## DEPARTMENT OF HOMELAND SECURITY Federal Law Enforcement Training Centers Withdrawal of Reasonable Accommodation Request

l,	, voluntarily withdraw my request for
reasonable accommodation (RA) dated _	, and request closure
of the file. I understand that FLETC Equa	al Employment Opportunity (EEO) Office will
close the RA file, and discontinue further	processing of the request. I understand that I
may make a request for RA at any time, o	orally or in writing, to a supervisor or manager
in my chain of command, the FLETC EEC	O Office, or if applying for another position, the
Human Capital Office. I have submitted a	signed copy of this written withdrawal to the
address indicated below:	
FLETC EEO Office 1131 Chapel Crossing Road, TH 379 Glynco, Georgia 31524 Attention: Disability Program Manager FLETC-EEO@fletc.dhs.gov	
Employee's Name & Signature	 Date