

FS Policy 801-6, Personal Assistance Services

Original Issue Date: September 2020
Last Review Date: September 2020
Next Review Date: September 2024

Executive Summary

This chapter provides policy and procedures for the Bureau of the Fiscal Service (Fiscal Service) for providing Personal Assistance Services (PAS) for individuals with targeted disabilities.

Purpose

This Issuance establishes Fiscal Service policy and procedures for providing Personal Assistance Services (PAS) to qualified employees with targeted disabilities. These are employees who, because of a targeted disability, require assistance to perform basic daily activities in the workplace, at an approved telework site, during employer sponsored events and while on job-related travel. The services will allow qualified employees with targeted disabilities the opportunity and independence offered by paid employment.

Scope

The policy and procedures contained herein apply to all Fiscal Service. This chapter does not apply to applicants for employment or contractors of the Bureau of the Fiscal Service.

References

- A. 29 U.S.C. §791, Section 501 of the Rehabilitation Act of 1973, as amended.
- B. 29 C.F.R. §1614.203, Rehabilitation Act regulations.
- C. 42 U.S.C. §12101, “Americans with Disabilities Act (ADA) of 1990.”
- D. Public Law 110-325, Sept. 25, 2008, “ADA Amendments Act of 2008 (ADAAA).”
- E. 29 C.F.R. Part §1630, “Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, as Amended.”
- F. CRD-008.1, “Procedures for Processing Personal Assistance Services”, Office of Civil Rights and Diversity Issuance System dated July 20, 2018.
- G. Questions and Answers: Federal Agencies’ Obligation to Provide Personal Assistance Services (PAS) under Section 501 of the Rehabilitation Act, Equal Employment Opportunity Commission dated September 18, 2017.
- H. Enforcement Guidance for Disability-Related Inquiries and Medical Examinations of Employees under the Americans with Disabilities Act, Equal Employment Opportunity Commission dated July 27, 2000.

This issuance supplements requirements contained in the references cited above; it is not self-contained, and must be read in conjunction with the cited references, any subsequent revisions or successor documents, and any applicable collective bargaining agreements. The references in this document may change without alteration of this policy, in which case the most recent version of the reference in question will apply to this policy and its requirements.

Responsibilities

- A. The Equal Employment Opportunity and Diversity Office (EEOD) shall:
- (1) Develop and issue procedures for processing requests for PAS, consistent with governing laws, regulations, executive orders, Equal Employment Opportunity Commission (EEOC) directives, and Departmental policy;
 - (2) Ensure supervisors, managers, human resources and Equal Employment Opportunity and Diversity (EEOD) officials understand their obligations with respect to the provision of PAS;
 - (3) Ensure that PAS are provided to qualified individuals with targeted disabilities in accordance with the bureau's procedures, i.e., processed in a timely, efficient, and fair manner;
 - (4) Ensure the bureau's PAS policy and procedures are readily accessible to all employees. The policy and procedures shall be posted on the bureau's internet, intranet website, and in designated locations such as bureau libraries, EEOD Offices, and human resource offices;
 - (5) Ensure policy and procedures are accessible in alternative formats, such as large print or Braille, on request;
 - (6) Inform individuals with disabilities about their rights and responsibilities under the Section 501 of the Rehabilitation Act; and,
 - (7) Develop systems to track and report on the provision of PAS.

Definitions

- A. Deciding Official. An individual who has authority to approve or deny a PAS request. The employee's first line supervisor is normally the designated Deciding Official.
- B. Department. The Department of the Treasury, including all of its bureaus and offices.
- C. Dispute Resolution Process. Any voluntary mechanism through which an individual can request reconsideration of denial of a request for PAS.
- D. Essential Functions. The basic job duties that an employee must be able to perform, with or without reasonable accommodation. A function can be "essential" if, among other things, the reason the position exists is to specifically perform that function; there are a limited number of other employees who could perform the function; the function is specialized and the individual

is hired based on his/her ability to perform it; or the position requires an employee to be physically located in a particular place. Determination of the essential functions of a position must be done on a case-by-case basis so that it reflects the job as actually performed.

- E. Extenuating Circumstances. Factors that could not reasonably have been anticipated or avoided in advance of the request for PAS or situations in which unforeseen or unavoidable events prevent prompt processing and delivery of PAS.
- F. Genetic Information. As defined by the Genetic Information Nondiscrimination Act (GINA) of 2008, includes information concerning the manifestation of disease/disorder in family members (“family medical history”), information about an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.
- G. Interactive Process. The process used between the Requester, the Disability Employment Program Manager (DEPM), and the Deciding Official to discuss the assistance request. The information shared during the interactive process is used to determine whether PAS will be provided and examine potential temporary assistance services.
- H. Personal Assistance Services (PAS). Assistance with performing activities of daily living that an individual would typically perform if he or she did not have a targeted disability, and that is not otherwise required as a reasonable accommodation, including, for example, assistance with removing and putting on clothing, eating, drinking, and using the restroom. For example, someone providing PAS might assist someone with getting into or out of a vehicle at the worksite. Fiscal Service is not required to provide PAS to help employees commute to work. ***Note: PAS does not include medical services. For example, it does not include performing medical procedures such as administering injections or medical monitoring (e.g., monitoring blood sugar).***
- I. Personal Assistance Service Provider. An independent contractor or an employee whose primary job function is to perform assistance with the daily living activities requested by the employee entitled to PAS.
- J. Qualified Employee. An employee of the Bureau of the Fiscal Service who requires services because of a targeted disability and who, with or without reasonable accommodation, can perform the essential functions of the employee’s position.
- K. Processing Official. The office or individual(s) responsible for processing requests for PAS received by Receiving Officials, and managing the requests through closure. Normally it is the Disability Employment Program manager or their designee.
- L. Receiving Officials. The employee’s first line supervisor or the DEPM are the Fiscal Service personnel designated to officially receive a request for PAS from an employee (or an individual acting on his/her behalf).

- M. Requester. A qualified employee with a targeted disability or an individual acting on his or her behalf who requests PAS.
- N. Targeted Disability. A subset of conditions that would be considered disabilities under the Rehabilitation Act. Fiscal Service follows the list of targeted disabilities (below) as set forth by OPM on the Standard Form (SF) 256.
- 1) Developmental Disability, for example, autism spectrum disorder
 - 2) Traumatic Brain Injury
 - 3) Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
 - 4) Blind or serious difficulty seeing even when wearing glasses
 - 5) Missing extremities (arm, leg, hand and/or foot)
 - 6) Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
 - 7) Partial or complete paralysis (any cause)
 - 8) Epilepsy or other seizure disorders
 - 9) Intellectual disability
 - 10) Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
 - 11) Dwarfism
 - 12) Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders
- O. Undue Hardship. An action requiring significant difficulty or expense when considered in light of factors such as Fiscal Service's size, financial resources, and the nature and structure of the position. Determination of undue hardship is always made on a case-by-case basis, considering factors such as the nature and cost to provide PAS needed and the impact of the PAS on Fiscal Service's operations. An undue hardship based on cost should rarely be an issue. The inability to find a PAS provider with the security clearance level of the employee may, under some circumstances, be sufficiently difficult as to constitute an undue hardship.

Policy

This issuance establishes Fiscal Service's procedures for processing requests for Personal Assistance Services (PAS).

1. **PAS Request**. The process begins as soon as an employee with a targeted disability provides an oral or written request for PAS to his/her immediate supervisor; a supervisor or manager in his/her immediate chain of command; the EEOD Office; or, the DEPM. A family member, friend, health care professional, or other representative may request a PAS on behalf of an employee with a targeted disability; however, the individual with a targeted disability should be contacted to confirm that he/she in fact wants PAS. The request does not have to use any special words, such as "PAS," "Section 501," "disability," "EEOC's regulations" or "Rehabilitation Act." A sample request form is provided in Attachment 1.

Note: Fiscal Service is prohibited from taking adverse action against job applicants or employees based on their need for, or perceived need for PAS.

a. PAS Provider Preference.

(1) An employee may request permission to bring his or her own PAS provider, if they do not request Fiscal Service assume the cost of providing the services. However, if the employee wants the agency to assume the cost of providing PAS, Fiscal Service must give primary consideration to the employee's preferences to the extent permitted by law. PAS providers must adhere to the applicable security clearance and background investigation requirements.

(2) PAS request not involving preference for a specific provider, if granted, may be acquired through the established Treasury-wide PAS contract.

b. Routing of Request. A Receiving Official to whom a request for PAS is made should immediately refer the request and the Requester to the Processing Official.

2. The Interactive Process. Communication is a priority throughout the entire process.

a. Fiscal Service should take a proactive approach in ensuring the PAS providers have the right skills sets for the services required.

b. The Requester should participate, to the extent possible, in helping to identify the skill sets required from the PAS provider.

c. Personnel involved in the interactive process should record their activities. On-going communication is particularly important where the specific need or skill set, or barrier is unclear.

d. The Deciding Official and the individual requiring the PAS should talk to each other and the DEPM to make sure that there is a full exchange of relevant information.

3. Written Request.

a. While a written request is preferable, it is not required. To ensure accurate records, the Receiving Official should confirm in writing the receipt of a request for PAS, documenting when the request was received, and nature of the services required. A sample "Request Form" is provided at Attachment 1.

b. Repeat requests for a recurring PAS are not required (e.g., assistance in the winter putting on and taking off outerwear). While appropriate notice may be required each time recurring assistance is needed, the written confirmation form is only required for the first request.

4. Responsibilities.

- a. Receiving Official. The Receiving Official is responsible for receiving the request and forwarding it to the DEPM for processing.
 - b. Deciding Official. The Deciding official is responsible for determining what, if any, PAS will be provided. The employee's manager is normally the designated Deciding Official.
 - c. EEOD Office. The EEOD Office shall be responsible for receiving and safeguarding medical documentation from the employee. The EEOD Office may share the employee's functional limitation(s) in performing daily living activities with the Deciding Official in order for the Deciding Official to determine the nature and extent of the limitations, as well as the need for potential assistance to perform those activities. Medical documentation should not be shared with the Deciding Official.
 - d. Disability Employment Program Manager. The Disability Employment Program Manager (DEPM) shall be available, as needed, to provide assistance to employees, human resources officials, and Deciding Officials in processing requests for PAS. The DEPM will be responsible for processing the request, ensuring all parties involved are notified of the request, and implementing a process to monitor requests through closure.
5. **Medical Information**. In most cases, the targeted disability will be obvious or otherwise already known to the Deciding Official. In these cases, further medical information will not be sought. However, when the need for PAS is not obvious or otherwise already known to the Deciding Official, Fiscal Service may require that the employee requiring PAS provide medical documentation about the need for PAS and/or his/her functional limitations. (See Attachment 2). Any request for medical information must comply with the Genetic Information Nondiscrimination Act (GINA) of 2008, as well as the laws, regulations, and guidance referenced in the "Authority" section above.
- a. Fiscal Service may require the employee to provide medical information to establish that the employee requires PAS because of his/her targeted disability.
 - b. If a determination is made to seek medical information, the requested information should be limited to that necessary to establish that the employee requires PAS because of his/her targeted disability and the nature of the PAS required. Documentation unrelated to the claimed targeted disability should not be requested. Requests for medical information will follow the requirements set forth in the Enforcement Guidance for Disability-Related Inquiries and Medical Examinations of Employees under the Americans with Disabilities Act.
 - c. The EEOD office will seek information or documentation about the functional limitations from the Requester, and/or ask the employee to obtain such information from an appropriate health care professional, such as a doctor, social worker, or rehabilitation counselor. Once medical documentation is received, the EEOD Office and any other appropriate bureau official will evaluate the documentation.

- d. Alternatively, the employee requiring assistance may agree to sign a limited release, giving the EEOD Office permission to submit a list of specific questions to the employee's health care professional or to contact the employee's doctor.
 - e. If the information provided by the health care professional (or the information volunteered by the individual requesting the services) is insufficient to enable the bureau to determine whether PAS is appropriate, the Disability Employment Program Manager may ask for further information. The DEPM should explain to employee why the information provided is insufficient, what additional information is needed, and the reason the information is necessary for determining the need for PAS. The employee is responsible for obtaining the additional information from his or her health care provider.
 - f. Agency officials should not contact a health care professional directly without express permission from the employee. In any event, any contact with a health care professional should be discussed in advance with bureau legal counsel and the EEOD office.
 - g. In some cases, the individual requesting the PAS will supply medical information directly to the Deciding Official without being asked. In these cases, the Deciding Official will forward the documents in a sealed envelope to the DEPM.
 - h. If the individual requesting the PAS does not provide appropriate documentation or does not cooperate in Fiscal Service's efforts to obtain such documentation, Fiscal Service may deny the requested PAS.
6. **Confidentiality and Disclosure.** All medical information, including information about functional limitations and PAS needs, obtained in connection with a request for PAS, must be kept confidential and will be stored in the EEOD Office. The information shall be kept in files separate from the employee's official personnel file and shall be stored in a separate locked cabinet and/or other password-protected file. In addition, individuals who obtain or receive such information are strictly bound by these confidentiality requirements. Whenever medical information is disclosed, the individual(s) disclosing the information must inform the recipients of the confidentiality requirements that apply. The information may be disclosed only to the following individuals:
- a. Deciding Officials, supervisors, Health Unit employees, and managers who need to know may be told about PAS needed by the employee, but medical information should only be disclosed if absolutely necessary for the safety or health of the employee.
 - b. First aid and safety personnel, when appropriate, if the employee receiving PAS might require emergency treatment or special arrangements in emergency situations such as building evacuations.
 - c. Government officials, when the information is necessary to investigate compliance with the Rehabilitation Act.
 - d. In certain circumstances, to workers' compensation offices or insurance carriers.

- e. Treasury and bureau legal counsel in connection with providing legal advice to agency officials.
 - f. The Disability Employment Program Manager and other EEOD Office staff.
7. **Granting Personal Assistance Services.** As soon as the Deciding Official determines PAS will be provided, the decision should be communicated immediately to the Requester the decision to provide PAS (See Attachment 3). If PAS cannot be provided immediately, the Deciding Official must inform the requester of the projected time frame for providing the services. A Deciding Official or supervisor may take temporary action, such as approving a temporary PAS provider (i.e., family member or personal PAS provider) to perform the assistance requested or authorizing temporary telework. When the Deciding Official decides to provide temporary services, the written decision should explain both the reasons why temporary services are being provided and when the Official believes a personal assistance provider will be assigned.

Note: Fiscal Service will not assume financial responsibility when temporary use of a family member or personal PAS provider is granted as a reasonable accommodation.

- a. **Time Frames for Processing Request.** The time necessary to process a request will depend on the nature of the PAS requested. At a minimum, however, requests shall be processed as follows:
 - 1) **Requests Not Involving Extenuating Circumstances.** If the request does not require obtaining supporting medical information, a security clearance and/or background investigation, the request shall be processed and if granted, PAS provided as soon as possible but typically not more than 30 business days from the date the request was initially made.
 - 2) **Requests Involving Extenuating Circumstances.** When extenuating circumstances are present, the time for processing a request for PAS will be extended as deemed necessary. However, such extensions should be rare. All bureau officials are expected to act as quickly as reasonably possible in processing requests and providing PAS. The following are examples of extenuating circumstances:
 - i. The PAS provider will have access to classified information and will require a specific type of security clearance.
 - ii. The request requires supporting medical documentation.
 - 3) Where extenuating circumstances are present, the Deciding Official must notify the employee requesting PAS, in writing, of the reason for the delay, and the approximate date on which a decision, or provision of the PAS, is expected. Any further developments or changes should also be communicated promptly to the employee.

- 4) If there is a delay in providing an approved PAS, the Deciding Official must decide whether temporary measures should be taken to assist the employee. This could include providing the requested services on a temporary basis.
 - 5) If a delay is attributable to the need to obtain or evaluate medical documentation and Fiscal Service has not yet determined the individual is entitled to receive PAS, Fiscal Service may also provide services on a temporary basis. In such a case, the Deciding Official will notify the employee in writing that the assistance services are being provided on a temporary basis pending a decision on the PAS request.
 - 6) Deciding Officials who approve temporary measures are responsible for ensuring they do not take the place of a permanent assistance services and that all necessary steps to secure permanent assistance services are being taken.
 - 7) The time frames discussed in this section may not be suspended or extended because of the unavailability of the Receiving or Deciding Official.
8. **Denial of Personal Assistance Service.** When a Deciding Official denies a PAS request, he/she must issue a written decision to the Requester and a copy to the DEPM. (See Attachment 4) The explanation for the denial should be written in plain language, clearly stating the specific reasons for the denial. When evaluating budgetary or administrative concerns to determine if undue hardship exists, Fiscal Service will follow the standards outlined in the regulations and in the “Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act”. Some of the reasons for denying a PAS request may include:
- a. Individual requiring PAS is not an employee;
 - b. Employee does not meet the definition of an individual with a targeted disability, as defined in OPM SF-256, or the targeted disability does not create a need for PAS;
 - c. Employee is not able to perform the essential functions of the job, even with PAS an any reasonable accommodations;
 - d. Employee would create a direct threat to safety on the job, even with PAS and any reasonable accommodation; or,
 - e. Providing PAS would result in undue hardship. A determination of undue hardship means the bureau finds that providing PAS would result in significant difficulty or expense, or would fundamentally alter the nature of the bureau's operations.

9. **Dispute Resolution.**

- a. If an individual wishes reconsideration, he/she should first ask the Deciding Official to reconsider the decision within **10 business days** of receiving the written denial. The individual may present additional information in support of his/her request. The Deciding Official will respond to the request for reconsideration within **5 business days**. Any request

for reconsideration received after **10 business days** of the denial will be treated as a new request for PAS.

- b. If the Deciding Official does not reverse the decision, the individual may appeal the decision within **10 business days** of receiving the Deciding Official's denial of the request for reconsideration. The appeal shall be decided by the Assistant Commissioner for the Office of Management. A response to the appeal will be issued to the individual within **10 business days**.
- c. An individual who chooses to pursue other available remedies must comply with the following:
 - 1. EEO Complaint. Contact an EEO counselor within **45 days** from the date of receipt of the Deciding Official's written notice of denial; or
 - 2. Grievance. File a grievance in accordance with the provisions of the Master Labor Agreement for Fiscal Service and NTEU for bargaining unit employees, or [Fiscal Service Policy 207-3, Administrative Grievance](#) for non-bargaining unit employees.

10. Information Tracking and Evaluation. The DEPM will annually evaluate Fiscal Service's Personal Assistance Services Program. The DEPM will track the effectiveness of the policies, procedures, or practice to implement the PAS requirement, including:

- a. Timeliness of processing request for PAS.
- b. Timeliness of providing approved PAS.
- c. Training for managers and supervisors on providing PAS.
- d. Monitoring request for trends.

Effective Date

This policy is effective as of the date of issuance.

Gary K. Cyrus, Director
Equal Employment Opportunity and Diversity Office



PERSONAL ASSISTANCE SERVICES (PAS)

Request Form

Treasury-wide BPA
 Contract Number:
 2032H319A0001
 Period of Performance:
 08/01/2019 to 07/31/2024

| | | | |
|--|--|---|---------|
| Date of Employee's Request for PAS: | | Bureau: (drop down list) | |
| Authorized Treasury Representative Name: Email: Telephone No.: | | | |
| Employee Requiring PAS | | | |
| Name: | | Grade: | Series: |
| Email Address: | | Organization/Division: | |
| Telephone No.: | | Post of Duty (POD): | |
| Supervisor Information | | | |
| Name: | | Title: | |
| Email Address: | | Telephone No.: | |
| Will this Supervisor be the Deciding Official?: Yes: _____ No: _____ | | | |
| If no, please provide the name, title, email address and telephone number of the Deciding Official. | | | |
| Name: | | Title: | |
| Email Address: | | Telephone No.: | |
| PAS Request Details | | | |
| Targeted Disability Requiring PAS: | | | |
| Detailed Description for Service(s) Requested If additional space is required, please continue on a separate sheet of paper titled "Description for Services" and upload as an attachment to this form. | | | |
| Is medical documentation required for PAS request: | | Yes: _____ No: _____ If yes, please explain why medical documentation is required: Note: In most cases, the targeted disability will be obvious or otherwise already known and further medical information will not be sought. However, when the need for PAS is not obvious or otherwise already known the employee may be required to provide medical documentation about the need for PAS and/or his/her functional limitations. | |
| Is this request for PAS in conjunction with a reasonable accommodation request? | | Yes: _____ No: _____ If yes, please describe: | |



Department of the Treasury
PERSONAL ASSISTANCE SERVICES (PAS)
Request Form

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|---|
| Treasury-wide BPA Contract Number: 2032H319A0001 Period of Performance: 08/01/2019 to 07/31/2024 |
|---|

| | | | | | | | | | | |
|---|--|---|---|----------------------------|--|--|--|---------------------------------|--|--|
| Has the employee identified a preferred PAS provider? | <p>Yes: _____ No: _____</p> <p>If yes, please provide the PAS Provider's contact information below.</p> <p>PAS Provider's Name: _____</p> <p>Telephone No.: _____</p> <p>Note: If an employee identifies a preference for a specific PAS Provider, the Agency will consider and, where the PAS provider is dedicated to a single employee, given primary consideration to the extent permitted by law (e.g., PAS provider is able to clear security requirements and/or required background investigations). To help expedite the process of hiring an employee's preferred PAS Provider, Position Description (PD) #18152B, GS-303-5 is available to help expedite the process.</p> | | | | | | | | | |
| Travel Required: | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please upload detailed travel information with this form. | | | | | | | | | |
| Duration of PAS Assignment Date(s) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">To:</td> <td style="width: 40%; padding: 5px;">Frequency PAS Required (e.g. Mon – Fri, Tue & Thur, etc.)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 5px;">From:</td> <td></td> <td></td> </tr> </table> | To: | Frequency PAS Required (e.g. Mon – Fri, Tue & Thur, etc.) | | From: | | | | | |
| To: | Frequency PAS Required (e.g. Mon – Fri, Tue & Thur, etc.) | | | | | | | | | |
| From: | | | | | | | | | | |
| Hours Service Required | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <input type="radio"/> am <input type="radio"/> Through, or <input type="radio"/> pm <input type="radio"/> and <input type="radio"/> am <input type="radio"/> pm </td> <td style="width: 40%;"></td> <td style="width: 30%; padding: 5px;">Total Hours per Day</td> </tr> </table> | <input type="radio"/> am <input type="radio"/> Through, or <input type="radio"/> pm <input type="radio"/> and <input type="radio"/> am <input type="radio"/> pm | | Total Hours per Day | | | | | | |
| <input type="radio"/> am <input type="radio"/> Through, or <input type="radio"/> pm <input type="radio"/> and <input type="radio"/> am <input type="radio"/> pm | | Total Hours per Day | | | | | | | | |
| Setting where Services are Required Only select multiple settings, if services will be required on a routine basis (such as office/telework site). | <table style="width: 100%;"> <tr> <td style="text-align: center; width: 33%;">Office</td> <td style="text-align: center; width: 33%;">Alternate/Telework Site, e.g. <i>Personal Residence</i></td> <td style="text-align: center; width: 33%;">Hotel</td> </tr> <tr> <td colspan="3" style="text-align: center;">Off-site Event e.g., Conference, Training, Meeting, etc.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">Please describe off-site event:</td> </tr> </table> | Office | Alternate/Telework Site, e.g. <i>Personal Residence</i> | Hotel | Off-site Event e.g., Conference, Training, Meeting, etc. | | | Please describe off-site event: | | |
| Office | Alternate/Telework Site, e.g. <i>Personal Residence</i> | Hotel | | | | | | | | |
| Off-site Event e.g., Conference, Training, Meeting, etc. | | | | | | | | | | |
| Please describe off-site event: | | | | | | | | | | |
| Building Name <i>(if applicable)</i> Full Address where PAS will be provided Please provide additional addresses for multiple routine service locations on a separate sheet of paper (e.g. telework site). | | | | | | | | | | |
| Deciding Official's Decision | | | | | | | | | | |
| <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Approved</td> <td style="width: 50%;">Denied</td> </tr> </table> <p>If denied, provide detailed reason for denial:</p> | | Approved | Denied | | | | | | | |
| Approved | Denied | | | | | | | | | |



Department of the Treasury
PERSONAL ASSISTANCE SERVICES (PAS)
Request Form

Treasury-wide BPA
 Contract Number:
 2032H319A0001
 Period of Performance:
 08/01/2019 to 07/31/2024

| Request for a PAS Provider from Vendor | |
|--|---|
| Date Request for PAS Provider Submitted to the Vendor: | |
| Contracting Office Representative (COR) Name: Email: Telephone No.: | Task Order/BPA Call Number: |
| Total Hours Required: <input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Labor Hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Both | |
| Building Security and Background Investigation Requirements | |
| Building Security Requirements for PAS Provider to perform services: Security clearance required prior to entrance into the building Government issued ID required for PAS Provider to enter the building Escort Required | |
| Background Investigation Requirements for the PAS Provider to perform services: <input type="checkbox"/> Public Trust <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <i>Note: If a Top Secret clearance is required, a request to modify the Treasury-wide contract (#2032H319A0001) must be submitted to the Procurement Office.</i> | |
| Date Request for PAS Provider Approved by Vendor: | Date PAS Provider Reported for Duty: |
| Comments: | |

PRIVACY ACT STATEMENT: The collection of this information is authorized by 29 USC 791 et seq. As a routine use, the information may be disclosed to: appropriate agency officials processing or otherwise responding to the request for personal assistance services (PAS) and/or decisions related to such request; an appropriate government agency, any entity contracted to provide PAS to the Treasury and its bureaus, or for law enforcement purposes; where pertinent, in a legal proceeding to which the Department of the Treasury is a party or has an interest. PRINCIPAL PURPOSE(S): This information is being collected for the sole purpose to process a request for PAS for employees with targeted disabilities. CONFIDENTIALITY: All information, including information about the employee's functional limitations and PAS needs, obtained in connection with this request for PAS, must be kept confidential.

Attachment 2

REQUEST FOR MEDICAL DOCUMENTATION FOR PAS REQUEST

(Insert Date)

From: Fiscal Service Disability Employment Program
Manager

To: *(Insert Employee's Title and Name)*

Subj: REQUEST FOR CURRENT MEDICAL DOCUMENTATION

Ref: (a) 29 Code of Federal Regulations § 1614.203(d)(5)

1. On *(insert request date here)*, you submitted a request for Personal Assistance Services (PAS), and you identified your targeted disability as *(insert targeted disability here)*. You have requested the following services for the following time period: *(Insert PAS requested - be sure to add in any specific information to describe the services request or any notable details from the request process)*.

2. In accordance with reference (a), the goal of providing PAS is to assist employees in performing activities of daily living during work hours and work-related travel to those who need them because of certain disabilities. Reference (a) also indicates that eligibility for receiving PAS, absent undue hardship on the agency, is dependent on an employee having a targeted disability and requiring the service as a result of the employee's limitations. At this time, I do not have enough information regarding your need for PAS, so the purpose of this letter is to request information regarding your current medical condition and how the PAS would allow you to participate in the workplace or in job-related travel. This information will assist me in determining your eligibility to receive PAS and if required, what services may be effective.

3. Please ask your healthcare provider to provide the following information:

- a. Identify the disability or disabilities for which PAS are required;
- b. List the daily activity or activities for which PAS are required;
- c. Describe how the requested assistance will enable you to perform activities of daily living which occur in the workplace or during work-related travel.

4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective 14 April 2003, imposes new requirements on medical providers, employers, health plans and plan administrators to ensure that your individual medical and health information is kept confidential. In adhering to this regulation, your health provider will not release medical documentation without your permission.

5. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you and/or health care professional not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's

Subj: REQUEST FOR MEDICAL DOCUMENTATION

family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

6. Please provide me with the requested documentation from your healthcare provider within 15 calendar days of your receipt of this letter.

Copy to:
(Insert parties with a need-to-know)

Acknowledgement of receipt:

Employee's signature

Date

Attachment 3

LETTER APPROVING REQUEST FOR PAS

(Insert Date)

From: *(Insert Supervisor's Title and Name)*

To: *(Insert Employee's Title and Name)*

Subj: APPROVAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

1. On *(insert request date here)*, you submitted a request for Personal Assistance Services (PAS), and you identified your targeted disability as *(insert targeted disability here)*. You have requested the following services for the following time period: *(Insert PAS requested - be sure to add in any specific information to describe the services request or any notable details from the request process)*.

2. This letter is to notify you that after assessing the information you provided, as well as using the resources available to me, your request for PAS is approved as stated below:

a. *(Be specific in describing the PAS to be provided, to include frequency, duration, and types of tasks to be performed, as well as the estimated date of PAS implementation. If applicable, identify any limitations preventing immediate implementation of the services, and any interim services or arrangements that will be provided while the PAS provider requirement is being filled.)*

b. *(If the PAS to be provided are different from the employee's original request, the approval letter must explain why the alternative is effective.)*

3. Please be advised that if your needs for PAS change or is different from what is identified above, please notify me immediately. If you have any questions or concerns regarding this, please do not hesitate to contact me or *(insert name of servicing RA POC)*.

(Insert Supervisor's Name/Signature block)

Copy to:
Disability Employment Program Manager

Employee's signature

Date

SAMPLE LETTER DENYING REQUEST FOR PAS

(Insert Date)

From: *(Insert Supervisor's Title and Name)*

To: *(Insert Employee's Title and Name)*

DENIAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

1. On *(insert request date here)*, you submitted a request for Personal Assistance Services (PAS). You identified your targeted disability as *(insert targeted disability here)*. You have requested the following services: *(Insert PAS requested)*.
2. This is to notify you that after assessing all of the information you have provided, as well as using the resources available to me, your request for PAS is denied. The basis for this decision is that: *(select one or more of the following)*
 - You are not a Fiscal Service employee;
 - You do not have a targeted disability;
 - Your targeted disability does not create a need for PAS;
 - You are not able to perform the essential functions of your position, even with PAS and any reasonable accommodations;
 - Even with PAS and any reasonable accommodations, your limitations create a direct threat to safety in the workplace;
 - Providing PAS would impose an undue hardship on Fiscal Service.

This decision is based on the following: *(Be specific and provide as much detail as necessary to justify the decision, e.g., why the disability does not qualify as a targeted disability, why the PAS would result in an undue hardship, etc.)*

3. You have the opportunity to:
 - a. Request reconsideration of my decision. You must submit a written request to me and copy the Disability Employment Program Manager within 10 business days of your receipt of this denial letter, or in accordance with your collective bargaining agreement. ADR may also be appropriately considered as an option in the negotiated grievance and/or discrimination complaint procedures.
 - b. File a grievance under the negotiated grievance procedure. If you are a bargaining unit employee, you have the opportunity to file a grievance, in accordance with Article 40 of the Master Labor Agreement, or Fiscal Service Policy 207-3, Administrative Grievance for non-bargaining unit employees.
 - c. Initiate the discrimination complaint process pursuant to 29 CFR Part 1614. To do so, you must contact the Fiscal Service Equal Opportunity and Diversity Office (EEOD) within 45 calendar days from your receipt of this notification of the initial denial.

Unless noted as an exception above, you must file a request for ADR, grievance or initiate the discrimination complaint process within the applicable timeframes for it to be considered a timely filing.

Subj: DENIAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

4. If you are eligible, you also have the option of applying for disability retirement. For further information regarding this option, please contact the Benefits Center at 866-868-4357 (toll free) or Benefits@fiscal.treasury.gov. You are further advised that if you are unable to perform the essential functions of your position, appropriate administrative action may be taken.

5. If you have any questions on the above, or if your need for PAS changes, please contact Fiscal Service Disability Employment Program Manager at (304) 480-6527 or RA@fiscal.treasury.gov.

(Insert Supervisor's Name/Signature block)

Copy to:
Disability Employment Program Manager

Acknowledgement of receipt:

Employee's signature

Date