To complete this form, click in or tab to each form field, and type the requested information. For dropdown boxes, click on the arrow to choose a response. You can also press Alt Tab to open the dropdown choices, use the up/down arrows to navigate among the choices, and then press Enter when the desired response is selected.

Today’s Date:

Name of Person Requesting Services:

Requestor's Telephone/Videophone Number:

Requestor’s Email:

Operating Administration:

Supervisor’s Name:

Supervisor’s Telephone/Videophone Number:

Supervisor’s Email:

Service(s) Requested:Choose an item.

Recurring Request:Choose an item.

Frequency of Recurrence (if applicable):Choose an item.

Date(s) Services Needed:

Start Time:

End Time:

Time Zone:Choose an item.

Number of Hours Services Are Needed:

Preferred Service Delivery Mode:Choose an item.

In-Person Location (if applicable):

Additional Details (if applicable):

**Please e-mail this completed form to the DRC at** **DRC.PAS@dot.gov** **with at least five business days advance notice. Whenever possible cancellation of scheduled services should occur at least two business days in advance and be sent to** **DRC.PAS@dot.gov****.**

**I affirm that the personal assistance services I have requested will allow me to perform the essential functions of my job and enjoy the benefits and privileges of employment, including but not limited to business-related travel and attending official government-sponsored meetings, activities, and programs.**