

CIRCULAR

DATE November 20, 2018

OFFICE OF EQUAL OPPORTUNITY AND DIVERSITY MANAGEMENT (OEODM) PROCEDURES FOR PROCESSING REQUESTS FOR PERSONAL ASSISTANCE SERVICES (PAS)

REVIEW DATE: November 20, 2023

1.0 PURPOSE AND SCOPE

The purpose of this circular is to establish the policy and procedures for providing Personal Assistance Services (PAS) to qualified Bureau of Engraving and Printing (BEP/Bureau) employees with targeted disabilities.

The provisions of this issuance apply to all Bureau employees.

2.0 POLICY

The Bureau shall provide PAS to qualified employees with targeted disabilities, to ensure such employees enjoy the opportunities and benefits of employment, unless doing so would impose an undue hardship.

3.0 BACKGROUND

As required by 29 Code of Federal Regulations (CFR) 1614.203 (d)(5), a regulation implementing Section 501 of the Rehabilitation Act of 1973, as amended, federal agencies are required to provide PAS, in addition to reasonable accommodation, during work hours and work-related travel to employees with targeted disabilities unless doing so would impose an undue hardship.

4.0 REFERENCES

- 4.1 29 Code of Federal Regulations (CFR) [1614.203](#), "Rehabilitation Act."
- 4.2 29 CFR Part [1630](#), "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act," as amended.
- 4.3 42 USC [12101](#), "Americans with Disabilities Act (ADA) of 1990."
- 4.4 [Public Law 110-325](#), September 25, 2008, "ADA Amendments Act of 2008 (ADAAA)."

5.0 DEFINITIONS

- 5.1 Alternative Dispute Resolution Process. Any voluntary mechanism through which an individual can request reconsideration of denial of a request for PAS, regardless of whether the individual has started the EEO complaint process.
- 5.2 Deciding Official (DO). An individual who has authority to approve or deny PAS requests.
- 5.3 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:

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- 5.3.1 The reason the position exists is to specifically perform that function;
- 5.3.2 There are a limited number of other employees who could perform the function;
- 5.3.3 The function is specialized and the individual is hired based on their 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, and not simply the components of a generic position description.
- 5.4 Equal Employment Opportunity (EEO) Complaints: Federal employees are protected from discrimination because of their disability under the Rehabilitation Act of 1973, as amended, and have a right to file an EEO complaint if they believe that they have been discriminated against. An individual, whose request for PAS has been denied, will be advised of their opportunity to pursue the EEO complaint process in accordance with the provisions of 29 CFR Part 1614. The denial letter must state that the individual is required to initiate contact with an EEO Counselor within 45 calendar days of the date the request for PAS was denied.
- 5.5 Extenuating Circumstances. Unforeseen, unanticipated, and/or unavoidable factors that could prevent prompt processing and delivery of an accommodation.
- 5.6 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.
- 5.7 Interactive Process. The process used between the requesting individual and the DO to discuss the assistance request. The interactive process is used to determine whether PAS will be provided and examine potential temporary assistance services.
- 5.8 Negotiated Grievance Procedures. A bargaining unit employee, whose request for PAS has been denied, will be advised of their opportunity to file a grievance if this matter is not excluded under the collective bargaining agreement.
- 5.9 Personal Assistance Services (PAS). Assistance with performing activities of daily living that an individual would typically perform if they 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

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providing PAS might assist someone with getting into or out of a vehicle at the worksite. 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).

- 5.10 Personal Assistance Service Provider. An independent contractor whose primary job function is to perform the services requested by the employee entitled to PAS.
- 5.11 Reasonable Accommodation. An adjustment or alteration of the job or work environment that enables a qualified individual with a substantially limiting impairment, record of an impairment, or regarded as having an impairment to perform job functions, or benefits and privileges of employment.
- 5.12 Receiving Official (RO). Bureau personnel designated to officially receive a request for PAS from an employee (or an individual acting on their behalf), determine who will handle the request (the DO), and monitor the request until it is closed.
- 5.13 Requester. A qualified employee with a targeted disability or an individual acting on their behalf who requests PAS.
- 5.14 Targeted Disability. A subset of conditions that would be considered disabilities under the Rehabilitation Act. The Bureau follows the list of targeted disabilities (below) as set forth by OPM on Standard Form (SF) 256.
 - Developmental Disability, for example, autism spectrum disorder.
 - Traumatic brain injury.
 - Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, Communication Access Realtime Translation (CART), hearing aids, a cochlear implant and/or other supports.
 - Blind or serious difficulty seeing even when wearing glasses.
 - Missing extremities (arm, leg, hand and/or foot).
 - Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports.
 - Partial or complete paralysis (any cause).
 - Epilepsy or other seizure disorders.
 - Intellectual disability.
 - Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression.
 - Dwarfism.

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- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders.

5.15 Undue Hardship. An action requiring significant difficulty or expense when considered in light of factors such as the Bureau'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 the operations of the Bureau. An undue hardship based on cost should rarely be an issue.

6.0 RESPONSIBILITIES

6.1 The Office of Equal Opportunity and Diversity Management (OEODM) Disability Program Manager (DPM) shall:

- 6.1.1 Coordinate all PAS requests with the appropriate DO.
- 6.1.2 Provide assistance and recommendations to the individual responsible for making the decision on a request for PAS.
- 6.1.3 Ensure the supervisor/manager engages in on-going, interactive discussion(s) with the individual seeking PAS.
- 6.1.4 Ensure that all PAS requests are processed and implemented in a timely manner and in accordance with the provisions of this circular.
- 6.1.5 Update the appropriate tracking and monitoring of PAS requests.
- 6.1.6 Maintain all PAS case files in a secure manner.
- 6.1.7 Safeguard the confidentiality of medical information.
- 6.1.8 Process all PAS requests in accordance with the provisions of this circular.
- 6.1.9 Encourage OHR, managers, supervisors, and office/division chiefs to contact the Office of Chief Counsel (OCC) for legal advice and guidance throughout the process, when needed.

6.2 The Office of Human Resources (OHR) and/or their shared services provider shall:

- 6.2.1 Coordinate all PAS requests made by applicants with the DPM.
- 6.2.2 Process all PAS requests in accordance with the provisions of this circular.
- 6.2.3 Encourage managers, supervisors, and office/divisions chiefs to contact OCC for legal advice and guidance, when needed.

6.3 Managers, supervisors, office/division chiefs shall:

- 6.3.1 Immediately contact the DPM upon receipt of a request for PAS.
- 6.3.2 Maintain an open line of communication with the individual requesting PAS and engage in on-going, informal discussion(s) with the individual requesting PAS.

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- 6.3.3 Consider the use of ADR techniques at any stage in the process to resolve any conflict at the lowest level.
 - 6.3.4 Process all PAS requests in accordance with the timeframes and provisions of these procedures, in a manner that imposes the fewest burdens on individuals with disabilities and permits the most expeditious consideration and delivery of the PAS.
 - 6.3.5 Contact OCC for legal advice and guidance throughout the PAS process, when needed.
- 6.4 The Office of Chief Counsel (OCC) shall:
- 6.4.1 Provide legal advice and guidance to the OEODM, OHR, and managers, supervisors and office/division chiefs on PAS throughout the process, when needed.

7.0 RECEIVING OFFICIALS

- 7.1 A request made by, or on the behalf of, a current BEP employee may be made to: (1) a supervisor or manager in the individual's chain of command; or (2) the OEODM's DPM.
 - 7.1.1 The contact information for the DPM at the Washington, DC Facility (DCF) and Western Currency Facility (WCF) is:
DCF: (202)874-3460
WCF: (817)847-3950
Email for both facilities: OEODM@bep.gov.
- 7.2 The Office Chief (or their designee) of the employee or applicant making the request when the appropriate RO's are unavailable.
- 7.3 The timeframes discussed in Section 16.0 may not be suspended or extended because of the unavailability of the RO.

8.0 INITIAL REQUEST

- 8.1 The process begins as soon as the request for PAS is made either orally or in writing to the RO. Oral requests must be followed up with a written request for recordkeeping purposes. All written requests must be submitted using the request form provided in Attachment A. The interactive process should not be held in abeyance until the receipt of the written request form.
 - 8.1.1 A family member, friend, health care professional, or other representative may request PAS on behalf of an employee or applicant.
- 8.2 The requestor may request PAS in "plain English." In other words, the individual does not have to reference the Americans with Disabilities Act, Rehabilitation Act, or use the phrase "personal assistance service."

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9.0 WRITTEN CONFIRMATIONS

- 9.1 The RO will confirm in writing the receipt of a request for PAS within five business days of receipt of the request, using the form provided in Attachment B.
- 9.2 While the written confirmation should be made within five business days of receipt of the request, processing the request will begin as soon as it is received, whether or not the confirmation has been provided.
- 9.3 A written confirmation form will not be provided each time an individual requests the same PAS on a recurring basis (e.g., the assistance of sign language interpreters or readers). However, appropriate notice may be required.
- 9.4 The written confirmation form is only required for the first request or a new request.
- 9.5 The written confirmation only verifies receipt of the request, not the decision on the PAS request.

10.0 INTERACTIVE PROCESS

- 10.1 The supervisor and the requestor should immediately commence interactive dialogue upon receipt of the request for PAS to clarify the employee's needs, specific limitations, and the nature of the services required.
- 10.2 Interactive discussion may also be useful in determining if additional medical documentation is necessary. In most cases, the employee's targeted disability and the need for PAS is obvious.
- 10.3 A continuing dialogue throughout the PAS request process is required to ensure an effective process. When a delay in processing a request for PAS occurs, the employee's supervisor or the DPM must notify the employee of the reason for the delay and continue to provide updates as to when the PAS request process is expected to be complete.

11.0 DECIDING OFFICIALS

The Deciding Official can be any of the following individuals or their designee:

- 11.1 The Manager or Supervisor of the employee;
- 11.2 The Office Chief, or their designee, of the employee, when the Manager or Supervisor are unavailable; or
- 11.3 The DPM, when the appropriate Dos noted above are unavailable.

The timeframes discussed in Section 16.0 may not be suspended or extended because of the unavailability of the DO.

12.0 MEDICAL INFORMATION

- 12.1 In those instances where the employee's targeted disability and the need for PAS is not obvious, a request for medical documentation may be required. A

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sample Request for Medical Documentation Memorandum is provided as Attachment C.

- 12.2 The request for medical documentation should be in writing and issued to the employee as soon as it has been determined this step is required.
 - 12.2.1 The DO will contact the DPM to request the necessary medical information needed to make a decision. Documentation unrelated to the claimed targeted disability should not be requested.
 - 12.2.2 The DPM will issue the request for medical documentation. A signed and dated copy of the medical request memorandum must be included in the employee's PAS request file.
 - 12.2.3 The written request for medical documentation should include a copy of a waiver for the employee to sign giving permission for any official with a need-to-know to review the medical documents. Attachment D includes a sample consent to release medical information form. A copy of the consent to release must also be included in the case file.
- 12.3 Medical documentation must be provided by an appropriate medical professional, such as a doctor, social worker, or rehabilitation counselor. The medical documentation must explain the nature of the disability, functional limitations, and the need for the PAS.
- 12.4 Once the medical documentation is received, the DPM will evaluate the documentation to determine sufficiency. The DPM may also choose to have the medical information reviewed by the Bureau's Medical Doctor or another physician chosen and paid for by BEP.
 - 12.4.1 In those instances where the employee submits medical information directly to the DO without being asked, the DO will forward all documents in a sealed envelope to the DPM.
- 12.5 The DPM is the Bureau official responsible for determining whether to request supplemental information. However, when medical information is reviewed by the Bureau's Medical Doctor, and/or another physician chosen by BEP, they may determine supplemental information is needed. If the medical information is determined to be insufficient, supplemental medical information may be requested.
 - 12.5.1 Section 12.3 explains the standard used to determine if supplemental medical information is needed.
 - 12.5.2 The DPM will explain in writing to the individual seeking the accommodation, in specific terms, why the information provided is insufficient, what additional information is needed, and the reason the information is necessary to make a decision. The request for supplemental medical information may include, if appropriate and with the employee's consent, an examination by a medical specialist of the Bureau's choosing and expense.

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12.5.3 Alternatively, the employee may agree to sign a limited release form, giving the DPM permission to submit a list of specific questions to the individual's health care professional or contact the individual's doctor.

12.6 If the individual requesting accommodation does not provide appropriate documentation or does not cooperate in the Bureau's efforts to obtain such documentation, the Bureau may deny the requested PAS.

13.0 CONFIDENTIALITY AND DISCLOSURE

13.1 All medical information, including information about functional limitations and PAS needs, obtained in connection with a request for PAS, must be kept confidential. The information shall be kept in files separate from the individual's official personnel file and shall be stored in a separate locked cabinet or other password-protected file. Employees who obtain or receive such information are strictly bound by these confidentiality requirements. In addition, whenever medical information is disclosed, the individual disclosing the information must inform the recipients of the information about the confidentiality requirements that apply. The information may be disclosed in the following circumstances:

- 13.1.1 Dos, supervisors and managers who need to know details regarding PAS needed or being provided, but medical information should only be disclosed if absolutely necessary.
- 13.1.2 First aid and safety personnel, when appropriate, if the employee requires emergency treatment or special arrangements in emergency situations such as building evacuations.
- 13.1.3 Government officials when the information is necessary to investigate compliance with the Rehabilitation Act.
- 13.1.4 In certain circumstances, to workers' compensation offices or insurance carriers.
- 13.1.5 Treasury and Bureau legal counsel in connection with providing legal advice to Bureau officials.

14.0 GRANTING A PAS REQUEST

14.1 A written decision must be provided to the individual requesting the PAS, the Office Chief of the employee or applicant, and the DPM as soon as it is determined. The DO should not delay the issuance of the approval memorandum. The DO may use the same format provided in Attachment C to issue the written decision.

14.2 If the PAS cannot be provided immediately, the DO will inform the individual and the DPM of the projected time frame for providing the PAS, and why it cannot be provided immediately. The DO may take temporary or permanent measures such as approving a temporary PAS provider (i.e., family member or personal PAS provider) to perform the assistance requested. Where the DO decides to provide temporary

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services, the written decision should explain both the reason why temporary services are being provided and the projected time frames.

15.0 DENYING A PAS REQUEST

- 15.1 Before denying a PAS request, the DO must have the decision reviewed by the OCC.
- 15.2 A written denial memorandum must be provided to the individual requesting the PAS as soon as the DO determines that it will be denied. The DO should not delay the issuance of the denial memorandum. The DO may use the same format provided in Attachment F.
- 15.3 Where the DO has denied a particular PAS request, but offered to make an alternative PAS in its place, the denial notice should explain both the reasons for the denial of the request and the reasons that the DO believes the chosen PAS will be effective.
- 15.4 Reasons for the denial of a request for PAS may include the following:
 - 15.4.1 Individual requiring PAS is not an employee;
 - 15.4.2 Employee does not meet the definition of an individual with a targeted disability as defined in OPM's SF-256 or the targeted disability does not create a need for PAS;
 - 15.4.3 Employee is not able to perform the essential functions of the job, even with PAS and reasonable accommodations;
 - 15.4.4 Employee would create a direct threat to safety on the job, even with PAS and reasonable accommodations; or
 - 15.4.5 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.
- 15.5 The written notice of denial must also inform the individual of their appeal rights, that they have the right to file an EEO complaint, and may have the right to pursue Merit Systems Protection Board (MSPB) and/or union grievance procedures. The notice must also explain the Bureau's procedures available for ADR.

16.0 TIME FRAMES FOR PROCESSING REQUESTS AND PROVIDING PAS

- 16.1 Request not involving extenuating circumstances.
 - 16.1.1 If additional supporting medical information is not necessary, the DO will make every reasonable effort to process the PAS request immediately, and provide the PAS no more than 30 business days of the receipt of the written request.
 - 16.1.2 If an employee is not entitled to receive PAS, they will be notified of this decision within 30 business days of the receipt of the written request.

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16.1.3 The DO should not routinely take the full length of time allowed to provide the PAS. When a particular PAS can be provided in less than the maximum amount of time permitted, the DO must do so.

16.2 Request involving extenuating circumstances.

16.2.1 When extenuating circumstances are present, the time for processing a request for PAS will be extended as reasonably necessary. However, such extensions should be rare. All Bureau officials are expected to act as quickly as possible in processing requests and providing PAS. The following is an example of an extenuating circumstance:

16.2.1.1 Example 1: The PAS provider will have access to classified information and will require a specific type of security clearance.

16.2.1.2 Where extenuating circumstances are present, the DO must notify the DPM and the employee the reason for the delay and the approximate date on which a decision on the PAS is expected. Any further developments or changes should also be communicated promptly to the employee.

16.2.2 If there is a delay in providing an approved PAS, the DO must decide whether temporary measures can be taken to assist the employee.

16.2.3 If a delay is attributable to the need to obtain or evaluate medical documentation and it has not yet been determined that the individual is entitled to receive PAS, the DO may also provide services on a temporary basis. In such case, the DO will notify the individual that the services are being provided on a temporary basis pending a decision on the PAS request.

16.2.4 Dos who approve such temporary measures are responsible for assuring that they do not take the place of a permanent PAS and that all necessary steps to secure permanent services are being taken.

17.0 OBTAINING THE PAS PROVIDER

17.1 The Department of the Treasury has an established Department-wide PAS contract.

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

17.3 An employee's preference for a specific PAS provider (e.g., family member or a PAS provider who has worked with them in the past) if granted, must be considered to the extent the law allows. PAS providers must adhere to the applicable security clearance and background investigation requirements. However, it may not be possible to honor the individual's preferences in all cases. The Bureau may choose a different provider because the agency has an established Department-wide PAS contract and decides to utilize a pool of shared providers instead of dedicated providers. Other reasons why the Bureau may not be able to honor individual's preference could include (but is

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not limited to) reasons of cost or convenience or if the Bureau decides to have appropriate existing employees provide PAS.

- 17.4 Employees who do not perform PAS as a primary job function shall not assist employees who require PAS with personally invasive tasks that they may not be qualified to perform, such as feeding, toileting, bathing, or lifting or moving employees from vehicles, beds or wheelchairs.

18.0 PAS COVERAGE OUTSIDE THE BUREAU

- 18.1 PAS during telework. The Bureau is required to provide PAS during telework if the employee is entitled to PAS, and is entitled to telework under the Bureau's telework policy or as a reasonable accommodation. Permission to telework should not be revoked solely due to an employee's need for PAS. The determination of whether PAS can be provided to an employee while teleworking should be made on a case-by-case basis.
- 18.2 PAS for Official Travel. The Bureau must provide PAS at all times (both work and off-work hours) during the work related travel. The Bureau is required to pay any additional costs related to providing PAS while on travel, such as transportation costs for the PAS provider. The Bureau also has the option of arranging for PAS at the destination site, as long as it is considered effective.

19.0 AVENUES FOR REDRESS

19.1 ALTERNATIVE DISPUTE RESOLUTION (ADR)

- 19.1.1 Employees are encouraged to consider the use of ADR at any stage of the PAS request process to resolve any conflicts and issues at the lowest possible level.
- 19.1.2 An employee whose request for PAS has been denied will be offered the opportunity to use ADR as an avenue of redress. The employee has 14 business days of receiving the written denial to submit an ADR request to an EEO Counselor.
- 19.1.3 If the employee elects another avenue for redress, the employee is not precluded from utilizing ADR in that forum.
- 19.1.4 Pursuing dispute resolution procedures, including seeking reconsideration from the DO and filing an appeal, does not suspend the time limits for initiating claims under any collective bargaining agreement or the EEO complaint process.

19.2 REQUEST FOR RECONSIDERATION

- 19.2.1 An employee whose request for PAS has been denied will be offered the opportunity to request reconsideration of the decision.
- 19.2.2 The employee has 14 business days of receiving the written denial, or if the issue is not resolved in the ADR process within 14 business days of the conclusion of the ADR process, to submit a request for reconsideration to the

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DO. The individual may present additional information in support of their reconsideration request. The DO will make every reasonable effort to respond to the request for reconsideration within seven business days of receiving the written or verbal request. Any request for reconsideration received after 14 business days of the denial will be treated as a new request.

19.3 APPEAL

- 19.3.1 If the DO does not reverse the decision, the individual may appeal the decision within 10 business days of receiving the DO's denial of the request for reconsideration. The appeal must be submitted in writing. The appeal should be decided by the next level manager of the DO. A response to the appeal will be issued to the individual within seven business days of receiving the written request.

19.4 NEGOTIATED GRIEVANCE

- 19.4.1 A bargaining unit employee whose request for PAS has been denied will be advised that they may have a right to file a negotiated grievance in accordance with the provisions of the controlling collective bargaining agreement.

19.5 DISCRIMINATION COMPLAINTS

- 19.5.1 An individual whose request for PAS has been denied will be advised that they may have a right to file an informal EEO complaint. The individual must initiate contact with an EEO Counselor within 45 calendar days of the date the request was denied.

19.6 MERIT SYSTEMS PROTECTION BOARD (MSPB)

- 19.6.1 An individual, whose request for PAS has been denied can initiate an appeal within 30 calendar days of an appealable adverse action.

20.0 INFORMATION TRACKING AND REPORTING

- 20.1 The DPM will annually evaluate the Bureau's PAS Program to determine whether it is properly established and in compliance with the elements of a Model EEO Program within the EEO MD-715 standards. Part J of the Bureau's MD-715 Report describes the effectiveness of the policies, procedures, or practice implementing the PAS requirement, which includes the following:
- 20.1.1 Timeliness of processing requests for PAS.
 - 20.1.2 Timeliness of providing approved PAS.
 - 20.1.3 Training for managers and supervisors on providing PAS.
 - 20.1.4 Monitoring requests for trends.
- 20.2 Employees will receive frequent updates from the DO and/or the DPM during the processing of PAS requests. Employees may also track their request by contacting the DO or the DPM.

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21.0 COST AND RESOURCES

- 21.1 Resources are listed in Attachment G.
- 21.2 OEODM has centralized funding for the Bureau's Reasonable Accommodation Program. All questions in regards to PAS requests that require the use of Bureau resources and funding should be referred to the DPM in the OEODM.
- 21.2.1 A determination of undue hardship means the Bureau finds that a specific PAS would result in significant difficulty or expense, or would alter the nature of the Bureau's operations. When evaluating budgetary and administrative concerns to determine undue hardship exists, the Bureau will consider all resources available as a whole and follow the standards outlined in the regulations, "Enforcement Guidance on Reasonable Accommodation; Undue Hardship Under the Americans with Disabilities Act" and "EEOC Final Rule: Affirmative Action for Individuals with Disabilities in Federal Employment."

22.0 OFFICE OF PRIMARY RESPONSIBILITY

Office of Equal Opportunity and Diversity Management

<electronically approved>

Leonard R. Olijar

Director

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Attachment A PERSONAL ASSISTANCE SERVICE REQUEST FORM

Employee Name:		Job Title:					
Work Email address:		Home/Cell Telephone Number:					
Occupational Series and Grade:		Office Telephone Number:					
Manager/Supervisor:		Manager/Supervisor Telephone Number:					
Identify the targeted disability requiring Personal Assistance Services.							
Are you requesting services from a specific PAS provider (e.g., family member)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the name, telephone number, and email address of the preferred provider.							
Name: _____ Telephone Number: _____ Email address: _____							
Will services be required at an alternate worksite (e.g., the alternate worksite approved in telework agreement)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the address of the alternate worksite. In addition, identify the day(s) of the week, and the frequency the services will be required at the alternate site (e.g., Mon and Wed of 2 nd week of the pay period).							
Address: _____ _____ _____							
Each Pay Period							
Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Briefly describe the specific service(s) being requested. (If additional space is needed, attach a separate sheet.)							

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If the requested services are time sensitive, please explain in detail. (If additional space is needed, attach a separate sheet.)
Signature: _____ Date: _____
In reviewing your request, it may be determined that medical documentation is needed. If that is the case, you will be requested to provide sufficient medical information to support your request.

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**Attachment B
CONFIRMATION OF PERSONAL ASSISTANCE SERVICE REQUEST**

Requestor's Name:		Date Request Received:	
Receiving Official's Name:		Receiving Official's Telephone Number:	
Receiving Official's Email Address:			
Briefly describe the services being requested. Be as specific as possible.			
Is medical documentation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain why.			
Signature: _____ Date: _____			
Please attach all supporting documentation obtained with this request.			
Reviewed By:		Date:	

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Attachment C
SAMPLE REQUEST FOR MEDICAL DOCUMENTATION FOR PAS REQUEST

(Insert Date)

From: (Insert Supervisor's Title and Name)

To: (Insert Requestor's Title and Name)

Subject: 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 Bureau, 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 memorandum 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:

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

4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective April 14, 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

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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 your 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 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 receipt of this letter. If you have any questions or concerns, please contact me at (Insert name of DPM POC) or (insert DPM POC information).

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

Acknowledgement of receipt:

Employee's signature Date

Attachment D
SAMPLE CONSENT TO RELEASE MEDICAL INFORMATION

By my signature on this document, I give permission to (name of personal physician) to release medical information to the following authorized Bureau officials, (identify the specific officials who will have access to the medical information), in order to respond to my request for Personal Assistant Services.

Signature: _____ Date: _____

CIRCULAR

DATE November 20, 2018

Attachment E SAMPLE MEMORANDUM APPROVING REQUEST FOR PAS

(Insert Date)

From: (Insert Supervisor's Title and Name)

To: (Insert Requestor's Title and Name)

Subject: APPROVAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

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).

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 memorandum must explain why the alternative is effective.)

Please be advised that if your needs for PAS change or are 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 DPM POC)

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

Acknowledgement of receipt:

Employee's signature

Date

CIRCULAR

DATE November 20, 2018

Attachment F

(Insert Date)

From: (Insert Supervisor's Title and Name)

To: (Insert Requestor's Title and Name)

Subject: DENIAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

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).

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)

- a. You are not a Bureau of Engraving and Printing (BEP) employee;
- b. You do not have a targeted disability;
- c. Your targeted disability does not create a need for PAS;
- d. You are not able to perform the essential functions of your position, even with PAS and any reasonable accommodations;
- e. Even with PAS and any reasonable accommodations, your limitations create a direct threat to safety in the workplace; and
- f. Providing PAS would impose an undue hardship on the bureau.

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.)

You have the opportunity to:

- a. Invoke the Alternative Dispute Resolution (ADR) process. To invoke the ADR process, you must submit a written request to (provide DPM POC's contact information) within 14 calendar days of receipt of this denial memorandum, 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. You may appeal the decision within 10 business days of receiving the DO's denial of the request for reconsideration.
- c. File a grievance under the negotiated grievance procedure. If you are a bargaining unit employee, you have the opportunity to file a grievance, in

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accordance with (reference appropriate provisions of the collective bargaining agreement).

- d. Initiate the discrimination complaint process pursuant to 29 CFR Part 1614. To do so, you must contact (provide contact information for EEO Counselor, who is different from the DPM POC) 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.

If you are eligible, you also have the option of applying for disability retirement. For further information regarding this option, please contact the Bureau of Fiscal Services/Administrative Resource Center (BFS/ARC) by email at Benefits@fiscal.treasury.gov or by telephone at (304) 480-8019. You are further advised that if you are unable to perform the essential functions of your position, appropriate administrative action may be taken.

If you have any questions on the above, or if your need for PAS changes, please contact me or (insert name of servicing DPM POC).

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

Acknowledgement of receipt:

Employee's signature

Date

CIRCULAR

DATE November 20, 2018

Attachment G
RESOURCES

Affirmative Action for Individuals with Disabilities in Federal Employment
[Affirmative action for individuals with disabilities in federal employment](#)

Compliance Manual Section 902: Definition of the Term Disability
[Disability](#)

Enforcement Guidance: Disability-Related Inquiries & Medical Examinations of Employees under the ADA
[Enforcement Guidance under the ADA- Medical Examinations](#)

Enforcement Guidance: Reasonable Accommodation and Undue Hardship Under the ADA (as revised, 10/17/02)
[Enforcement Guidance under the ADA- Reasonable Accommodation](#)

Job Accommodation Network (JAN)
1-800-526-7234 (Voice/TT)
[JAN](#)

Policy Guidance on Executive Order 13145: To Prohibit Discrimination in Federal Employment Based on Genetic Information
[Guidance-genetic](#)

Policy Guidance on Executive Order 13164: Establishing Procedures to Facilitate the Provision of Reasonable Accommodation
[Accommodation procedures](#)

Q&A: Federal Agencies' Obligation to Provide Personal Assistance Services under Section 501 of the Rehabilitation Act
[Personal Assistance Services](#)

Q&A: The EEOC's Final Rule on Affirmative Action for People with Disabilities in Federal Employment
[QANDA ADA disabilities final rule](#)