to conduct the vacancy search. Your thorough responses to the questions below will enable consideration of positions that meet your skills and abilities.

**In lieu of completing Sections 1– 4, you can submit an updated resume. Section 5 must be completed if you decide to limit the geographical area for the vacancy search.**

<b>Section 1</b>			<b>General Information (Required)</b>		
<b>1. LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE INITIAL / NAME</b>	
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>	
<b>PHONE</b>			<b>ALTERNATE PHONE</b>		
<b>2. EMAIL ADDRESS</b>				<b>3. PERSONNEL ID NUMBER</b>	

<b>Section 2</b>			<b>Work Experience (Required)</b>		
<b>1A. EMPLOYER: (BEGIN WITH MOST RECENT POSITION)</b>		<b>2A. START DATE: (MM/DD/YYYY)</b>		<b>3A. END DATE: (MM/DD/YYYY)</b>	

<b>4A. COUNTRY:</b>		<b>5A. STATE:</b>	<b>6A. CITY:</b>
<b>7A. AGENCY:</b>		<b>8A. JOB TITLE:</b>	
<b>9A. DESCRIPTION OF DUTIES:</b>			
<b>10A. LAST SALARY:</b>	<b>11A. HOURS PER WEEK:</b>	<b>12A. VOLUNTEER:</b>	<b>13A. WORKING TIME (FULL TIME, PART TIME, ON CALL):</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)
<b>14A. SUPERVISOR NAME:</b>		<b>15A. SUPERVISOR PHONE:</b>	<b>16A. REASON FOR LEAVING:</b>

<b>1B. EMPLOYER:</b>		<b>2B. START DATE:</b> (MM/DD/YYYY)	<b>3B. END DATE:</b> (MM/DD/YYYY)
<b>4B. COUNTRY:</b>		<b>5B. STATE:</b>	<b>6B. CITY:</b>
<b>7B. AGENCY:</b>		<b>8B. JOB TITLE:</b>	
<b>9B. DESCRIPTION OF DUTIES:</b>			
<b>10B. LAST SALARY:</b>	<b>11B. HOURS PER WEEK:</b>	<b>12B. VOLUNTEER:</b>	<b>13B. WORKING TIME (FULL TIME, PART TIME, ON CALL):</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)
<b>14B. SUPERVISOR NAME:</b>		<b>15B. SUPERVISOR PHONE:</b>	<b>16B. REASON FOR LEAVING:</b>

<b>1C. EMPLOYER:</b>		<b>2C. START DATE:</b> (MM/DD/YYYY)	<b>3C. END DATE:</b> (MM/DD/YYYY)
<b>4C. COUNTRY:</b>		<b>5C. STATE:</b>	<b>6C. CITY:</b>
<b>7C. AGENCY:</b>		<b>8C. JOB TITLE:</b>	
<b>9C. DESCRIPTION OF DUTIES:</b>			
<b>10C. LAST SALARY:</b>	<b>11C. HOURS PER WEEK:</b>	<b>12C. VOLUNTEER:</b>	<b>13C. WORKING TIME (FULL TIME, PART TIME, ON CALL):</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)
<b>14C. SUPERVISOR NAME:</b>		<b>15C. SUPERVISOR PHONE:</b>	<b>16C. REASON FOR LEAVING:</b>
<b>1D. EMPLOYER:</b>		<b>2D. START DATE:</b> (MM/DD/YYYY)	<b>3D. END DATE:</b> (MM/DD/YYYY)
<b>4D. COUNTRY:</b>		<b>5D. STATE:</b>	<b>6D. CITY:</b>
<b>7D. AGENCY:</b>		<b>8D. JOB TITLE:</b>	
<b>9D. DESCRIPTION OF DUTIES:</b>			
<b>10D. LAST SALARY:</b>	<b>11D. HOURS PER WEEK:</b>	<b>12D. VOLUNTEER:</b>	<b>13D. WORKING TIME (FULL TIME, PART TIME, ON CALL):</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)

<b>14D. SUPERVISOR NAME:</b>		<b>15D. SUPERVISOR PHONE:</b>		<b>16D. REASON FOR LEAVING:</b>	
<b>1E. EMPLOYER:</b>			<b>2E. START DATE:</b> (MM/DD/YYYY)		<b>3E. END DATE:</b> (MM/DD/YYYY)
<b>4E. COUNTRY:</b>			<b>5E. STATE:</b>		<b>6E. CITY:</b>
<b>7E. AGENCY:</b>			<b>8E. JOB TITLE:</b>		
<b>9E. DESCRIPTION OF DUTIES:</b>					
<b>10E. LAST SALARY:</b>	<b>11E. HOURS PER WEEK:</b>	<b>12E. VOLUNTEER:</b>	<b>13E. WORKING TIME (FULL TIME, PART TIME, ON CALL):</b>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)		
<b>14E. SUPERVISOR NAME:</b>		<b>15E. SUPERVISOR PHONE:</b>		<b>16E. REASON FOR LEAVING:</b>	
<b>1F. EMPLOYER:</b>			<b>2F. START DATE:</b> (MM/DD/YYYY)		<b>3F. END DATE:</b> (MM/DD/YYYY)
<b>4F. COUNTRY:</b>			<b>5F. STATE:</b>		<b>6F. CITY:</b>
<b>7F. AGENCY:</b>			<b>8F. JOB TITLE:</b>		
<b>9F. DESCRIPTION OF DUTIES:</b>					

10F. LAST SALARY:	11F. HOURS PER WEEK:	12F. VOLUNTEER:	13F. WORKING TIME (FULL TIME, PART TIME, ON CALL):
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (21-30 HRS) <input type="checkbox"/> PART TIME (1-10 HRS) <input type="checkbox"/> ON CALL <input type="checkbox"/> PART TIME (11-20 HRS)
14F. SUPERVISOR NAME:		15F. SUPERVISOR PHONE:	16F. REASON FOR LEAVING:

Section 3	<b>Education</b> Diploma, Degree, License or Certification <i>(Required)</i>		
<b>1A. NAME OF INSTITUTE / SCHOOL:</b>			
<b>2A. START DATE (MM/DD/YYYY):</b>	<b>3A. END DATE (MM/DD/YYYY):</b>	<b>4A. COUNTRY</b>	
<b>5A. CITY:</b>	<b>6A. STATE:</b>		
<b>7A. FIELD OF EDUCATION (SOCIAL SCIENCES, GENERAL STUDIES, LAW, ETC):</b>			
<b>8A. EDUCATION LEVEL (HIGH SCHOOL/GED, BA, MBA, ETC):</b>	<b>9A. SUBJECT (MAJOR):</b>	<b>10A. CREDITS (OPTIONAL):</b>	
<b>11A. DESCRIPTION (PLEASE LIST ANY LICENSE OR CERTIFICATION OBTAINED):</b>			
<b>1B. NAME OF INSTITUTE / SCHOOL:</b>			
<b>2B. START DATE (MM/DD/YYYY):</b>	<b>3B. END DATE (MM/DD/YYYY):</b>	<b>4B. COUNTRY</b>	
<b>5B. CITY:</b>	<b>6B. STATE:</b>		

**7B. FIELD OF EDUCATION (SOCIAL SCIENCES, GENERAL STUDIES, LAW, ETC):**

<b>8B. EDUCATION LEVEL (HIGH SCHOOL/GED, BA, MBA, ETC):</b>	<b>9B. SUBJECT (MAJOR):</b>	<b>10B. CREDITS (OPTIONAL):</b>
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**11B. DESCRIPTION (PLEASE LIST ANY LICENSE OR CERTIFICATION OBTAINED):**

**1C. NAME OF INSTITUTE / SCHOOL:**

<b>2C. START DATE (MM/DD/YYYY):</b>	<b>3C. END DATE (MM/DD/YYYY):</b>	<b>4C. COUNTRY:</b>
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<b>5C. CITY:</b>	<b>6C. STATE:</b>
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**7C. FIELD OF EDUCATION (SOCIAL SCIENCES, GENERAL STUDIES, LAW):**

<b>8C. EDUCATION LEVEL (HIGH SCHOOL/GED, BA, MBA, ETC):</b>	<b>9C. SUBJECT (MAJOR):</b>	<b>10C. CREDITS (OPTIONAL):</b>
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**11C. DESCRIPTION (PLEASE LIST ANY LICENSE OR CERTIFICATION OBTAINED):**

**Section 4**

**Signature  
(Required)**

ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Section 5</b>	<b>Request to Limit Vacancy Search</b>
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I have chosen to limit the geographical area for the vacancy search to identify a vacant funded position that meets my skills and abilities for a possible reasonable accommodation. I have made this decision with the understanding that the vacancy search efforts will not consider any vacant positions outside the limited geographical area. By limiting the scope of the vacancy search, I may also limit opportunities to be offered a vacant funded position at or below my current salary range to allow me to continue my employment. Additionally, I understand that if a vacant funded position is not found, non-disciplinary or disability separation from WSDOT may be initiated.

<b>Geographic Preferences</b>	
Select your geographical preference below.	
<p><b>Headquarters</b></p> <p><input type="checkbox"/> Thurston County</p> <p><b>Washington State Ferries</b></p> <p><input type="checkbox"/> King County</p> <p><input type="checkbox"/> Skagit County</p> <p><input type="checkbox"/> Island County</p> <p><input type="checkbox"/> Snohomish County</p> <p><input type="checkbox"/> Whatcom County</p> <p><input type="checkbox"/> San Juan County</p> <p><input type="checkbox"/> Kitsap County</p> <p><input type="checkbox"/> Pierce County</p> <p><b>Northwest Region</b></p> <p><input type="checkbox"/> King County</p> <p><input type="checkbox"/> Skagit County</p> <p><input type="checkbox"/> Island County</p> <p><input type="checkbox"/> Snohomish County</p> <p><input type="checkbox"/> Whatcom County</p> <p><b>North Central Region</b></p> <p><input type="checkbox"/> Douglas County</p> <p><input type="checkbox"/> Chelan County</p> <p><input type="checkbox"/> Grant County</p> <p><input type="checkbox"/> Okanogan County</p> <p><b>Olympic Region</b></p> <p><input type="checkbox"/> Thurston County</p> <p><input type="checkbox"/> Pierce County</p> <p><input type="checkbox"/> Mason County</p> <p><input type="checkbox"/> Grays Harbor County</p> <p><input type="checkbox"/> Clallam County</p> <p><input type="checkbox"/> Jefferson County</p> <p><input type="checkbox"/> Kitsap County</p>	<p><b>Southwest Region</b></p> <p><input type="checkbox"/> Clark County</p> <p><input type="checkbox"/> Cowlitz County</p> <p><input type="checkbox"/> Klickitat County</p> <p><input type="checkbox"/> Lewis County</p> <p><input type="checkbox"/> Pacific County</p> <p><input type="checkbox"/> Skamania County</p> <p><input type="checkbox"/> Wahkiakum County</p> <p><b>South Central Region</b></p> <p><input type="checkbox"/> Yakima County</p> <p><input type="checkbox"/> Asotin County</p> <p><input type="checkbox"/> Benton County</p> <p><input type="checkbox"/> Franklin County</p> <p><input type="checkbox"/> Columbia County</p> <p><input type="checkbox"/> Garfield County</p> <p><input type="checkbox"/> Kittitas County</p> <p><input type="checkbox"/> Walla Walla County</p> <p><b>Eastern Region</b></p> <p><input type="checkbox"/> Spokane County</p> <p><input type="checkbox"/> Adams County</p> <p><input type="checkbox"/> Lincoln County</p> <p><input type="checkbox"/> Ferry County</p> <p><input type="checkbox"/> Pend Oreille County</p> <p><input type="checkbox"/> Stevens County</p> <p><input type="checkbox"/> Whitman County</p>

By my signature below, I acknowledge that I have read and understood my rights and voluntarily waive the opportunity for statewide vacancy search.

SIGNATURE: _____	DATE: _____
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