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| Attachment 1 - Sample Personal Assistance Services Request Form Personal Assistance Service Procedures   |  |  |  | | --- | --- | --- | | **Written Request for Personal Assistance Service** | | | | **Employee Name** | **Date of Request** | | | **Name of Employing Office** |  | | | **Occupational Series and Grade**  (e.g., GS-301-11) | **Office Telephone Number** | | | **Employee’s work email address** | | | | Identify the targeted disability requiring Personal Assistance Services. | | | | Are you requesting services from a specific PAS provider (e.g., family member)?  ( ) Yes ( ) No | | Will services be required at an alternate worksite (e.g., the alternate worksite identified in an approved telework agreement)?  ( ) Yes ( ) No | | If yes, provide the name and telephone number of the preferred PAS provider.  Name  Telephone Number | | If yes, provide the address of the alternate worksite. In addition, identify the day(s) of the week and the frequency that service will be required at the alternate site (e.g., Mon and Wed of 2nd week of the pay period).  Address  City State Zip Code  ( )Sun ( )Mon ( )Tue ( )Wed ( )Thu ( )Fri ( )Sat  Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Briefly describe the specific service(s) being requested. | | | | If the requested services are time sensitive, please explain in detail. (If additional space is needed, attach a separate sheet.) | | |   Requester’s Signature:  1In reviewing your request, it may be determined that medical documentation is needed to support this request. If that is the case, the employee will be requested to provide limited medical information sufficient to support this request. |
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**NOTICE UNDER THE PRIVACY ACT**

The authority for collecting this information is The Rehabilitation Act of 1973 (29 U.S.C. § 701), as amended and Executive Order 13164. This information will be used by the Equal Employment Opportunity and Diversity Office to process the request for a reasonable accommodation, and to report on the reasonable accommodation program as mandated by federal law. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the processing of the request.

**Please Return to:** Fiscal Service Disability Program Manager

200 Third Street, Room 301, Parkersburg, WV 26106

Fax 304.480.6074