

Personal Assistance Services Request Form

Form may be completed by employee, applicant, or someone on his/her behalf.

Request Date

Name

Phone Number

Email

Business Unit

Occupational Series

Grade

Post of Duty

Work Address

Supervisor's name

Phone Number

Email address

Briefly describe the specific PAS requested, if known. Be as specific as possible. If the requested PAS is time sensitive, please explain.

Briefly describe the medical reason for the requested PAS. Attach your medical documentation to support your request, if any.

Employee/Applicant/Representative's Signature

This section to be completed by Receiver or Management Official.

Date request received

Date request sent to EEO Office

This request was transmitted by:

Email

Fax

Hand-delivery