

**EXHIBIT 2**

**DECLARATION OF AVAILABILITY FOR REASSIGNMENT WITHIN  
DEPARTMENT OF COMMERCE (DOC)**

**1. EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Bureau/Office/Division: \_\_\_\_\_

Work Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Series/Grade: \_\_\_\_\_

2. It has been determined that you are no longer able to perform the essential functions of your current position due to the functional limitations associated with your disability. However, DOC would like to retain you as an employee. Therefore, we are offering to search for a suitable position within the Department to which you can be reassigned. With the information you provide below, we will perform a search to identify vacant, funded positions for which you may be qualified. Please review the options listed below and select those you are willing to consider. Please complete and return this form to **(INSERT RAC NAME AND EMAIL OR OFFICE LOCATION)** by **(DATE)**.

3. Please submit a response to each item below:

a. I am willing to consider reassignment to work in the following geographic area(s) **(please check one or more)**:

- Anywhere within my current Bureau or local commuting area (see definition below) \*
- Anywhere within the 48 contiguous United States (excludes Hawaii and Alaska)
- Anywhere within the 50 United States (includes Hawaii and Alaska)
- Outside the United States (if applicable, please indicate the location(s) outside the United States for which you would be available to work):  
\_\_\_\_\_

b. I am willing to accept a position at a lower grade and/or seniority if there are no vacant equivalent positions available.

- Yes
- No

Lowest Grade or salary willing to accept: \_\_\_\_\_

c. I am willing to accept a different type of position (e.g., different occupational series) for which I am qualified.

- Yes
- No

d. I am willing to accept a part-time position.

- Yes
- No

**\*Commuting area** means the geographic area surrounding a work site that encompasses the localities

where people live and reasonably can be expected to travel back and forth daily to work, as established by the Department of Commerce based on the generally held expectations of the local community.

- I understand that this is a statement of my geographic/position availability only and does not guarantee placement in a position or an offer of reassignment to a particular location.
- I understand that placement depends on the availability of a vacant funded position and a determination by DOC Human Resources staff that I am fully qualified and eligible for the position. I understand that this determination may include input from the hiring official.
- I understand that as with other transfers not required by management, the Department will not pay my relocation costs/expenses.
- I understand that the Department must consider reassignment when it determines there are no effective accommodations available that will permit me to perform the essential functions of my current position or that would not cause undue hardship. Further, if DOC cannot find a suitable position for me within the designated timeframe, the agency has no further obligation to seek reassignment for me and I will be advised of other options.

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Employee's Signature

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Date

For more information on Reassignment as a Reasonable Accommodation see DAO 215-10, Appendix D, [http://www.osec.doc.gov/opog/dmp/daos/dao215\\_10.html](http://www.osec.doc.gov/opog/dmp/daos/dao215_10.html)