



OFFICE OF CIVIL RIGHTS
DISABILITY EMPLOYMENT REASONABLE ACCOMMODATION
PERSONAL ASSISTANCE SERVICES (PAS) FORM

PRIVACY ACT STATEMENT: Pursuant to the Privacy Act of 1974, 5.U.S.C. § 522a, USAID furnishes the following statement to individuals supplying information for a request for a reasonable accommodation at USAID.

AUTHORITY: Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

PURPOSES: The information solicited on this form will permit the Office of Civil Rights/Disability Employment (OCR/DE) to engage with the individual to identify the proposed PAS.

ROUTINE USES: Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

EFFECT OF NONDISCLOSURE: Supplying the information is voluntary on your part. However, without the requested information, USAID cannot process requests for reasonable accommodation.

SORN: USAID-32 Reasonable Accommodation Records.

GENERAL INFORMATION: Per Section 501 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as amended, and the Equal Employment Opportunity Commission (EEOC) regulations, 29 C.F.R. § 1614.203(d)(5), the Agency is obligated to provide PAS to employees who require such services because of a targeted disability. EEOC regulations define PAS as “assistance with performing activities of daily living that an individual would typically perform if they did not have a disability, and that is not otherwise required as a reasonable accommodation, including, for example, assistance with removing and putting on clothing, eating, and using the restroom.” See 29 C.F.R. 1614.203(a)(5).

DEFINITIONS

Reasonable Accommodation Requestor: A USAID direct-hire employee or Personal Services Contractor (PSC) who needs assistance with performing activities of daily living that an individual would typically perform if they did not have a disability, and that is not otherwise required as a reasonable accommodation, including, but not limited to, assistance with removing and putting on clothing, eating, and using the restroom. Such services do not include medical care (ADS Chapter 111.3.7.1, Procedures for Providing Reasonable Accommodation). Note: If the requestor is an Institutional Support Contractor, USAID plays a support and consultative role when these individuals seek accommodation from their employing entity. Institutional Support Contractors may be covered in some circumstances; such determinations are made on a case-by-case basis.

Reasonable Accommodation Manager: Serves as a technical advisor to the USAID workforce on all disability issues.

PERSONAL ASSISTANCE SERVICES (PAS) FORM

1. Requester information	
Name	Email address
If employee, provide Mission/Bureau/Independent Office	Employee hiring mechanism type (Civil Service or Foreign Service)
Date of reasonable accommodation request	Job title, occupational series, and grade level
2. Reasonable accommodation needed for (check one): <input type="checkbox"/> Job application process <input type="checkbox"/> Performing job functions or access the work environment <input type="checkbox"/> Access a benefit or privilege of employment	
3. Please indicate the PAS you are requesting (refer to the general information): <input type="checkbox"/> Removing and putting on clothing <input type="checkbox"/> Eating <input type="checkbox"/> Using the restroom <input type="checkbox"/> PAS for approved telework <input type="checkbox"/> PAS for official travel <input type="checkbox"/> Other, please list:	
4. Targeted Disability, as defined on the Office of Personnel Management (OPM) Standard Form 256 (SF-256) Self-Identification of Disability. Please complete the SF-256 form (which can be found on OPM website at www.opm.gov or under the USAID's Forms Directory on the intranet page under "All Other Federal Common Use Forms:") and please submit the completed SF-256 with the PAS form to reasonableaccommodations@usaid.gov.	

5. Employee Statement: Please describe the PAS duties you are requesting and include the required hours for the services, the duties to be performed and times of day in which they are to be performed, and any other details pertinent to your request.

INSTRUCTIONS FOR COMPLETING AID 111-5

Complete the form below to request PAS. USAID has an obligation to provide PAS per the Section 501 Regulation of the Rehabilitation Act of 1973, as amended. To avoid a delay in processing, please ensure all information is accurate and complete. Notification of approval/disapproval will be provided in writing by OCR/DE. Submit your completed form by email as an attachment. You should ensure that the security of your email is adequate for transmitting sensitive information before submitting your request because the form contains your personally identifiable information. If submitting via email, we recommend that you encrypt your message, and use the same email address to send a password in a separate email message. Please send the form to reasonableaccommodations@usaid.gov.

SECTION 1: Complete your name, your office, hiring mechanism, email address, and current job title.

SECTION 2: Select which reasonable accommodation category (more about the categories can be found in the ADS Chapter 111.1 in the overview section of the Procedures for Providing Reasonable Accommodation) you are requesting.

SECTION 3: Select the services you are requesting. More on PAS can be found at <https://www.usaid.gov/careers/reasonable-accommodations>

Section 4: Complete the Office of Personnel Management Standard Form 256 Self-Identification of Disability and send it along with this form to reasonableaccommodations@usaid.gov.

Section 5: In your own words, please describe your request and use of the PAS.