

Managing **HIV/AIDS** in the Workplace

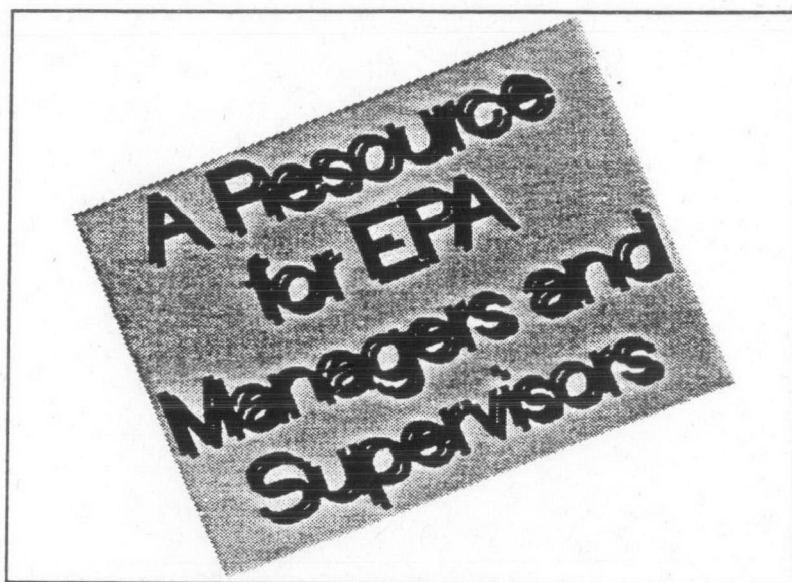
A resource for EPA managers
and supervisors

September 15, 1994

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EPA **MANAGING HIV/AIDS IN**
THE WORKPLACE



September 15, 1994



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HIV/AIDS in the Workplace

A Resource for EPA Managers and Supervisors

This resource provides basic facts and guidance to answer the following questions about HIV/AIDS in the EPA workplace.

- Can HIV be transmitted in normal working situations?
- Can HIV be transmitted through blood spills at work?
- Can persons with HIV/AIDS continue to work at EPA?
- Should persons with HIV/AIDS be treated differently from other employees with a serious illness or disability?
- Who needs to know when an employee has HIV/AIDS?
- Is information about an employee's HIV/AIDS status private or confidential?
- How can discrimination against persons with HIV/AIDS be avoided?
- How can an employee's schedule or work space be modified to accommodate disabilities from HIV/AIDS?
- How does having HIV/AIDS affect an employee's benefits?
- How can a person with advanced HIV/AIDS apply for disability/retirement?
- Where can managers, supervisors, or staff go to get information on HIV/AIDS?

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IN MEMORIAM

This resource was inspired by the life of Gary Forrest Grindstaff.

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1. Introduction

1. INTRODUCTION

1.1 Why Read this Resource

Why should I read this guidebook? HIV/AIDS has become a growing concern in the workplace. Managers and supervisors are likely to face difficult questions from their employees concerning Agency policies, basic facts, and the fear of HIV transmission in the workplace. This resource will help managers and supervisors become better prepared to respond to their employee's concerns. Also, managers and supervisors will use this resource in a training program on HIV/AIDS in the workplace. It is one part of a government wide effort to educate the people who manage the Federal workforce about HIV/AIDS, to answer questions, to help alleviate fears, and to ensure that employees with HIV/AIDS are treated fairly. Attending the training is a manager and supervisor responsibility. This resource emphasizes two other manager and supervisor responsibilities: maintaining a safe and productive workplace and ensuring that employees with HIV/AIDS receive the same benefits, performance assessments, advancement opportunities, and respect as other employees.

Beyond the requirement to read this guidebook are many other good reasons for reading it and consulting it in the future:

1. Managers and supervisors are curious about HIV/AIDS and want to learn more;
2. Employees are asking questions about HIV/AIDS and about the related Federal workplace policies;
3. Managers and supervisors want a comprehensive first reference to HIV/AIDS policies and procedures concerning leave, benefit programs, and disability retirement for employees with a serious illness; or
4. Managers and supervisors want to become better prepared in the event an employee has disclosed that he or she has HIV/AIDS; or
5. There is an employee with HIV/AIDS in the manager's or supervisor's work unit.

1.2 HIV/AIDS Education in the Federal Workplace

On September 30, 1993, President Clinton signed a memorandum instructing all Federal executive departments and agencies to provide comprehensive HIV/AIDS in the workplace training

for their employees. "Sadly," President Clinton wrote, "if you do not know someone with HIV/AIDS, you soon will." The memorandum mandated that all initial HIV/AIDS training be either carried out or scheduled by World AIDS Day, December 1, 1994. In addition to providing HIV/AIDS prevention information, all Federal employees must receive information on workplace policies and procedures related to persons living with HIV and other chronic illnesses. Human resources staff are required to review workplace policies and procedures to ensure that the Federal workplace encourages people with any chronic illness, including those living with HIV/AIDS, to continue productive employment as long as their health permits. The White House directed all agencies to establish a written policy to guide internal activities related to HIV/AIDS. The U.S. Environmental Protection Agency is complying with the White House memorandum by establishing an HIV/AIDS policy and employee education program.

The Office of the National AIDS Policy (ONAP) followed President Clinton's memorandum with guidance to Federal agencies on the content and objectives of HIV/AIDS in the workplace awareness training. In the transmittal letter to department and agency directors, Policy Coordinator Kristine Gebbie wrote that "Federal employees, supervisors, relatives, and friends are being affected, and more tragically, infected. The need for compassion and education is critical. We can ill-afford the economic and emotional damage that HIV/AIDS has upon our employees." Also, ONAP provided the following commentary:

The President has committed his Administration to a leading role in the fight to end the HIV/AIDS epidemic. Until there is a cure, educating people on assessing their own risk and taking appropriate steps to protect themselves from infection with HIV is the best way to stop the epidemic. As the epidemic matures and medical advances proceed, more and more people living with HIV/AIDS will be in the workforce. Since HIV cannot normally be transmitted in a workplace setting, people living with HIV/AIDS should be encouraged to continue working so long as their health allows them to be productive employees.

1.3 Overview of the Managers and Supervisors Resource

To support its policy and educational efforts, EPA has developed this resource for managers and supervisors. It contains basic information about HIV/AIDS in the workplace, including how HIV is transmitted, how transmission is prevented, what is expected of employees' immediate supervisors, what types of questions managers and supervisors are likely to face from employees, and how to help employees with HIV/AIDS apply for the accommodations and benefits they are entitled to receive. The resource is organized into eight Chapters:

- Chapter 1 -- this introduction;

- Chapter 2 -- background information on HIV/AIDS and related workplace issues, including definitions of key terms, methods of preventing HIV transmission, and an introduction to *Federal laws and regulations that govern the workplace*;
- Chapter 3 -- documents which provide a policy context, including EPA's HIV/AIDS policy;
- Chapter 4 -- answers to commonly asked questions;
- Chapter 5 -- guidance on obtaining counseling, applying for benefits, designating beneficiaries, approving leave, and applying for disability retirement;
- Chapter 6 -- references to other resources including written materials and outside organizations;
- Chapter 7 -- a description of several instructional videos and brochures; and
- Chapter 8 -- an evaluation form.

Also included are an appendix with guidance for Flexiplace or Compressed Workweek options, an index to major topics, and a glossary of important terms.

This resource is intended primarily for managers and supervisors, but contains valuable information for anyone in the EPA workplace. The information in this resource does not apply only to situations involving employees with HIV/AIDS. Although prepared as part of the Agency's response to the President's call for action on HIV/AIDS, this resource contains information that *is directly relevant to other disabling or life-threatening conditions. Most of the issues confronting an employee with deteriorating health are the same, no matter what the illness. What makes HIV/AIDS different is that many Americans do not know the facts about the disease or realize that persons with HIV can continue to work for years with minor or no changes in job responsibilities, hours, or productivity.*

While this resource contains the most current information available at the time of its preparation, the ever-changing nature of Federal employee benefits policies and procedures makes it necessary to contact the EPA Office of Human Resource Management (OHRM) Employee Outreach and Counseling Center (EOCC) (202/260-9686 for Headquarters personnel) for the latest information and forms. Chapter 6 contains a list of human resources contacts in EPA offices across the country. This resource is in no way intended to replace employee or supervisor contact with EOCC, rather it is a roadmap or overview of the many issues and benefits relevant to disabling or life-threatening conditions such as HIV/AIDS. There are many publications that provide detailed information on each aspect covered in this guidebook. Some are available from EPA, some from the Office of Personnel Management, and some from other Federal agencies such as the Social

Security Administration. Most of these publications and the most current forms and advice are available through Human Resources.

1.4 Privacy and Disclosure

One issue that is frequently addressed throughout this document is that of privacy and disclosure. As in any case involving an employee with a disability, the supervisor's role is largely determined by the employee's actions. There is no obligation for the employee to disclose any health or other personal information until the point at which he or she is no longer able to carry out regular duties and assignments. At any point, an employee may disclose the illness to a supervisor or contact any of several Agency resources (see Chapter 5) to obtain information on benefits, make financial arrangements, obtain counseling, or learn how he or she can stay on the job for as long as possible, even with a disability or serious illness. Preliminary discussions about disability retirement and related topics may or may not include the employee's supervisor; it is up to the employee. In many circumstances, however, the employee will be comfortable discussing his or her condition with a supervisor. For example, the employee may ask the supervisor for an accommodation to his or her disability in order to keep working. *Reasonable accommodations* include changes in assignments, schedules, or location. The concept of a reasonable accommodation is discussed in Chapter 2.

Supervisors cannot disclose an employee's confidential information unless the employee has given his or her written consent; or the sharing of information is required in order to make a management decision. This stipulation is discussed in greater detail in Section 2.8.3.

Once an employee has disclosed his or her condition, the supervisor is bound by the rules of the *Privacy Act of 1974* and required to properly follow all appropriate policies and procedures. This is particularly important with HIV/AIDS due to the unique social stigma often associated with HIV, its transmission and its symptoms. Supervisors are responsible for protecting information entrusted to them by their employees, and for acting responsibly and appropriately. EPA has prepared a brochure, *The Privacy Act, Your Rights and Responsibilities*, which provides guidance on keeping certain employee information and records secure. Also, EPA has a *Privacy Act Manual* available from the Information Management and Services Division. (Headquarters staff may reach IMSD at 202/260-5914. Field and laboratory personnel may call their local office.)

This resource is intended to provide you, an EPA manager or supervisor, with basic information and a starting point for helping your employees with HIV/AIDS. It is designed also to help prepare you in the event one of your employees acquires HIV/AIDS or any other serious illness, such as HIV/AIDS. It is a reference that can be read cover-to-cover or consulted on particular topics. By no means is this manual the only resource available to you on HIV/AIDS-

related issues. Many other resources are available, a number of which are referenced in Chapter 6. Yet no information is useful if it is not consulted. Read this manual. Orient yourself to the outline and contents. And look forward to the day when *all* information on HIV/AIDS is rendered obsolete.

2. Background

2. BACKGROUND ON HIV/AIDS AND WORKPLACE ISSUES

This chapter provides general information about HIV/AIDS and the workplace; it does not provide explicit advice on particular situations. Whenever an employee has or develops a serious illness or disability, certain protections and procedures come into play. Despite the application of similar requirements, every situation has its unique features. The purpose of this resource is to better equip managers and supervisors for workplace issues concerning HIV/AIDS.

The purpose of this chapter is to make managers and supervisors aware of a wide range of issues concerning HIV/AIDS. Hopefully, this chapter will answer managers' and supervisors' questions about HIV/AIDS, including legal issues such as workers' rights and management responsibilities. This chapter introduces many technical terms and concepts related to public health and personnel management. The first term to define is *HIV/AIDS*. The term has evolved to encompass the full spectrum of HIV-related conditions, illness, disability, needs, rights, and responsibilities. (Other terms are defined and discussed in Section 2.2 and in the glossary/Appendix E.) For the most part, this managers' resource does not distinguish between HIV infection, HIV-related symptoms, or the class of conditions labeled AIDS by the U.S. Centers for Disease Control and Prevention (CDC). Managers and supervisors are not responsible for recognizing the symptoms of HIV infection or for making medical diagnoses. They do have, nevertheless, two general responsibilities:

1. To ensure that individuals with HIV/AIDS receive all entitled benefits, accommodations, and considerations, and
2. To maintain a productive workplace.

It is the goal of this resource guide that managers who read it will come to view these responsibilities as complementary, not contradictory.

Chapter 2 covers a wide range of information on HIV/AIDS and workplace issues: how managers and supervisors learn about HIV/AIDS (Section 2.1), definitions of HIV and AIDS (Section 2.2), how HIV is transmitted (Section 2.3), how infection is prevented (Section 2.4), HIV-related testing (Section 2.5), HIV/AIDS in the workplace issues (Section 2.6), legal responsibilities for employers and supervisors (Section 2.7), privacy, confidentiality and disclosure (Section 2.8), maintaining a safe and productive workplace (Section 2.9), benefits and disability (Section 2.10), and employee reactions to HIV/AIDS (Section 2.11).

The issue of *disclosure* of a person's HIV status is addressed in Section 2.8, but it is raised in sections throughout Chapter 2. Because disclosure is such an important subject, a few simple rules for managers and supervisors are presented below:

- No manager or supervisor can require an employee to disclose his or her HIV status;
- An employee may keep his or her HIV status private, but if he or she decides to disclose the status, the manager or supervisor must keep the information confidential unless the employee specifies otherwise;
- A manager or supervisor must keep an employee's HIV status in strict confidence and can only disseminate the information to the persons or offices specified by the employee -- preferably in writing; and
- Managers and supervisors do not need medical documentation or other confidential information to approve an employee's request for short periods (three days or less) of annual leave, sick leave, or leave without pay (LWOP); and
- The extent of disclosure depends on the management decision and who is making it; disclosure may be required to obtain a reasonable accommodation (See Section 2.7.2) in schedule, physical work area, or job assignment; in general, disclosure of medical information should be limited to the employee's first and second line supervisors and professionals who provide technical guidance for designing an accommodation or for medical review.

2.1 Workplace Problems and Challenges: How Managers and Supervisors Learn About HIV/AIDS

All managers and supervisors face a challenge from HIV/AIDS, regardless of whether or not they have an employee with HIV/AIDS. Managers are responsible for helping implement policies and procedures related to employees with HIV/AIDS and their coworkers. It is likely that supervisors have been confronted already with issues and fears surrounding HIV/AIDS. A supervisor's awareness of HIV/AIDS probably will not begin in a training session or by consulting this resource.

Managers and supervisors learn about HIV/AIDS in many ways. Some managers may have obtained information about HIV/AIDS from the Employee Counseling and Assistance Program (ECAP) in EPA headquarters, an employee assistance program in an EPA field office, or a source outside of the Agency. Some learn about HIV/AIDS from civic organizations, friends, or public education campaigns. Some managers become aware of HIV/AIDS issues through their supervisees. Concerned or curious employees may ask questions about the risk of getting infected

with HIV at work. Some supervisors may have supervisees who have disclosed that they are HIV-positive.

This guide addresses how the Agency expects its managers and supervisors to respond to questions and requests for help from employees.

For more information on answering questions about HIV/AIDS, see Chapter 4 of this resource guide. Employees also may be referred to other resources for information about HIV/AIDS. See Chapters 5 and 6.

2.2 Overview of HIV, HIV Infection, and AIDS

2.2.1 HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. HIV attacks the T-cells and other cells of the immune system, and may infect certain cells in the brain. HIV is classified as a retrovirus, meaning that the HIV genetic material is incorporated into the healthy genetic material of the blood cells and reproduces, destroying T-cells as it goes. As a result, HIV is very resistant to treatment. Because the HIV genetic material is reproduced, infected individuals remain carriers for the rest of their lives.

2.2.2 The Stages of HIV Infection and Progression Into AIDS

Because HIV/AIDS is a progressive illness, persons recently infected with HIV or in the early stages of the disease often look and feel healthy. HIV/AIDS is also episodic, that is, employees with HIV/AIDS may experience periods of relatively good health followed by spans of poor health, and vice versa.

Supervisors and managers should be aware of the various stages of HIV infection (as defined by CDC) so that they may better meet the needs of employees with HIV/AIDS. These stages are listed below:

CDC I. One to four weeks after exposure to HIV, the symptoms of acute infection may appear, including fever, swollen glands, fatigue, other mononucleosislike symptoms, and occasionally a rash or headaches and inflammation of the brain tissue (encephalitis). These symptoms disappear within a few weeks.

CDC II. After the initial infection period, most infected persons evince no symptoms whatsoever for varying lengths of time (a state referred to as *asymptomatic* infection). A person who is HIV positive, even without symptoms, is capable of transmitting the virus to others.

CDC III. During the *symptomatic* stage of HIV infection, a person may exhibit a variety and spectrum of symptoms. A person may develop swelling of the lymph nodes, or develop any number of non-life-threatening infections. This stage was formerly referred to as AIDS-Related Condition (ARC).

CDC IV. This is the final stage of HIV infection and is marked by certain opportunistic infections, cancers neurological disease, and wasting syndrome. At present, this stage is considered to be fatal. *Acquired Immunodeficiency Syndrome* or *AIDS* is a term used by the U.S. Centers for Disease Control and Prevention (CDC) to encompass a range of illnesses among persons in this stage of symptomatic HIV infection. Once the immune system is compromised, a person is susceptible to one or more specific bacterial, fungal, or viral infections or rare cancers, known as opportunistic infections, which become life threatening. For a person to be diagnosed as having AIDS, one or more of these specific diseases must be present.

Opportunistic infections include *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma (KS), a form of skin cancer. In addition to these, women may experience recurring vaginal yeast infections.

HIV/AIDS is not a disease of any one gender, race, or sexual orientation. Although most reported AIDS cases continue to be among men who have had sex with men and among injecting drug users, AIDS is becoming more prominent in the young and in heterosexual men and women. In 1993, the U.S. Surgeon General reported the following facts about the spread of AIDS in the United States:

- AIDS is now one of the three main causes of death for women and men 25 to 44 years old in this country.
- It is among the top 10 causes of death for children 1 to 4 years old.
- From 1990 to 1992, the number of reported AIDS cases in women attributable to heterosexual contact increased nearly 42 percent.
- Racial and ethnic minority populations have been most disproportionately affected. Although Blacks and Hispanics comprise only 21 percent of the total U.S. population, they represent 47 percent of all reported AIDS cases.
- About 1 of 5 of reported cases of AIDS are among persons infected with HIV while they were teenagers.

2.3 HIV Transmission

There are four body fluids which can transmit HIV: blood (and blood clotting factors), semen, vaginal and cervical secretions, and breast milk. Other body fluids, such as vomit, urine, and saliva, cannot transmit HIV because the virus is not present in a high enough concentration. Vomit, urine, and saliva are not considered infectious unless they contain visible traces of blood. There are four main routes by which the body fluids can transmit HIV. These are through intimate sexual contact, injections, perinatally/neonatally, and through blood to blood contact.

HIV infection during sexual activity (vaginal, oral, or anal intercourse) involves exposure from blood, semen, or vaginal fluids. The risk of getting HIV from oral sex is not as high as from anal or vaginal sex, but there remains a risk. Deep or "French" kissing seems to have little risk for transmitting HIV because of the low concentration levels of HIV found in saliva.

HIV can also be transmitted through the sharing of needles, syringes, and other injection equipment, such as the cooker, cotton, or rinse water. In addition to transmission through the sharing of equipment used to inject illicit drugs, HIV may also be transmitted through the sharing equipment used for body piercing, tattooing, and steroid injection or popping.

Because the mother and fetus share the mother's blood supply, an unborn child may be *infected in utero or through the birthing process*. About one of every three or four babies born to women with HIV or AIDS will be born infected with HIV. There are also a few reported cases in which infected mothers have transmitted HIV through breast milk.

Since 1985, blood donations have been screened for HIV. Blood that tests positive for HIV antibodies is safely discarded and not used for transfusion. Today, there is almost no chance of getting HIV from a blood transfusion, and essentially *no risk* of getting HIV from donating blood to a reputable organization (such as the American Red Cross) that uses a new, sterile needle for each blood donation.

Similarly, the Public Health Service and the American Association of Tissue Banks have recommended that no organs or tissues be accepted from donors at high risk for HIV, all organ donors be tested for HIV, and organs and tissues from donors testing positive for HIV not be used. Thus, there is very little chance of getting HIV from a transplant. Sperm banks vary in their procedures but sperm banks are requested to test sperm donors for HIV at the time of the donation, freeze and quarantine the sperm, and re-test the donor 6 months later. If both tests are negative, the sperm can then be thawed and used. Individuals considering artificial insemination *should find out the procedures used to ensure protection against HIV infection*.

As of 1993, nearly 350,000 cases of AIDS had been reported in the United States alone. About 55 percent of persons with AIDS contracted HIV via male to male sexual contact; 30 percent contracted HIV via injection drug use; seven percent via heterosexual contact; and seven percent via other exposures, such as blood transfusions and other exposures to contaminated blood products.

2.4 Prevention of HIV Infection

Outside of the office, there are many ways that a person can prevent or reduce the risk of HIV infection. Abstinence is the most effective method of preventing the spread of HIV through sexual activity. Another way to protect against HIV infection is to have sex only with one steady, uninfected partner. The U.S. Surgeon General's Office recommends that individuals and their partners wait to have sex until they are committed to a relationship. For example, persons might not have sex until they are comfortable asking about their partner's sexual history and raising the issue of condom use. Persons who are sexually active should use latex condoms, dental dams, or other barriers, during sexual intercourse (vaginal, oral, or anal). They should consider non-insertive sexual activity, such as masturbation or massage. Condom users face a much lower risk of HIV infection than nonusers. Data drawn from 10 studies of HIV transmission suggest that condom users faced a risk of becoming infected with HIV about forty percent less than that of nonusers. Condoms also protect against HIV infection by blocking sexually transmitted diseases (STD)s. People with STDs, particularly those that cause genital ulcers, are two to seven times more likely to become infected with HIV than people who have not had STDs. Condoms can be highly effective protection against infection. Evidence suggests that when infection occurs it is usually the result of either inconsistent use or incorrect use of condoms. Studies have reported condom breakage rates ranging from less than 1 to 12 per 100 during vaginal intercourse, with similar rates for anal intercourse.

Persons who use drugs illegally should abstain from injecting. If injection drugs are used (including the use of legal drugs such as insulin), persons should not share injection equipment and should properly dispose of needles and syringes after each use or disinfect injection equipment with a solution of bleach and water.

There are three general ways to prevent HIV infection in the workplace: do not have sex, do not share injection equipment, and ensure that *universal precautions* are observed. *Universal precautions* are designed to prevent the spread of many infectious agents, not just HIV. Taking *universal precautions* does not mean an eight-hour day in goggles and rubber gloves for most employees; it does mean being prepared for rare occurrences, such as medical emergencies or accidents that result in large amounts of spilled blood. In the case of any medical emergency or other circumstance involving a blood spill, EPA personnel should call the nearest Health Unit, 911, or other emergency response service. Also, building maintenance could be called to clean up blood

spills. According to draft training materials prepared for the U.S. Department of Health and Human Services, there are several *universal precautions* which can be taken to reduce the risk of HIV infection in the workplace. Each of the precautions necessitates the use of specific materials. Managers and supervisors should ensure that employees know how to call in a person trained to respond to emergency situations. The following list identifies some situations in which there may be exposure to blood and appropriate responses to these situations:

- Mouth-to-mouth resuscitation:
 - Use bags and pocket masks for all mouth-to-mouth resuscitation.
- Blood or body fluid spills:
 - Isolate the spill area.
 - Use one-time use only latex gloves.
 - Sponge up the surface.
 - Disinfect the area with a disinfectant, germicide, or a solution of bleach and water.
 - Safely label and dispose of waste (proper disposal as biomedical waste).
- Handling and disposal of sharp objects:
 - Always use mechanical means such as tongs, forceps, or a brush and dust pan to pick up contaminated broken glassware; never pick up with hands, even if gloves are worn. Use extreme caution when handling sharp objects, such as broken glass or metal shards.

For referrals to other information sources on a safe workplace and universal precautions, see Chapter 6.

2.5 HIV-Related Testing

2.5.1 HIV Antibody Tests

There are two commonly administered tests for detecting HIV antibodies (ELISA and Western blot). When used together, they are correct more than 99.9 percent of the time. When a person becomes infected with HIV, his or her body makes substances called antibodies. Antibodies are protein molecules within the immune system that have been transformed in reaction to the presence of a virus. They serve as a warning system for infection. These HIV antibodies usually show up in the blood within 3 months after infection, and almost all people who are infected will show antibodies in their blood within 6 months. The period of time it takes from infection until the point in time when antibodies to HIV can be detected with an ELISA test is called the *window period*. If a person's HIV antibody test is negative, it means no antibodies were found and the person is probably not infected with HIV. The ELISA test may not be able to detect the presence of HIV antibodies within 3 to 6 months after an event which could lead to infection (e.g., unprotected sex, shared needle use, accidental exposure to contaminated sharps). Because of the window period, however, if a person engages in any risky behavior less than 6 months before taking an antibody test, he or she needs to be tested again later. If an ELISA test is positive, the results are typically confirmed with the more sensitive antibody test, the Western blot.

2.5.2 Tests for HIV

Some tests measure the amount of HIV directly. The p24 antigen test has been in use for several years. However, most HIV-infected people test negative for the p24 antigen because p24 antibodies bind up levels of p24 antigen, rendering levels unmeasurable. Another test, the polymerase chain reaction or PCR, amplifies the DNA or RNA in infected cells to detectable levels. However, this test is considered to be experimental and has not been approved by the FDA for diagnostic purposes. It requires highly sophisticated equipment and procedures, and has a high incidence of false positive results. To date, PCR is used only in research settings.

2.5.3 Who Should be Tested

A consensus has emerged concerning who should take a test to detect the possible presence of HIV. Persons who have engaged in high-risk behaviors associated with HIV transmission should be tested. High-risk behaviors include the exchange of semen, blood, or vaginal fluids during sexual intercourse (vaginal, oral, or anal) with a person who falls into one of the categories below. Other high-risk behaviors include the exchange of blood clotting factor, blood transfusion (prior to 1985),

receipt of blood products (prior to 1985), or sharing injection drug equipment. A person should consider getting tested if he or she can answer "yes" to any of the following questions:

- Have you ever had unprotected sex (anal, vaginal, or oral) with a man or woman who:
 - you *know* was infected with HIV?
 - injects or has injected drugs?
 - shared injection equipment with *someone who was infected*?
 - had sex with someone who shared injection equipment?
 - had multiple sex partners?
 - you normally wouldn't have sex with?
- Have you ever used injection equipment that was used by anyone before you?
- Have you ever given or received sex for drugs or money?
- Did you or any of your sex partners:
 - receive treatment for hemophilia between 1978 through 1985?
 - have a blood transfusion or organ transplant between 1978 through 1985?

The Centers for Disease Control and Prevention recommends HIV testing for persons in categories like these. Under no circumstance can a supervisor compel an employee to be tested.

If a person contemplates taking the HIV antibody test, he or she should go to a physician, clinic, health department, or other program that provides pre-test and post-test counseling. During pretest counseling, an individual will discuss the need for testing with a counselor, learn about the test and the need for retesting, and schedule an appointment for post-test counseling. It is possible that a person who has received a test result will not be in the best frame of mind to absorb any information provided in post-test counseling ~ even if the result is negative. Persons who test negative should learn about the ways to prevent HIV infection and the need for future testing at three-month intervals. Persons who are diagnosed as HIV positive need information on a healthy lifestyle, ways to prevent future exposure to HIV, how to avoid transmitting HIV during post-test counseling, and about the availability of services and emotional support.

2.5.4 Other HIV/AIDS Related Tests

After being diagnosed as HIV positive through the HIV antibody test, there are a number of blood tests to which a person with HIV/AIDS may be subjected. It is not necessary (nor particularly desirable) that a manager or supervisor be familiar with the details of these tests. However, a manager should appreciate that an employee may require additional time off from work to undergo testing and, on occasion, to recover emotionally and physically from the experience.

Various tests serve a variety of functions. Because indications of illness often show up in these tests long before symptoms appear, lab tests make it possible to estimate how far HIV has progressed, and to prevent some serious infections. Tests can be used to monitor the side-effects of medication. Individuals who are in a drug treatment protocol typically are subjected to frequent testing. Even within a particular function, there may be a number of tests available. For example, there are a number of tests of immune health, the most well-known of which is the T-cell test which measures the level of T4 helper cells in the immune system. However, the p24 antigen, p24 antibody, and the beta-2 test are also used to monitor HIV progression.

In addition to taking different tests, employees with HIV/AIDS may vary in the frequency with which they undergo testing. For example, it is recommended that a complete blood count (CBC) be conducted twice a year for asymptomatic HIV positive individuals, and every three months for symptomatic individuals. Liver function tests include 5-6 individual tests and collectively help determine the status of one's liver. Monitoring liver enzymes may take place over a period of a few weeks to a few months.

More information on HIV-related tests is available through Project INFORM, listed in the resource directory at the end of this document.

2.6 HIV/AIDS in the Workplace

2.6.1 HIV/AIDS in the Office

Managers and supervisors should inform their employees that there is no known risk of HIV infection through routine activities in the office workplace. It has been demonstrated that HIV *cannot* be transmitted by:

- Using the same telephone, facsimile machine, typewriter, computer, or office furniture as a person with HIV/AIDS;

- Using the same sink, toilet, or shower as a person with HIV/AIDS;
- Getting sneezed on by a person with HIV/AIDS;
- Sharing towels, cups, straws, dishes, or eating utensils with a person with HIV/AIDS;
- Sharing food or beverages with a person with HIV/AIDS;
- Coming into casual contact with a person with HIV/AIDS, such as shaking hands or hugging;
- Car pooling with a person with HIV/AIDS;
- Working in small offices or sharing the same air space as a person with HIV/AIDS; or
- Participating in sports with a person with HIV/AIDS, even if there are large amounts of perspiration or extensive physical contact.

There are no documented cases of HIV being spread by pets, in swimming pools, or by coming into contact with tears. A person cannot get HIV from a doorknob or an insect bite. Support for the notion that the risk of HIV transmission through routine office contact with a person with HIV is virtually non-existent is found in studies of household contacts of persons with HIV infections. In 1993, CDC published a report on a 19-year old male hemophiliac who was found to be infected with a strain of HIV nearly identical to that in his previously infected older brother. Although the epidemiologic investigation was unable to determine precisely how the younger brother became infected with HIV, the author(s) reported that "transmission most likely occurred during [a] reported blood contact (i.e., [an] episode of razor-sharing) or other blood contact that went unrecognized or unreported." The report also summarized the findings of seventeen previous studies in the United States and Europe which report that none of the 1,167 nonsexual, nonneedlesharing household contacts of persons with HIV infection resulted in HIV transmission. Given that the risk of transmission through casual contact has not been documented in households between people in closer contact with one another (e.g., siblings, parent and child) than most co-workers, it is clear that the risk of HIV transmission through routine workplace activity essentially is non-existent.

HIV is a bloodborne pathogen. It is not spread through the air like the influenza virus. HIV is not transmitted through heating or air conditioning systems. Infection can occur if a person's blood (circulatory system) or mucous membranes (such as the eyes) are exposed to an infected person's blood, vaginal/cervical secretions, or semen. The virus itself is fragile. It cannot survive for more than a few minutes in the open air. When infection occurs, it is almost always because of an invasive action, such as sexual intercourse, needle injection, or transfusion. As long as

coworkers do not engage in sex or inject drugs, there should be no fear of HIV transmission in the workplace. Transmission through commonplace behaviors or casual contact in the workplace is nearly impossible. There may be rare occurrences such as medical emergencies, blood or body fluid spills, or the *handling of sharp objects that require the use of universal precautions*. These measures are discussed in Section 2.4.

EPA will continue to use the universal precautions outlined in the Occupational Safety and Health Administration's Bloodborne Pathogens Rule (29 CFR Part 1910.30, Appendix A) as its guidance on avoiding HIV transmission in the workplace. The precautions will be codified in the chapter on biosafety in the EPA Health & Safety Manual. Additionally, an exposure control plan will be written for each facility, as required, to describe local plans to control exposure to all bloodborne pathogens, including HIV.

While there is no known risk of HIV transmission through routine activities in the office workplace, workplace hygiene is especially important when one of the office workers has HIV/AIDS or any other serious health condition. Because they may have a compromised immune system, people with HIV/AIDS may be more susceptible to common bacterial and viral infections than people without HIV. Good workplace hygiene and habits contribute to a safe and healthy work environment for *all* workers, and demonstrate concern for those with a serious health condition.

2.6.2 HIV/AIDS in Other Worksites

Supervisors can calm their employees' fears through information about how HIV is spread. Information on how HIV is transmitted and not transmitted is crucial to getting employees to comply with policies, procedures, or job performance expectations concerning HIV/AIDS.

There have been documented cases of infection through needle or other sharp object sticks, as well as injuries involved in the handling of hazardous, HIV-contaminated materials. It is unlikely that any EPA laboratory or maintenance worker will be handling HIV-contaminated materials. Yet these workers may be concerned that they run the risk of exposure to HIV in the case of on-the-job accidents involving coworkers with HIV. Managers and supervisors can address their employees' fears through education and training on universal precautions and control plans specific to their worksites.

In work situations which normally involve the handling of blood, especially blood contaminated by HIV or hepatitis B virus, managers and supervisors should ensure strict adherence to the *universal precautions* and other safe workplace practices described in *29 CFR Part 1910.1030 Bloodborne Pathogens*. Workplace situations which routinely involve the handling of blood or *contaminated sharps*, such as needles or broken glass, also require a special awareness of workplace

safety practices. *Universal precautions* should be followed in the case of any blood spill. Cleanup should be conducted under the presumption that any spilled blood could contain harmful pathogens. *Universal precautions* include the use of one-time use, disposable gloves, access to handwashing facilities, and immediate disposal of used needles. Also, the CDC has published HIV in the workplace guidelines for food service and health care workers.

All exposure incidents should be reported immediately. Exposure incidents occur in circumstances of any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Exposure incidents can lead to infection with hepatitis B virus (HBV) or HIV. Reporting an exposure incident without delay permits immediate medical follow-up. It can forestall the development of HBV or enable the affected worker to track potential HIV infection. It can help prevent spreading the infection to others, and help the employer prevent future exposures. Employees who have an exposure incident should follow the guidelines delineated in the OSHA fact sheet, "Bloodborne Facts: Reporting Exposure Incidents."

Workers in the health care industry may run some risk of HIV infection. According to a 1993 CDC HIV/AIDS Surveillance Report, since 1978 there have been 39 documented cases of occupational transmission among health care-workers. Of these, 15 involved clinical laboratory technicians and 13 involved nurses. Such workers include physicians, nurses, laboratory technicians, hospital-based maintenance and housekeeping staff, dentists, dental hygienists, blood-bank technicians, paramedics, and morticians. Exposure to such workers can occur if an infected needle pierces the skin (although it is much more likely that a deep muscle stick would result in infection). Also, if a person has infected blood on his or her hand, there is a risk of infection if he or she touches the eyes or an open wound.

2.7 Legal Background on Employer Responsibility

It is important for managers and supervisors to know their legal obligations to their employees with a serious illness, including HIV/AIDS. The following section covers *legal information*, as opposed to legal advice. It does not offer guidance on how to respond to particular situations. Instead, this section summarizes some of the applicable legal sources which affect the responsibilities of the Federal government as an employer. The legal environment of the Federal workplace is guided by a few key pieces of legislation, by case law, and by the agencies' interpretation of laws, regulations, and court decisions. This section does not interpret laws and regulations, or apply legal principles to particular situations. Supervisors should take the same approach when answering employees' questions: *provide information, but do not offer legal advice.*

In general, Federal managers and supervisors are responsible for:

- Treating employees fairly;
- Providing reasonable accommodations for their employees' known disabilities;
- Helping employees obtain and retain employer-provided benefits;
- Keeping medical information confidential; and
- Ensuring that all employees under their charge obtain HIV/AIDS in the workplace training.

The first three points are discussed in this section. The fourth point, confidentiality of medical information, is discussed in Section 2.8. The fifth point is related to the government wide mandate that all Federal employees receive HIV/AIDS related training. This section addresses the following topics: antidiscrimination (Section 2.7.1), reasonable accommodations (Section 2.7.2), insurance (Section 2.7.3), and complaints and grievances (Section 2.7.4).

Beyond the legal requirements, managers and supervisors may take responsibility for establishing an atmosphere that allows discussion and cooperation among coworkers. Managers and supervisors can encourage their employees to address their fears surrounding HIV/AIDS, and can encourage informal support systems for employees with HIV/AIDS.

Each situation concerning an employee with HIV/AIDS will be unique. There is no cookie-cutter approach to ensuring that an employee's rights and benefits are preserved while maintaining a productive workplace. There may be common procedures for investigating grievances or obtaining benefits (see Chapter 5), but each individual's condition, needs, and attitude are likely to be different.

2.7.1 Antidiscrimination and Employment Opportunities

Section 504 of the *Federal Rehabilitation Act of 1973* prohibits discrimination on the basis of a handicap against an otherwise qualified individual in any program or activity that receives Federal funding. Section 504 applies to Federal agencies, Federal contractors, and other entities that receive Federal assistance.

No otherwise qualified handicapped individual in the United States ... shall, solely by reason of his handicap, be excluded from the participation in, be denied the

benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Services.

The law pertains to persons seeking employment and to those already employed by a Federal agency or entity receiving Federal funds. The Act defines *individual with handicaps* as "any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment." Excluded from the definition are alcoholics and substance abusers.

Federal employers and managers must look to case law to determine how the *Rehabilitation Act* governs employment and workplace practices. The U.S. Supreme Court confirmed that persons with HIV/AIDS are a protected class (*School Board of Nassau County v. Arline*, 480 U.S. 283 (1987)). The case involved Gene Arline, a Florida school teacher who was fired after a recurrence of a tuberculosis-related problem. The U.S. Court of Appeals ruled that Arline had been discriminated against on the basis of handicap under Section 504. The Supreme Court ruled also in Arline's favor, calling the contagious disease a handicap under Section 504. Although it did not result in an explicit definition of HIV/AIDS as a handicap under Section 504, the *Arline* case established the implication that persons with HIV/AIDS would be protected as handicapped persons.

In 1988 the *Rehabilitation Act* was amended to protect HIV-positive persons from being discriminated against as employees or job applicants on the basis of actual or perceived HIV infection, provided the individual could perform his or her job responsibilities. The Act does permit employers to consider workplace safety and the financial burden of employing handicapped persons in determining whether to hire a handicapped person. Employees may not pose a threat to others' safety or health.

The Americans with Disabilities Act of 1990 (ADA) applies to private sector employment and some aspects of the Federal workplace. The ADA requires that public facilities and transportation systems be accessible to persons with disabilities. As operators of public facilities, such as office buildings, Federal agencies must make reasonable efforts to accommodate the physical disabilities of persons who use these facilities, including their employees. All employee protections under the ADA are provided to Federal employees under the *Rehabilitation Act*. A discussion of reasonable accommodations follows in Section 2.7.2.

2.7.2 Reasonable Accommodations

In addition to prohibiting discrimination, the *Rehabilitation Act* (Sections 503(a) and 504) authorizes and requires a range of affirmative activities to enhance services, research and training programs, and employment opportunities for persons with handicaps. It does not address HIV/AIDS explicitly, but the courts have established that persons with HIV/AIDS are to be considered handicapped under the Act.

The Act requires employers to provide "reasonable accommodations" for the *known* disabilities of their employees. Reasonable accommodations may include flexible work hours, changing work from full- to part-time, job transfers, work at home, job sharing, extended leave, and the provision of physical equipment to facilitate work. The *Rehabilitation Act* leaves it to the employer and employee to work out a solution that both find acceptable, as long as the accommodation does not cause undue hardship to the employer.

... [employers must] make reasonable accommodations to the known physical or mental limitations of a qualified handicapped applicant or employee unless the agency can demonstrate that the accommodations would impose an undue hardship on the operation of its programs.

... [reasonable accommodations] may include ... (1) making facilities readily accessible to and usable by handicapped persons, and (2) job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, the provision of readers and interpreters, and other similar actions.

Because EPA is obligated to make reasonable accommodations to an employee's known disabilities, some level of disclosure is needed. For example, the employee should expect to provide a health care provider's certification that a serious illness or condition exists that warrants a reasonable accommodation, such as a physical, schedule, or job modification. (See Section 2.8.) Medical information provided to the Agency by the employee is used to determine if the employee qualifies as being disabled. The Safety, Health, and Environmental Management Division (SHEMD) can provide a Board Certified Occupational Medical Physician to review medical documents, make recommendations on certifications of a disability, and provide a list of potential accommodations. SHEMD can be reached at (202/260-7188).

EPA does not maintain a definitive list of reasonable accommodations. Accommodations are provided on a case-by-case basis. Also, different offices within EPA have different policies and may offer a different set of accommodations. For example, the Flexiplace and the Compressed Workweek Programs are not offered in all work units.

EPA supervisors have the authority to provide certain accommodations for their supervisees with serious health conditions. Supervisors may be able to order special equipment for any employee, such as wrist pads and anti-glare screens for computers, foot rests, desk lamps, and telephone head sets to make office work less strenuous. Supervisors can approve leave to accommodate any employee's appointments for medical check-ups or treatment or mental health services. To provide simple accommodations, supervisors do not need to know whether an employee has HIV or any other serious health condition. Some actions, such as granting leave, require no disclosure of an employee's medical information. The general practice at EPA is that supervisors have discretion to approve the use of annual or sick leave, and may request some documentation of the need for sick leave that exceeds three days. This documentation can take the form of a health provider's note, stating that time off from work is warranted by the employee's health needs. Detailed medical documentation is not required.

Most accommodations can be granted on the authorization of an employee's supervisor. For example, schedule changes, reductions in work hours, work at home, and the granting of certain types of leave such as administrative leave and leave without pay (LWOP) can be authorized by an employee's first or second line supervisor. A few benefits require forms to be completed by the supervisor, the physician, and the employee and filed with Human Resources or other offices. In these few cases, the authority to approve benefits or accommodations may rest beyond the supervisor especially if the employee and supervisor cannot agree on the accommodation or require technical input. For example, applying for disability retirement involves a supervisor's statement and higher level authorization. More extensive physical accommodations, such as widening doorways or installing ramps for employees with wheelchairs or walkers, may require the approval of senior management and, in some cases, the building owner. In summary, a supervisor may require medical or other health related information in order to respond to an employee's request for an accommodation. The type of information required should be appropriate to the accommodation requested.

If the supervisor and employee disagree on the proposed course of action, or the supervisor needs help developing an accommodation, there are several resources available within the EPA to develop a mutually agreeable accommodation. The Safety, Health, and Environmental Management Division (SHEMD), Health Unit, Employee Counseling and Assistance Division, and outside physicians (made available through an arrangement with the Department of Labor) can provide advisory services to all parties. SHEMD may be reached at 202/260-7188. SHEMD can provide a Board Certified Occupational Medicine Physician to review medical documentation and make a recommendation on accommodations. If conflicts cannot be resolved through informal means, the employee can make a formal challenge to a decision on accommodations through Equal Employment Opportunity, the employee's union, or outside legal channels.

One of the accommodations addressed in Chapter 5 is *job reassignment*. The U.S. Equal Employment Opportunity Commission published a rule in 1992 which defined terms under which Federal employees with a handicap or disability could be reassigned. The rule requires agencies *to reassign persons only when their disabilities render them unable to perform their current duties*, and requires agencies to reassign employees to the highest available vacancy below the employees' current grade, when no vacancy exists at the current grade.

For more information on leave administration, see section 5.3.

2.73 Antidiscrimination in Health Insurance

The Federal Employee Health Benefits (FEHB) program *Temporary Continuation of Coverage* (TCC) was authorized by P.L. 100-654, Title II, and is governed by the Federal Personnel Manual, FPM Letter 890-40 (September 27, 1989). This OPM guidance explains that eligible Federal employees who would lose FEHB coverage upon separation from Federal employment may continue to participate in their FEHB plan for up to 18 months by paying 102 percent of the full premium. To qualify, an employee may not have been on LWOP status for 365 days, and may not have separated for gross misconduct.

Also relevant to continuation of health insurance coverage is the *Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)*. COBRA does not apply to Federal employment, but it may be of concern to Federal employees with spouses, partners, or other family members who have a serious illness and are likely to terminate employment. COBRA was enacted to allow an employee to continue his or her health insurance coverage after terminating from a job. Employees who are terminated from their jobs (other than for gross misconduct) are entitled to continue their group health plan for at least 18 months. The employee cannot be charged more than 102 percent of the applicable insurance premium. Even if the employer changes health care plans, the employee can continue to buy the coverage. Coverage may extend to the employee, current spouse, divorced or legally separated spouse, or dependents.

For more information, consult the Office of Personnel Management document FEHB, Federal Employees Health Benefits Program, Information for Federal Civilian Employees and U.S. Postal Service Employees (FPM. Supplement 890-1, SF 2809A).

2.7.4 Complaints and Grievances

Federal sector equal employment opportunity is governed in part by regulations promulgated by the U.S. Equal Employment Opportunity Commission (*Final Rule*, 24 CFR Part 1614):

This rule revises the way that Federal agencies and EEOC will process administrative complaints and appeals of employment discrimination filed by Federal employees and applicants for Federal employment. The new regulation will enable quicker, more efficient processing of complaints and promote impartial, fair, and early resolution of complaints.

The EEOC has taken the position that, under certain circumstances, an agency is required by Section 501 of the Rehabilitation Act ... to reassign an employee as a reasonable accommodation.... Congress intended the Federal government to be a model employer of the handicapped and EEOC believes that reassignment of employees with disabilities who can no longer perform their positions because of a disability is a necessary component of that responsibility.

The regulation applies to the enforcement of the *Federal Rehabilitation Act of 1973* and other statutes. The rule describes the steps that Federal government employees (or Federal job applicants) must follow in order to take an employment complaint to the Equal Employment Opportunity Commission (EEOC). Also, the rule describes the processes that Federal agencies must have in place. The regulation does not address HIV/AIDS directly.

Section 501 of the *Rehabilitation Act* refers to affirmative action obligations, rather than to antidiscrimination obligations. In accord with the *Rehabilitation Act*, the regulation requires agencies to make reasonable accommodations to the known physical or mental limitations of applicants or employees who are qualified (unless the agency can demonstrate an undue hardship). Reasonable accommodations include (but are not limited to) making facilities readily accessible to and usable by individuals with handicaps and job restructuring (part-time or modified work schedules, acquiring or modifying equipment or devices, adjusting or modifying examinations, and providing readers and interpreters).

Federal employees may seek redress from alleged acts of workplace discrimination and failure to provide reasonable accommodations. Employees who believe they have been discriminated against may consult EPA Office of Civil Rights for more information.

Any Federal employee seeking to file a complaint with the EEOC must file a complaint first with his or her agency. If the employee is not satisfied with informal efforts to resolve the matter, he or she may file a formal complaint in writing. The agency assembles a "complete and impartial factual record" and provides the complainant with a copy of the investigative file. The employee

may request a hearing before an administrative law judge or a final decision by the agency on the merits of the case. A complainant may file an appeal with the EEOC of an agency's final decision, or an agency's decision to dismiss all or a portion of the complaint. EEOC's Office of Federal Operations issues a written decision based on the preponderance of the evidence. If it contains a finding of discrimination, the EEOC's decision will include remedies. Failure to implement ordered relief is subject to judicial enforcement.

Claimants alleging a violation of the *Rehabilitation Act* may file a civil action in U.S. District Court if an appeal has not been filed, or if there has been no final decision. The rule makes claimants choose how they will pursue a grievance or allegedly discriminatory action. In general, persons may pursue a matter through a negotiated grievance procedure (or civil action in a U.S. District Court) or a procedure described under the rule, but not both.

For more information on legal responsibilities, complaints, and grievances, managers or supervisors may consult the EPA Office of General Counsel and employees may consult the EPA Office of Civil Rights. See Chapter 5 of this guide.

2.8 Privacy, Confidentiality, and Disclosure

Although there is no explicit right to privacy in the U.S. Constitution, the U.S. Supreme Court has recognized privacy as a right. Confidentiality and privacy considerations are especially important where issues of HIV/AIDS are concerned, given the potentially serious and negative consequences of disclosure. The *Privacy Act* governs dissemination of information from an employee's medical and other records.

Employee rights to privacy and confidentiality are linked inextricably with employee rights to reasonable accommodations, though at times these rights may seem to conflict. On one hand, employees with HIV/AIDS have a right to keep their medical condition confidential and should be protected against the publicizing of knowledge or suspicion of their HIV/AIDS status. On the other hand, employees with HIV/AIDS may be required to make some disclosure about their medical condition so that an accommodation (such as a change from full-time to part-time work status) can be arranged. Managers and immediate supervisors must confine the knowledge of an employee's HIV/AIDS status and any related documentation to those who need to know in order to make a management decision. The fact is that very few persons need to know another person's medical condition. An employee's coworkers do not need to know if he or she has HIV/AIDS to carry out normal workplace activities.

For more information, consult EPA's brochure on the Privacy Act and Privacy Act Manual.

2.8.1 Definition of "Record"

The U.S. Office of Personnel Management's (OPM's) statement on HIV/AIDS in the workplace contains the following guidance on privacy and confidentiality:

Any medical documentation or other information relating to an employee's health must be treated as a "record" under the *Privacy Act*. Such records may be disclosed only to persons who need to know the information for "an appropriate management purpose." Any manager or supervisor who gains access to this information is required to strictly observe any privacy and confidentiality requirements.

It is important to note that the definition of "record" is not limited to medical records but includes *any* record containing information related to an employee's health.

2.8.2 Employee Disclosure

Disclosure of HIV/AIDS status is a matter of choice left to the individual employee. If an HIV-positive employee has yet to demonstrate any symptoms of infection, there may be no compelling reason for him or her to disclose his or her health status. Moreover, there is no public health reason or legal justification for requiring disclosure from an HIV-positive employee. Like other employees, persons with HIV should take precautions against the rare opportunities for HIV transmission – for example, when handling broken glass or other sharps. However, disclosure is *not* a required part of universal precautions to prevent the spread of HIV.

While disclosure is not required of employees with HIV/AIDS or other serious medical conditions, such persons should expect to make some disclosure in order to obtain accommodations, such as a change in work duties or reassignment. Disclosure is necessary because the *Federal Rehabilitation Act* requires EPA to provide reasonable accommodations for the *known* disabilities of our employees. It is necessary, therefore, to first determine if the employee is disabled. It is the employee's responsibility to provide medical documentation for the EPA to make the determination of a disability. When an employee's health and stamina decline, he or she may need to notify his or her supervisor of the need for regular medical visits or treatment and that any increase in absences from work or decrease in productivity is justified. If a manager or supervisor observes a decline in an employee's health, he or she can contact the Office of Health and Safety for guidance on a response to a particular situation. Health and Safety can offer advice on how supervisors can approach their employees whose health may pose a concern – for example, a persistent cough or rapid weight loss. Some behaviors, like persistent coughing, could pose a risk of exposure to infectious disease (not HIV, which has never been reported as spread by a cough).

A supervisor has the right to ask for documentation from the employee's health care provider that periodic or extensive time off from work is needed for treatment or if workplace accommodations are needed. It may be sufficient for the employee to provide certification from a health care provider that time off from work or another type of accommodation is needed. The supervisor should think carefully about whether a specific diagnosis is needed to make a leave or other management decision. The information disclosed should be germane to the specific accommodation requested.

2.83 Supervisor Disclosure

Once an employee with HIV/AIDS has disclosed medical information to his or her supervisor, the supervisor cannot share this information unless (1) the employee has given his or her written consent; (2) the sharing of information is required in order to make a management decision -- for example, to process an application for disability retirement, or (3) otherwise authorized by law, such as a medical emergency. Individuals who disclose knowledge or suspicion of a person's HIV/AIDS status without the person's consent may be liable for violations of the *Privacy Act*. Furthermore, beyond medical facts and disclosed confidential information, managers and supervisors are proscribed from sharing any perceptions of an employee's HIV status.

Some Federal agencies use a standardized consent form to allow the sharing of medical information between the employee's supervisor and other agency personnel who *need to know* the information in order to make an appropriate management decision that relies on this information. For example, agency personnel who process requests for reasonable accommodations may need access to an employee's medical records or other confidential information. Each agency provides guidance on privacy and confidentiality. EPA managers and supervisors should consult the personnel regulations for guidance on their responsibilities for preserving employee privacy and confidentiality.

*Managers and supervisors in need of further guidance in assessing whether disclosure of a person's HIV/AIDS status is appropriate are encouraged to consult the EPA brochure *The Privacy Act: Your Rights and Responsibilities*, EPA's *Privacy Act Manual*, or a representative of the Office of the General Council or OHRM.*

2.9 Safe and Productive Workplaces

EPA has a wide variety of workplaces. It is not just an agency of office workers. EPA employees work in laboratories, loading docks, and other locations in which employees may encounter sharp objects or involve physical labor. EPA inspectors encounter an infinite variety of work settings. EPA follows universal precautions outlined in OSHA's Bloodborne Pathogens Rule (29 CFR 1910.1030) as a basis for its guidance on avoiding HIV transmission in the workplace.

For the most part, EPA employees are not going to encounter situations with a possibility for HIV exposure. As stated in Section 2.6.1, employees cannot be exposed to HIV via office equipment, casual contact, sneezes, sharing air space, bathrooms, kitchens, or food and drink. In the event of a medical emergency or accident in the workplace, should there be any bleeding, *universal safety precautions* should be followed regardless of whether or not the employees involved have HIV. An employee certified in first aid or CPR should take charge of the situation, use available protections such as one-time use vinyl gloves (pocket masks, or mouth protectors) if there is a need for mouth-to-mouth resuscitation), and clean up any blood spills with a disinfectant, germicide, or bleach and water solution. Whoever provides CPR or cleans up a blood spill should presume that the blood contains harmful pathogens.

As required in OSHA's Bloodborne Pathogen Rule, EPA's Office of Safety, Health and Environmental Management will provide a written Exposure Control Plan for those EPA facilities that have a probable or likely exposure to a bloodborne pathogen. This exposure control plan describes location-specific plans and procedures to minimize and control potential exposure to a bloodborne pathogen.

This section of the managers' resource covers several topics concerning the employer's obligations for a safe and productive workplace. It offers general guidance on employer and manager responsibilities to employees with (or suspected of having) HIV/AIDS and their coworkers. It also addresses employee responsibilities in this area.

2.9.1 Employer's (and Manager's) Responsibility to Provide a Safe and Productive Workplace

Employers have a duty to make reasonable efforts to provide a safe workplace. To comply with this duty, employers should consult OSHA and CDC guidelines. Employers are authorized to remove employees who pose a direct threat to the health and safety of other workers. In general, persons with HIV/AIDS do not pose a direct threat to their coworkers. Having HIV/AIDS alone is not a proper justification for removal. Because of HIV/AIDS and other bloodborne pathogens, however, employers must be more diligent in providing a safe work environment. The CDC

guidelines apply, for the most part, to health care, laboratory, and food service workplaces. CDC does not specify safety protocols for general office situations.

Managers and supervisors are responsible also for maintaining a productive workplace. Therefore, they need to respond to situations that threaten to interfere with the mission of a workgroup, including declining performance, work disruptions, and rumors about whether coworkers have HIV/AIDS. Managers and supervisors are responsible for responding to employee concerns for their health and safety, such as the concern that they may be exposed to HIV. A variety of tools is available to managers who seek to respond to problems concerning the productivity of an employee with a serious illness or the employee's coworkers. These tools include information (see Chapter 6 of this resource guide), counseling referral, and disciplinary action.

2.9.2 Employees' Responsibility in a Safe and Productive Workplace

The OPM statement on HIV/AIDS contains guidance on employee responsibility. (See Chapter 3.) According to OPM, it is the employee's responsibility to provide "sufficient documentation to allow management to make an informed decision about the extent of the employee's capabilities if an employee requests an accommodation." If an employee cannot provide sufficient documentation, the agency may refuse the request for an accommodation, ask for additional documentation, or provide a review of existing medical examination. To obtain an accommodation under the *Rehabilitation Act*, the employee's medical condition must be "sufficiently disabling." Employees are responsible also for their conduct and for maintaining an acceptable level of job performance.

In general, employers cannot require employees to take an HIV antibody test without cause, such as the threat of imminent risk to other employees. In most work situations, there is no imminent risk of HIV exposure. Federal agencies may not require their employees to take an HIV test under any circumstance. Should an employer have knowledge of an employee's HIV/AIDS status, that information cannot be used as a factor in retention or advancement decisions.

OPM's guidance acknowledges that supervisors may encounter situations in which employees with HIV/AIDS have performance or conduct problems, or in which coworkers disrupt work, refuse to work, or threaten employees with (or suspected of having) HIV/AIDS. In response to these performance problems, OPM recommends that managers refer the disruptive individuals to counseling or informational resources. If problems persist, managers may take remedial or disciplinary action. If it appears that an employee's behavior poses a health risk to other employees, then the local Health and Safety Manager should be consulted.

An HIV-positive finding of itself cannot be used as a reason not to hire, retain, or promote an individual. Employers cannot use the results of a medical examination to refuse to hire, refuse

to retain, or reassign an individual unless the medical examination reveals a disability that substantially interferes with the employee's ability to do the job or could pose a reasonable probability of harm to others.

For more information on safe workplace practices, see Section 2.3.3 above and Chapter 6 (other information sources).

2.10 Benefits and Disability

The following section addresses employee benefits and the decision to apply for disability retirement. Chapter 5 provides much more detailed guidance on the election of, continuation of, and application for benefits at EPA.

2.10.1 Benefits

Benefits include health care insurance, life insurance, and disability retirement plans. (Disability retirement is discussed in Section 2.10.3 and Section 5.3.) Managers and supervisors play a limited role in their employees' benefits. Electing health care options, designating beneficiaries, and continuing benefits after leaving employment are decisions that are entirely up to employees. Supervisors can provide, nevertheless, important information on benefits and refer employees to the appropriate information sources.

When an employee is diagnosed with a serious or life-threatening illness, he or she is almost certain to worry about whether his or her benefits will continue to be available and will be sufficient. Unfortunately, there is no guarantee of either. Some private health care plans can reduce benefits, may fail to cover HIV/AIDS related care, and may even terminate enrollees. It is important for employees to know the facts about their current benefits plans.

Employees with HIV/AIDS (or with HIV-positive family members) may be concerned about the security and adequacy of their benefits. A supervisor can do much to clarify what benefits are available to an employee. For example, under the *Employee Retirement Income Security Act (ERISA)*, Federal employers cannot discharge employees to prevent them from receiving benefits under a current plan. Furthermore, most Federal employees can elect to continue to participate in benefit programs after they have left a job. Federal Health Benefits Plan (FEHB) coverage continues for 31 days after enrollment ends to give the employee the opportunity to convert his or her policy to an individual health benefits contract. Also, under *Temporary Continuation of Coverage*, employees separated from service may elect to continue coverage for up to 18 months by

paying 102 percent of the health insurance premium. Employees have 60 days to elect continued coverage after separation or notice that *insurance plan enrollment is terminating*. TCC applies to life insurance coverage also.

Persons with HIV/AIDS or other serious illnesses should review their benefits as soon as possible after diagnosis. They should ask about the availability of care in alternative settings, such as home or hospice. They should find out if their plans offer *case management* to coordinate services from multiple providers. Also, they should determine whether health care plans cover experimental drugs as treatments. Finally, employees who go on disability retirement (or return from disability retirement to less than full employment or a short-term period of full time employment) may be eligible for Medicare or Medicaid. Information on Medicare and Medicaid is available from any local Social Security office or by calling 1-800-772-1213.

For more information on benefits, see Chapter 5. In particular, see Section 5.1.3, 5.1.5, and 5.3.6 on insurance programs and Temporary Continuation of Coverage.

2.10.2 Leave and Schedule Modification

Supervisors can expect their employees with HIV/AIDS or other disabilities to take time off from work. EPA will grant leave in the same manner for all medical conditions. EPA employees benefit from several available leave and schedule programs, including:

- Annual and sick leave,
- Advance annual and sick leave,
- Absence (leave) without pay (LWOP),
- Compressed Workweek (not available in all Assistant Administratorships), and
- Flexitime (modified pay period schedule).

Employees may also be eligible to participate in the Agency's leave transfer and bank programs to care for themselves or a "family member." Family member for the purposes of these programs are defined in 5 CFR 630.902 as the following relatives of the employee:

- a) Spouse, and parents thereof;
- b) Children, including adopted children, and spouses thereof;
- c) Parents;

- d) Brothers and sisters, and spouses thereof; and
- e) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

Chapter 5 provides an introduction to the policies and procedures concerning these leave and schedule modification programs.

Employees may not need to provide medical information for a supervisor to improve short periods of annual or sick leave, or leave without pay. However, if the leave period exceeds three consecutive days, supervisors may request some medical or other health related disclosure. Likewise, if requests for leave become regular (e.g., to accommodate a treatment schedule) some medical information can be required of the employee. Enough information must be provided to educate the supervisor's decision. Disclosure of the nature of the need for absence may not be needed (e.g., diagnosis). It may be sufficient to get a caregiver's note that time off from work or a schedule adjustment is needed to accommodate a prescribed course of treatment or recuperation. With respect to leave or schedule changes, medical information may need to be disclosed beyond the employee's first or second line supervisors.

Even if an employee is absent for work for an extended period of time, his or her job rights are protected. Employees are ensured of a position at their current grade. If management elects to put a new person in the absent employee's position, then another position at the *same* grade with *comparable* work must be found for the employee when he or she returns to work. at the

2.10.3 Disability Retirement

The Department of Justice's training guide "AIDS in the Workplace: The Manager's Role and Responsibility" contains the following passage on *disability retirement*.

Disability retirement should be considered once there is evidence that an employee's medical condition is such that he or she can no longer perform the duties of his or her position, and only after all reasonable attempts have been made to keep the employee in a productive capacity Because the guaranteed minimum pay under disability retirement is usually not enough to provide for a normal standard of living, employees will probably avoid applying for disability until no other choice is available. However, once an employee's sick and annual leave have been exhausted, and the employee faces the prospect of a greatly reduced workweek or extended leave without pay, or the illness has reached a stage where the employee can no longer perform the duties of his or her position, disability retirement may be the only answer because it gives the employee a steady source of income.

The decision to apply for disability retirement is entirely up to the employee. Employees' reasons for applying for disability may vary. For example, an employee may be too ill or disabled to work, may want to quit work to pursue other interests or may want to eliminate work-related stress from his or her life. Even if an employee appears to be too ill or disabled to work, a supervisor cannot force the employee to apply for disability retirement. There are different rules for disability retirement depending on the employee's retirement system. The Civil Service Retirement System (CSRS) and the Federal Employee Retirement System (FERS) operate under different rules and procedures.

Chapter 5 of this resource provides guidance on applying for CSRS and FERS disability retirement, as well as designated beneficiaries under either system. Also, Chapter 5 includes guidance on applying for Social Security disability income.

2.11 Employee Reactions to HIV/AIDS

2.11.1 Concerns of the Employee with HIV/AIDS

There are broad psychosocial and emotional implications of HIV diagnosis and illness. The emotional response to being diagnosed as having HIV will vary across individuals, time, and health status. People with HIV/AIDS may experience periods marked by anger, depression, frustration, and exhaustion, as well as hope, optimism, equanimity, and acceptance. Individuals who are coping "successfully" with their diagnosis may find themselves at a later point combatting depression. Fear and feelings of loss also are natural responses to living with HIV/AIDS. It is normal for persons with HIV/AIDS to be sensitive to changes in their health status, such as fluctuations in weight, appetite, respiratory capacity, energy level, and blood test results. Positive changes (such as weight gain or a positive response to a new treatment) may be the source of joy while other changes, particularly those which signal a gradual loss of independence (such as memory or vision loss), may be mourned.

Typically, life-threatening conditions such as HIV/AIDS also bring about changes in relationships with others. Diagnosis of HIV/AIDS brings some people closer to their families and friends; others find that their relationships become increasingly estranged. Many people with HIV/AIDS find themselves facing the deaths of friends with HIV/AIDS as they contemplate their own life and mortality.

It is important to many people with HIV/AIDS that they retain a sense of themselves as important and productive members of their families, friendship networks, and workplaces. While managers and supervisors are limited in their ability to support an employee with HIV/AIDS with

some of the more personal aspects of HIV/AIDS, they can and should address those issues that affect the workplace. The most obvious and straightforward way in which supervisors and managers can help an employee cope with HIV/AIDS simply is to be a good manager (e.g., respond to requests for *reasonable accommodations*, sign and process paperwork in a timely fashion, meet and enforce confidentiality requirements, etc.). Senior managers can provide an element of authority by communicating policies of antidiscrimination. As discussed in the following section, supervisors and managers should also take steps to deal with coworker concerns.

It is not possible to address the full range of emotional issues related to HIV/AIDS in this resource. Managers and supervisors who are concerned about HIV/AIDS' emotional impact on their employees can seek guidance from any of several texts identified in Section 6.2 (Kubler-Ross, Martelli, Nuland, O'Brien, Pohl and Kay).

2.11.2 Addressing Coworker Concerns

Education is the most effective means of addressing coworker concerns and fear in the workplace. A comprehensive HIV/AIDS education program not only increases the likelihood of a caring response to news that a coworker has HIV/AIDS but also alleviates many employee anxieties. Ideally, a training program should be implemented *before* a workgroup is known to include someone with HIV, and should involve *every* employee.

Educational programs must address coworker behavior and attitudes towards working with persons who are infected with HIV -- not just increase employees' knowledge of HIV/AIDS. Employees may know intellectually that HIV cannot be transmitted by sharing a coffee mug. However, this knowledge may be discarded in favor of "being on the safe side" once a coworker has disclosed he or she has HIV/AIDS. This can result in situations where clean office mugs are rinsed before using, or people begin to use personal mugs that they keep at their desk. To preclude these subtle forms of discrimination, the Office of National AIDS Policy recommends that education programs strive to make participants feel *more comfortable, more supportive, and less judgmental* and fearful of employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

Managers and supervisors should expect coworkers of persons with HIV/AIDS to be affected, and to exhibit a variety of responses. Witnessing the changes in health of their colleagues may trigger feelings of anger, anxiety, and sadness, thoughts of their own vulnerability and mortality, or memories of other losses. The grief process may begin -- not with the death of a colleague -- but with indications of a colleague's declining health. Coworkers may require their own accommodations, such as time off from work or a sympathetic ear, to deal with some of these emotional issues.

Although the experience of working with someone with HIV/AIDS or any other life-threatening condition may be saddening, it also creates opportunities for ongoing education, social support, and contributions to the community. Employers can organize blood drives to support blood banks and *demonstrate the safety of blood donations*. Having an employee or coworker with HIV/AIDS creates the opportunity to reiterate basic information on HIV/AIDS, and reinforce policies on how persons with a serious illness must be treated. Employees should be encouraged to offer the same kinds of support to the individual who has disclosed his or her HIV/AIDS status (and his or her family and friends) that would be extended to anyone else with a life-threatening condition. This support could be expressed in a number of ways, including invitations to lunch or coffee, and offers to run simple errands. Hospitalized or homebound coworkers can be kept abreast of office news and events through regular phone calls or notes.

Managers and supervisors also should recognize that employees may have friends, significant others, or family members who are infected with HIV. Support should be extended also to these individuals. If an employee seems to be having difficulty in dealing with feelings of grief and loss, it is not inappropriate to provide him or her with information about counseling that may be available to the employee through an outside organization such as *Parents, Families and Friends of Lesbians and Gays (P-FLAG)*, or the employee assistance program in headquarters (ECAP) or in the employee's field office.

Ideally, all coworkers will be a source of support for each other. However some coworkers may be a source of tension, conflict, confusion, or fear. Even well-intended coworkers can create problems by being too inquisitive of employees who wish to preserve their privacy. Some employees may believe that they have a right to know if a co-worker is HIV positive, citing concerns of workplace safety. Regardless of the circumstance, disclosure of one's health or medical status is a decision that belongs solely to the person with HIV/AIDS. Managers and supervisors can prevent problems by clearly articulating and reiterating and enforcing the Agency policy on disclosure, privacy, and confidentiality.

In addition, coworkers may have a variety of other concerns: Some coworkers may worry about inadvertently passing common infections on to employees with HIV/AIDS. Some may fear becoming infected with HIV themselves. Some may be concerned about how a colleague's absences will affect their workload. Coworkers also may be uncomfortable with the possibility that someone they work with may be gay or has injected drugs. These concerns may prompt some employees to request the removal of a coworker with HIV/AIDS from the workgroup. Others may request that they themselves be transferred to avoid contact with the person with HIV/AIDS. Supervisors can keep employees focused on the mission of the work unit by demonstrating an understanding of their concerns, *while at the same time emphasizing that employees are not at risk of HIV infection from normal contact in the workplace or sharing the same workspace with a person with HIV/AIDS*. In order to maintain a productive workplace, managers must ensure that persons with and without

HIV/AIDS continue to work together. Managers and supervisors should make it clear that discomfort alone is not sufficient justification for arranging an employee transfer. Supervisors and managers should be prepared to enforce workplace policies through disciplinary action if necessary. Again, the best approach is to educate employees about HIV/AIDS before it becomes known that a workgroup includes a person with HIV/AIDS.

Supervisors should address coworker concerns, provide referrals to educational resources, and seek an end to disruptive or unfair behavior before it becomes discriminatory behavior or harassment. Workplace discrimination may take many forms, including but not limited to:

- Negative comments about a person with (or suspected of having) HIV/AIDS;
- Giving someone an undeservedly low performance rating; and
- Failing to recommend a person for a commendation, raise, or promotion.

Other actions which tend to isolate the employee with HIV/AIDS and disrupt work may be more subtle, such as:

- Excluding persons from meetings;
- Failing to include persons from informal activities, such as lunch;
- Refusing to attend meetings; and
- Failing to share work equipment with or handle the paperwork of persons with HIV/AIDS.

Stigmatizing, isolating, and disruptive behavior clearly are unacceptable. However, managers and supervisors must be alert to any such behavior within their work groups. Such behavior could be considered discriminatory or disruptive. If they become aware of any such actions, managers and supervisors should intervene as soon as possible. The best and most straightforward measure all managers and supervisors can take toward nurturing a supportive environment for their employees is also the most simple; managers and supervisors should model exemplar behavior in their treatment of *all* employees, including those with HIV/AIDS and other life-threatening conditions.

2.12 Final Note

This chapter was intended as an overview to HIV/AIDS issues in the Federal workplace. Additional guidance on responding to HIV/AIDS related situations is provided in Chapter 4 (answers to commonly asked questions) and Chapter 5 (guidance on EPA benefits, accommodations, and disability policies and procedures). Also, references to outside information resources are provided in Chapters 6 and 7.

3. POLICY STATEMENTS ON HIV/AIDS IN THE WORKPLACE

- White House Memorandum
- OPM Federal Personnel Manual Letter
- EPA Policy

White House Memorandum

THE WHITE HOUSE

WASHINGTON

September 30, 1993

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: AIDS at Work

Halting the spread of HIV/AIDS and caring for those already touched by the disease is our common responsibility. Sadly, if you do not know someone with HIV/AIDS, you soon will. Every 17 minutes an American dies of AIDS; one of every five Americans knows someone who has died of AIDS; over one million Americans are already infected with HIV.

HIV/AIDS affects everyone in this Nation. Preventing the spread of HIV/AIDS and its associated human and economic costs is crucial to the success of health care reform. Likewise, enlightened, nondiscriminatory workplace policies are essential to both our efforts at reinventing government and at lowering health costs. This Administration and this Nation must do all within our power to prevent discrimination against those infected with HIV. I am committed to facing the difficult issues raised by HIV/AIDS.

This is an Administration of action and leadership by example. Today's Cabinet meeting discussion of HIV/AIDS is the beginning. All of you are asked to develop and fully implement comprehensive HIV/AIDS workplace policies and employee education and prevention programs by World AIDS Day, 1994, beginning with your Senior Staff.

To begin this process:

- * Each Cabinet Secretary shall designate a member of his/her Senior Staff to implement ongoing HIV/AIDS education and prevention programs and to develop nondiscriminatory workplace policies for employees with HIV/AIDS.
- * These designees, with the Office of the National AIDS Policy Coordinator (ONAPC), shall form a working group to implement this directive.

White House Memorandum (continued)

2

- The Office of Personnel Management (OPM) shall review its current HIV/AIDS workplace guidelines and assist in the development of workplace policies in the departments and agencies, as directed by ONAPC. OPM should pay particular attention to ensuring that the administrative burden on the departments and agencies is minimized.
- The National AIDS Policy Coordinator shall report to me quarterly on the progress of each department and agency, beginning January 1, 1994.
- The White House Staff and the Staff of the Executive Office of the President (EOP) will participate in HIV/AIDS education and prevention training prior to World AIDS Day, December 1, 1993.

HIV/AIDS is the health crisis of this century; it cannot be allowed to extend into the next. Only through education and prevention can we stop its spread. Only through aggressive and coordinated efforts at medical research can we find a cure. Join me on World AIDS Day, 1993, to remember the hundreds of thousands of Americans dead and the millions of Americans infected or suffering because of this disease; help me to vividly demonstrate this Administration's commitment to end the HIV/AIDS epidemic.

William Clinton

OPM Federal Personnel Manual Letter



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

Office of the Director

March 21, 1988

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

FROM: CONSTANCE HORNER
DIRECTOR

SUBJECT: AIDS in the Workplace

The workplace has not escaped the realities of the AIDS epidemic -- fears, confusion, loss of friends and co-workers and the possibility of discrimination, however unintended. The Federal government, as an enlightened and compassionate employer concerned with the health and welfare of its employees, has an obligation to show the way in addressing these realities in a positive, non-discriminatory fashion.

Today, I am asking you to join with me in implementing a government-wide policy supportive of the President's AIDS awareness and prevention efforts. We have a two-fold responsibility with respect to AIDS in the workplace. First, to provide timely and useful information to employees about AIDS; and second, to handle personnel situations properly where AIDS is a factor. Educating employees about AIDS and fostering a climate of open communications will contribute to their own health and well-being as well as their understanding of this killer disease's impact on its victims. Effectively handling AIDS-related personnel matters will help prevent disputes, loss of productivity and unfair treatment of affected employees.

With these goals in mind the Office of Personnel Management (OPM) has issued the attached policy guidance on "AIDS in the Workplace." The material offers information and advice on effective AIDS education programs and provides guidance on applying Federal personnel policy to various workplace situations which involve AIDS.

I urge you to develop an agency policy and program consistent with this guidance to increase the awareness, understanding and effectiveness of your managers, supervisors and employees in dealing with AIDS. OPM will provide information, training and guidance to help in this effort.

Thank you for your support in establishing effective AIDS education programs and personnel policies.

Attachment

OPM Federal Personnel Manual Letter (continued)

Office of Personnel Management

FPM Bulletin 792-42

Federal Personnel Manual System

FPM Bulletin

Bulletin No. 792-42

Washington, D. C. 20415

March 24, 1988

SUBJECT ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE

Heads of Departments and Independent Establishments

1. In support of the Administration's AIDS awareness initiatives, OPM encourages agencies to provide educational information to Federal employees to increase their understanding of AIDS and to facilitate the proper handling of personnel situations where AIDS is a factor.
2. Increased awareness and understanding of AIDS will help allay unfounded fears and facilitate sensible approaches to AIDS-related issues which arise in the workplace. Further, a policy of open communication which provides AIDS information to employees will help them maintain their own health and well-being.
3. The attachment to this bulletin is intended to assist agencies in their educational efforts and to provide information and guidance to managers, supervisors, and employees concerning AIDS-related workplace issues. The material in the attachment was developed with the assistance of the Office of the AIDS Coordinator of the Public Health Service.
4. OPM intends to establish a clearinghouse for AIDS policy statements and associated guidance in the Federal sector. To assist in this effort, we ask that agencies send copies of their policies to:

Chief, Employee Relations Division
Office of Employee and Labor Relations
U.S. Office of Personnel Management
1900 E Street, N.W., Room 7635
Washington, D.C. 20415



Constance Horner
Director

Attachment

Inquiries Office of Employee and Labor Relations, Personnel Systems and Oversight Group,
(202/ETS) 653-8551

Code 792, Federal Employees Health and Counseling Programs

Distribution Basic FPM

Bulletin Expires: April 20, 1989

OPM FORM 604 6/87

OPM Federal Personnel Manual Letter (continued)

Attachment to FPM Bulletin 792-41

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE

GUIDELINES FOR AIDS INFORMATION AND EDUCATION
AND FOR PERSONNEL MANAGEMENT ISSUES

Office of Personnel Management
Office of Employee and Labor Relations

March 1988

OPM Federal Personnel Manual Letter (continued)

Attachment to FPM Bulletin 792-42 (1)

AIDS IN THE WORKPLACE

Introduction

This information and guidance is designed to assist Federal agencies in establishing effective AIDS education programs and in fairly and effectively handling AIDS-related personnel situations in the workplace. In this guidance, the term AIDS is used to refer either to the general AIDS phenomenon or to clinically diagnosed AIDS as a medical condition. HIV (human immunodeficiency virus) is used when the discussion is referring to the range of medical conditions which HIV-infected persons might have (i.e., immunological and/or neurological impairment in early HIV infection to clinically diagnosed AIDS).

General Policy

Guidelines issued by the Public Health Service's Centers for Disease Control (CDC) dealing with AIDS in the workplace state that "the kind of nonsexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of [AIDS]." Therefore, HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace. If performance or safety problems arise, agencies are encouraged to address them by applying existing Federal and agency personnel policies and practices. (See also paragraph 1 on page 5 which discusses the Public Health Service's guidelines for health-care workers.)

HIV infection can result in medical conditions which impair the employee's health and ability to perform safely and effectively. In these cases, agencies should treat HIV-infected employees in the same manner as employees who suffer from other serious illnesses. This means, for example, that employees may be granted sick leave or leave without pay when they are incapable of performing their duties or when they have medical appointments. In this regard, agencies are encouraged to consider accommodation of employees' AIDS-related conditions in the same manner as they would other medical conditions which warrant such consideration.

Also, there is no medical basis for employees refusing to work with such fellow employees or agency clients who are HIV-infected. Nevertheless, the concerns of these employees should be taken seriously and should be addressed with appropriate information and counseling. In addition, employees, such as health care personnel, who may come into direct contact with the body fluids of persons having the AIDS virus, should be provided appropriate information and equipment to minimize the risks of such contact. (See also paragraph 1 on page 5.)

OPM encourages agencies to consider the following guidelines when establishing AIDS education programs and in carrying out their personnel management responsibilities.

1. AIDS INFORMATION AND EDUCATION PROGRAMS

There are several important considerations in establishing effective AIDS information and education programs. The following guidance is intended to help agencies develop methods for establishing successful programs.

A. Timing and Scope of AIDS Information and Education Efforts

AIDS information and education programs are most effective if they begin before a problem situation arises relative to AIDS and employee concerns. Experience in the private sector has demonstrated that employees' level of receptivity to accurate information will be higher when management has a policy of open communications and when educational efforts are initiated before a problem situation occurs. Education and information should be of an ongoing nature. This approach will reassure employees of management's commitment to open communications and employees will receive updated information about AIDS. By providing AIDS information to all employees, agencies will enhance employees' understanding about the nature and transmission of the disease.

OPM Federal Personnel Manual Letter (continued)

Attachment to FPM Bulletin 792-42 (2)

B. Educational Vehicles

Education and information efforts may be carried out in a variety of ways. Agency news bulletins, personnel management directives, meetings with employees, expert speakers and counselors, question and answer sessions, films and video-tapes, employee newsletters, union publications, factsheets, pamphlets, and brochures are likely to be effective means of providing information to employees about AIDS.

C. Employee Assistance Programs

For employees who have personal concerns about AIDS, agency employee assistance programs (EAPs) can be an excellent source of information and counseling, and can provide referrals, as requested, to community testing, treatment, and other resources. EAPs can also provide counseling to employees who have apprehensions regarding the communicability of the disease or other related concerns. Because EAPs are in a unique position to offer information and assistance, agencies are encouraged to establish AIDS information, counseling, and referral capabilities in their EAPs and to make employees and supervisors aware of available services. In addition, EAPs can be a good source of managerial/supervisory training on AIDS in the workplace. As with other services provided by the EAP, strict adherence to applicable privacy and confidentiality requirements must be observed when advising employees with AIDS-related concerns. In addition to services provided by the EAP, the agency's occupational health program, health unit, or medical staff should be prepared to assist employees seeking information and counseling on AIDS.

D. Training and Guidance for Managers and Supervisors

Supervisors and managers should be prepared to deal with employee concerns and other issues related to AIDS in the workplace. Agencies should consider, therefore, conducting ongoing training and education programs on AIDS for their managers and supervisors on the medical and personnel management dimensions of AIDS. These programs can be used to educate managers and supervisors on the latest research on AIDS in the workplace, to provide advice on how to recognize and handle situations which arise in their organizations, and to convey the importance of maintaining the confidentiality of any medical and other information about employees' health status. In addition, managers and supervisors should be given a point of contact within the agency where they can call to obtain further information or to discuss situations which arise in their work units. Agencies should attempt to initiate training and guidance activities before problems occur.

E. Sources of Information and Educational Materials

A great deal of information about AIDS is available to Federal agencies. OPM encourages agencies to explore various sources of information and to keep abreast of the latest research on AIDS in the workplace. The U.S. Public Health Service (PHS) has developed a great deal of material on the medical and other aspects of AIDS. Information about AIDS can be obtained requesting it from PHS offices or from the AIDS Clearinghouse (America Responds to AIDS, P.O. Box 6003, Rockville, Maryland 20850; telephone (800) 342-7514). PHS offices are located throughout the country and can be contacted for information relating to AIDS. (See section III for a listing of PHS regional office locations.) In addition, the American Red Cross has developed an extensive assortment of educational materials on AIDS. Information about the materials available through PHS and other sources is contained in section III.

II. PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS

When AIDS becomes a matter of concern in the workplace, a variety of personnel issues may arise. Basically, these issues should be addressed within the framework of existing procedures, guidance, statutes, case law, and regulation. Following is a brief discussion of AIDS-related issues which could arise in various personnel management areas, along with some basic guidance on how to approach and resolve such issues. Agencies are cautioned that, as with any complex personnel management matter, the resolution of a specific problem must be based on a thorough assessment of that problem and how it is affected by contemporary information and guidance about AIDS, current law and regulation bearing on the involved issue, and the agency's own policies and needs.

OPM Federal Personnel Manual Letter (continued)

Attachment to FPM Bulletin 792-42 (3)

A. Employees' Ability to Work

An HIV-infected employee may develop a variety of medical conditions. These conditions can range all the way from immunological and/or neurological impairment in early stages of HIV infection to clinically diagnosed AIDS. At some point, a concern may arise whether such an employee, given his or her medical condition, can perform the duties of the position in a safe and reliable manner. This concern will typically arise at a point when the HIV-infected employee suffers health problems which affect his or her ability to report for duty or perform. Also, in some situations the concern may stem from the results of a medical examination required by the employee's position. Under OPM's regulations in 5 C.F.R. Part 339, Medical Determination Related to Employability, it is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition is affecting availability for duty or job performance. However, when the employee does not produce sufficient documentation to allow agency management to make an informed decision about the extent of the employee's capabilities, the agency may offer, and in some cases order, the employee to undergo a medical examination. Accurate and timely medical information will allow the agency to consider alternatives to keeping the employee in his or her position if there are serious questions about safe and reliable performance. It will also help determine whether the HIV-infected employee's medical condition is sufficiently disabling to entitle the employee to be considered for reasonable accommodation under the Rehabilitation Act of 1973 (29 U.S.C. § 794).

B. Privacy and Confidentiality

Because of the nature of the disease, HIV-infected employees will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. Agencies should be aware that any medical documentation submitted to an agency for the purposes of an employment decision and made part of the file pertaining to that decision becomes a "record" covered by the Privacy Act. The Privacy Act generally forbids agencies to disclose a record which the Act covers without the consent of the subject of the record. However, these records are available to agency officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. In addition, supervisors, managers, and others included in making and implementing personnel management decisions involving employees with AIDS should strictly observe applicable privacy and confidentiality requirements.

C. Leave Administration

HIV-infected employees may request sick or annual leave or leave without pay to pursue medical care or to recuperate from the ill effects of his or her medical condition. In these situations the agency should make its determination on whether to grant leave in the same manner as it would for other employees with medical conditions.

D. Changes in Work Assignment

Agencies considering changes such as job restructuring, detail, reassignment, or flexible scheduling for HIV-infected employees should do so in the same manner as they would for other employees whose medical conditions affect the employee's ability to perform in a safe and reliable manner. In considering changes in work assignments, agencies should observe established policies governing qualification requirements, internal placement, and other staffing requirements.

E. Employee Conduct

There may be situations where fellow employees express reluctance or threaten refusal to work with HIV-infected employees. Such reluctance is often based on misinformation or lack of information about the transmission of HIV. There is, however, no known risk of transmission of HIV through normal workplace contacts, according to leading medical research. Nevertheless, OPM recognizes that the presence of such fears, if unaddressed in an appropriate and timely manner, can be disruptive to an organization. Usually an agency will be able to deal effectively with such situations through information, counseling, and other means. However, in situations where such measures do not solve the problem and where management determines that an employee's

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Unwarranted threat or refusal to work with an HIV-infected employee is slowing or disrupting the organization's work; it should consider appropriate corrective or disciplinary action against the threatening or disruptive employee(s). In other situations, management may be faced with an HIV-infected employee who is having performance or conduct problems. Management should deal with these problems through appropriate counseling, remedial, and, if necessary, disciplinary measures. In pursuing appropriate action in these situations, management should be sensitive to the possible contribution of anxiety over the illness to work behavior and to the requirements of existing Federal and agency personnel policies, including any obligations the agency may have to consider reasonable accommodation of the HIV-infected employee.

F. Insurance

HIV-infected employees can continue their coverages under the Federal Employees Health Benefits (FEHB) Program and/or the Federal Employees' Group Life Insurance (FEGLI) Program in the same manner as other employees. Their continued participation in either or both of these programs would not be jeopardized solely because of their medical condition. The health benefits plans cannot exclude coverage for medically necessary health care services based on an individual's health status or a pre-existing condition. Similarly, the death benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverage but has the privilege of conversion to a private policy without having to undergo a physical examination. Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employees' Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life-threatening illness would necessarily be denied the request for additional coverage.

G. Disability Retirement

HIV-infected employees may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of Federal service to qualify. OPM considers applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any applications where the employee's illness is in an advanced stage and is life threatening.

H. Labor-Management Relations

AIDS in the workplace may be an appropriate area for cooperative labor-management activities, particularly with respect to providing employees education and information and alleviating AIDS-related problems that may emerge in the workplace. In addition, to the extent that an agency proposes AIDS-related policies or programs which would affect the working conditions of bargaining unit employees, unions must be accorded any rights they may have to bargain or be consulted as provided for under 5 U.S.C. Chapter 71.

I. Health and Safety Standards

In 1985, the CDC published guidelines relating to the prevention of HIV transmission in most workplace settings, CDC Recommendations for Preventing Transmission of Infection with (HIV) in the Workplace, 34 MMWR 681 (November 15, 1985). The CDC published specialized guidelines in 1987 relating to health-care workers (which in part updated the health-care worker provisions contained in the workplace guidelines), CDC Recommendations for Prevention of HIV Transmission in Health-Care Settings, 36 MMWR Supp. no. 25 (August 21, 1987). The Department of Health and Human Services (HHS) and the Occupational Safety and Health Administration (OSHA) of the Department of Labor have initiated a program to ensure compliance with safety and health guidelines and standards designed to protect health-care workers from blood-borne diseases, including AIDS. See Department of Labor/Department of Health and Human Services — Joint Advisory Notice: Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), 52 Fed. Reg. 41828 (October 30, 1987). The CDC and OSHA/HHS guidance is intended to increase the availability and use of educational information and personal protective equipment and to improve workplace practices bearing on the transmission of AIDS and other blood-borne

OPM Federal Personnel Manual Letter (continued)

Attachment to FPM Bulletin 792-42 (5)

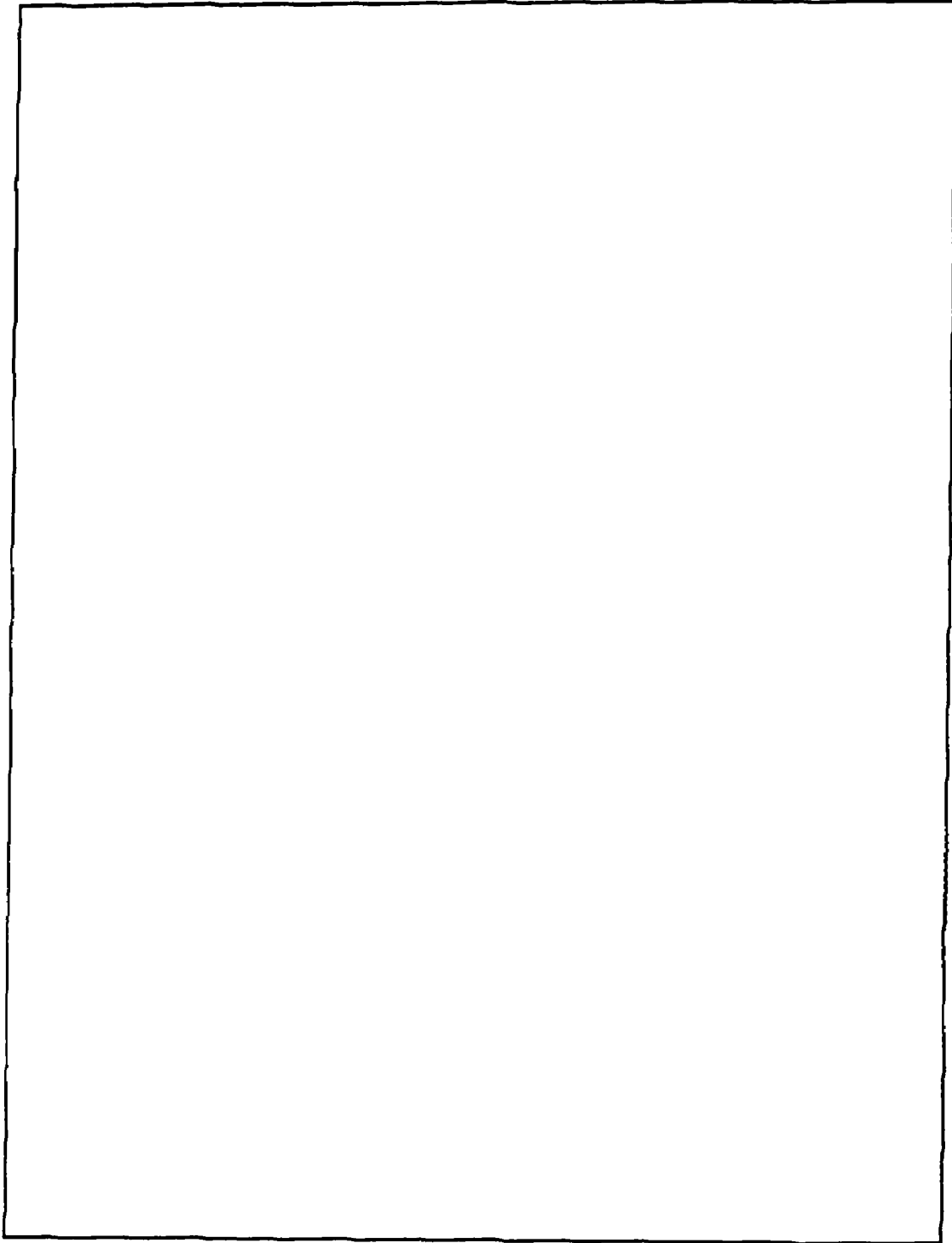
diseases. OPM strongly encourages agencies, especially those with employees occupying health-care and related positions, to establish health and safety practices consistent with this guidance. Sources are available in OSHA to discuss the published guidelines.

J. Blood Donations

One area of personnel management which agencies may overlook when considering AIDS policies and practices is employee blood donations. OPM joins the American Red Cross in urging agencies to encourage employees to consider donating blood. Under guidelines established by the American Red Cross, there is no risk of contracting AIDS from giving blood. However, fears associated with AIDS have contributed to a situation where many of the nation's blood banks are in short supply. This situation threatens the health status of the American public.

As part of its effort to educate the public so as to overcome these fears, the American Red Cross has produced three publications which address blood donations where AIDS is an issue. These publications are: "You Can't Get AIDS From Giving Blood, But Fear Can Run Us Dry," "What You Must Know Before Giving Blood," and "AIDS and the Safety of the Nation's Blood Supply." These publications are available through your local Red Cross chapter or by contacting the Red Cross National Headquarters AIDS Public Education Program (by writing to 1730 "D" Street, N.W., Washington, D.C. 20006 or by calling (202) 639-3223).

EPA Policy



4. QUESTIONS MANAGERS ARE LIKELY TO FACE

With one in every 250 Americans living with HIV, the likelihood that you as a manager or supervisor will be faced with questions or situations concerning HIV/AIDS in the workplace is now greater than ever. This chapter contains questions commonly asked by managers and other employees. *Read and become familiar with the responses to help prepare yourself when a question or situation arises.* The responses given here are designed to help inform you and your staff; they do not provide all the detail that may be necessary to answer certain questions. The responses in this chapter have been *cross-referenced with the rest of this resource guide.* The references, shown in parentheses, indicate where further information on each of the topics can be found.

In the event that you are asked a question for which you do not have an answer, do not be afraid to say, "I don't know, but I will work with you to find the correct answer." This may require some telephoning and legwork on your part. Your efforts should begin with the EPA's Employee Counseling and Assistance Program (ECAP) (for headquarters staff) or employee assistance program located in a field office. They will be able to provide you with an answer or refer you to the appropriate external source. In any case, try to remain involved in the resolution. Your continued involvement will not only aid the individual, but will also increase your knowledge and understanding of HIV/AIDS issues.

4.1 Basic Information on HIV/AIDS

What is the difference between HIV and AIDS?

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) are closely linked to one another. HIV is a virus that progressively destroys the body's immune system, a system which normally fights off infections and diseases. A person can tell if he or she has been infected with HIV through an HIV-antibody test. A positive HIV antibody test does not mean that a person has AIDS. It may take years before an HIV positive person exhibits any adverse physical effects. AIDS is caused by HIV and represents the last stage in the HIV illness spectrum. Persons with AIDS have one or more of several particular diseases (sometimes referred to as "opportunistic infections"), such as severe pneumonia and cancers. At the present time, AIDS is thought to be fatal.

(For additional information, see Sections 2.2.1 and 2.2.2.)

Can HIV or AIDS be treated or cured?

At this time, there is no vaccine or cure for HIV infection or AIDS. Nevertheless, some therapies have resulted in persons with HIV/AIDS living longer. In addition to obtaining appropriate pharmaceutical drug treatment, persons with HIV/AIDS should be encouraged to do all of the things that promote general health maintenance, including meeting nutritional needs, getting adequate rest, avoiding alcohol, smoking, drugs and stress, and getting exercise and fresh air. Persons with HIV/AIDS are advised to contact the Project Inform treatment hotline to obtain information on early diagnosis, immune health monitoring, and treatment. See the listing in Chapter 6.

(For additional information, see Section 2.6.)

How is HIV transmitted?

Intimate sexual contact: HIV is most commonly passed through sexual contact via exposure to infected blood, semen, or vaginal/cervical secretions. The transmission can occur during vaginal, oral, or anal sex.

Sharing injection equipment: HIV also can be passed when injection equipment (including needles, syringes, cotton, cooker, or rinse water) is shared during the injection of drugs. In addition, HIV may be transmitted through sharing equipment used for body piercing, tattooing, and steroid injection or popping.

Mother to baby: Because the mother and fetus share the mother's blood supply, an unborn child may be infected in utero or through the birthing process. There are also a few reported cases in which infected mothers have transmitted HIV through breast milk.

Exposure to contaminated blood products: HIV can be transmitted through the transfusion of HIV contaminated blood or blood products, the transplant of tissues or organs, or *through insemination with infected semen*. All blood donations are now screened to identify and eliminate HIV contaminated blood before it enters the blood supply. Tissue banks and sperm banks vary in their procedures, but the Public Health Service has recommended that organs, tissues, and sperm be tested. Some health care, laboratory, or other workers still may come into contact with blood samples drawn from persons with HIV.

(For additional information, see Section 2.3.)

4.2 HIV/AIDS Transmission in the Workplace

Can HIV be transmitted at work?

There is no known risk of HIV infection through routine workplace activities. HIV is not spread through casual contact. It is very fragile outside the human body and is killed by soap and water, bleach, or direct sunlight. Therefore, HIV cannot be passed through the air by sneezing, breathing, crying, or coughing. Touching or shaking hands does not spread HIV. Interactions that take place in a typical work environment, such as sharing telephones, computers, office supplies, car pools, or the same air space do not transmit the virus. Universal precautions should be followed in the event of rare occurrences such as medical emergencies, or accidents involving blood or body fluid spills.

(For additional information, see Sections 2.3, 2.4, and 2.6.)

Is it important to know if there are any HIV positive persons in the work group in anticipation of a blood spill at work?

No. In the case of a blood spill, you should always assume that there is the presence of a bloodborne pathogen (such as HIV or hepatitis B) and take universal precautions.

(For additional information, see Sections 2.4 and 2.8.)

Can I get infected with HIV from donating blood or participating in the blood drives at work?

No. According to the Red Cross, there is virtually no risk of HIV infection in donating blood in the United States. During the donation, blood is drawn with a sterile, throw-away needle that is used only once. Nothing enters the donor's body that can do any harm. There is no opportunity for HIV to enter the donor's bloodstream when donating blood.

(For additional information, see Section 2.3.)

How can I protect myself against HIV infection at work?

HIV infection is preventable. HIV is not easily spread in most work situations, especially an office setting. Risk of exposure outside the workplace is more likely. Nonetheless, when an employee encounters a blood spill or emergency involving a loss of blood, he or she should contact the closest Health Unit or Health and Safety Division, or call 911 or other emergency service. Specialty trained persons should handle spills. In general, a set of universal precautions for the workplace has been developed:

- Do not engage in sex or injection drug use in the workplace.
- If resuscitation of a person is required, use resuscitation bags and pocket masks for all mouth-to-mouth resuscitation.
- In the event of blood or body fluid spills, isolate the spill area, use one-time use latex gloves, sponge up the surface, disinfect area with a mild disinfectant, germicide, or bleach and water solution, and safely dispose of waste.
- Use extreme caution when handling sharp objects (e.g., glass, metal) and dispose of carefully. Medical sharps (e.g., syringes, lancets) should be disposed of in puncture-proof, hard plastic containers that can't be seen through, or metal containers with lids reinforced with tape.

(For additional information, see Sections 2.4 and 2.6.)

Since the transmission of HIV in the workplace is unlikely, why do I as a manager/supervisor need to be concerned?

The CDC currently estimates that over 1 million Americans are infected with HIV. This means that 1 in every 250 Americans is living with HIV. Additionally, in 1992, the CDC reported that over two-thirds of large workplaces (more than 2,500 employers) already have employees with HIV infection or AIDS. The rate of HIV infection is increasing, and so the likelihood that you will have an employee with HIV/AIDS is growing. Courts consider persons who are HIV-positive and have AIDS to be covered by discrimination laws. Therefore, as a manager, you need to be aware of the human, legal, and financial issues associated with HIV/AIDS to help you maintain the rights of your employees and avoid discriminating against them. Managers and supervisors also are responsible for maintaining a safe and productive workplace for their employees.

(For additional information, see Sections 2.7 and 2.9.)

4.3 HIV-Antibody Testing and Counseling

What is the HIV-antibody test?

There are two separate tests for detecting HIV antibodies (ELISA and Western blot). When used together, they are correct more than 99.9 percent of the time. When a person becomes infected with HIV, his or her body makes substances called antibodies. These HIV antibodies usually show up in the blood within 3 months after infection, and almost all people who are infected will show antibodies in their blood within 6 months. If a person's HIV antibody test is negative, it means no antibodies were found and the person is probably not infected with HIV. If an ELISA test is positive, the results are typically confirmed with the more sensitive antibody test, the Western blot. *Because of the window period, however, if a person engages in risky behavior less than 6 months before taking an antibody test, he or she needs to be tested again later.*

(For additional information, see Sections 2.5.1 and 2.5.2.)

Who should be tested?

The Centers for Disease Control and Prevention recommends that a person should consider getting tested if he or she can answer "yes" to any of the following questions:

- Have you ever had unprotected sex (anal, vaginal, or oral) with a man or woman who:
 - you *know* was infected with HIV?
 - injects or has injected drugs?
 - shared injection equipment with someone who was infected?
 - had sex with someone who shared injection equipment?
 - had multiple sex partners?
 - you normally wouldn't have sex with?
- Have you ever used injection equipment that was used by anyone before you?
- Have you ever given or received sex for drugs or money?
- Did you or any of your sex partners:
 - receive treatment for hemophilia between 1978 through 1985?
 - have a blood transfusion or organ transplant between 1978 through 1985?

(For additional information, see Section 2.5.3.)

Where can I go to get HIV antibody testing and counseling?

The availability of counseling and testing varies by area. Testing may be available through HIV-antibody testing centers, community health clinics, sexually transmissible disease clinic, hospital clinics, and doctors' offices. Individuals who have difficulty identifying a testing site should contact the local public health department, AIDS service organization, Red Cross chapter, or their doctor. People can also call the National HIV/AIDS Hotline (800/342-AIDS) to get information on testing sites in their area.

Counseling is important for anyone who takes the test. The test should be done through a testing site with qualified health professionals that provide pre-test and post-test counseling services. These professionals should be familiar with the test and should provide information on HIV and the meaning of test results before administering the test.

(For additional information, see Section 2.5.4.)

Can I require that an applicant or employee be tested for HIV antibodies?

No. Employee or applicant testing, whether voluntary or mandatory, is not part of EPA's HIV/AIDS policy for three reasons: (1) HIV/AIDS is not considered a health hazard in the ordinary workplace; (2) a positive (or negative) test result of itself is not a proper basis for personnel action; and (3) testing employees or applicants for employment could be viewed as discriminatory under current law.

(For additional information, see Sections 2.5.3, 2.6, 2.7.1, 2.8.2, 2.9.1, and 2.9.2.)

Can FEHB plans require new employees to undergo HIV antibody tests before enrolling them in its health insurance plan?

No. FEHB insurance plans do not require medical reports for new employees who decide to join an ongoing health plan. Medical reports may be required if an employee first decides not to join the plan, and later changes his or her mind.

4.4 Disclosure of HIV/AIDS Status

What should I do if I suspect one of my staff members has HIV/AIDS?

You should not ask the employee if he or she has HIV/AIDS or even imply it in any way. Doing so is an invasion of their privacy rights. Employees are not required to tell their supervisors if they have HIV/AIDS. You can do nothing on behalf of the individual employee until he or she tells you "I have HIV" or "I have AIDS," or provides you with other documentation that he or she has a serious health condition that requires an accommodation.

(For additional information, see Section 2.7.)

What should I do if an employee asks if a coworker has AIDS?

Regardless of whether or not you know if someone has HIV/AIDS, you must keep all knowledge of the person's medical information confidential. You may not confirm or deny whether anyone has HIV/AIDS without permission, preferably in writing, from the person in question. You should respond that you are not permitted to disclose any medical information about another employee without their consent. Also, explain that HIV is not spread by the type of contact that usually occurs in the workplace, so there is no need to fear or avoid any staff member who has or is suspected of having HIV/AIDS. Emphasize that the spreading of rumors will not be tolerated and will be handled as an employee conduct problem.

(For additional information, see introduction to Section 2, and 2.8.)

What should I do if a staff member tells me that he or she is HIV positive or has AIDS?

First, understand that a staff member with HIV/AIDS may have the following concerns, in addition to the more basic questions about their health:

- Will I lose my job?
- Will I be forced to quit?
- Will I be isolated from my coworkers?
- Where do I go from here?

Explain that EPA treats employees with HIV/AIDS the same as any other employee with a life-threatening illness. Also explain that HIV cannot be transmitted in normal working situations. As long as the employee feels well enough to work, he or she is welcome and encouraged to continue working. HIV/AIDS is considered a disability. Under Federal law, it is illegal to fire people because of their physical or mental disability. In addition, EPA will not discriminate against the employee in any way. Also, explain that the disclosure will be kept confidential.

There is no reason to isolate the person from his or her coworkers. Explain that the employee's duties will remain the same until he or she can no longer perform them.

Ask the employee if there is anything he or she needs you to do for them in terms of accommodations. If a request is made that you are unsure about, you may consult with an employee assistance counselor (ECAP at headquarters) or the Human Resources Office (EOCC at headquarters). Remember to treat the employee with the understanding and respect you would give to anyone else who has a life-threatening illness. Moreover, treat the individual the way you would like to be treated.

(For additional information, see Sections 2.8.2 and 2.11.)

What should I advise a staff member with HIV/AIDS about disclosing his or her condition?

The ultimate decision is up to the employee. You cannot tell him or her what to do. Express your support for whatever decision the employee decides to make. Strongly recommend that the employee consult with a trained counselor in ECAP (for headquarters staff) or the field office's employee assistance program. They will discuss the advantages and disadvantages of disclosing to coworkers. Also, remind the employee that at some point, he or she may have to release medical information to obtain certain benefits or extensive accommodations. However, this information will be kept confidential and given only to persons who have a management decision to make that requires medical or other health-related information.

(For additional information, see Section 2.8.)

4.5 Reasonable Accommodations for Employees with HIV/AIDS

Should people with HIV/AIDS be allowed to continue working?

Yes. Thousands of people who have HIV/AIDS continue to be successfully employed. As long as people with HIV/AIDS feel well enough to work, they are able to work at no risk to themselves, coworkers, or the public. This disease can be treated like any other life-threatening illness, such as cancer or heart disease. Under Federal law, it is illegal to fire people because of their mental or physical disability. The Agency is also required to make reasonable accommodations for the disabled individual.

(For additional information, see Section 2.7.)

Does the Americans with Disabilities Act (ADA) apply to the Federal workplace?

ADA does not, in its entirety, apply to the Federal government workplace. However, the *Rehabilitation Act of 1973*, the *Employee Retirement Income Security Act*, the *Occupational Safety and Health Act (OSHA)*, the *National Labor Relations Act*, the *Temporary Continuation of Coverage Act*, and the *Privacy Act* do apply. Moreover, all of the provisions of the ADA are covered by the provisions of the *Rehabilitation Act*.

(For additional information, see Section 2.7.)

What does the term "reasonable accommodations" mean?

Reasonable accommodations are measures taken by employers to allow people with disabilities to apply for work, become new employees, or remain at work as long as reasonably possible. Reasonable accommodations may include, but are not limited to the following: providing flexible hours, changing from full-time to part-time work status, allowing employees to work at home (if necessary and practical), job sharing, providing physical apparatus to help physically handicapped employees, allowing extended absences and tardiness, and transferring persons to different jobs. Job transfers may be made only to accommodate a person's disability.

(For additional information, see Sections 2.7.2 and 5.2.1.)

What kind of reasonable accommodations should be made for a person with HIV/AIDS?

The type of reasonable accommodations that are available to persons with HIV/AIDS should be no different than the type and level of accommodations made for any other person with a life-threatening illness. Decisions about the specific types of accommodations are made on a case-by-case basis.

(For additional information, see Sections 2.7.2 and 5.2.1.)

4.6 Concerns of the Employee with HIV/AIDS

What happens if an employee becomes ill from HIV/AIDS and needs time off?

A variety of paid leave options are available. The prioritized list below shows the order in which different types of leave should be used.

1. Sick leave
2. Vacation
3. Leave bank
4. Disability
5. Early retirement

(For additional information, see Sections 2.10, 5.1.4, 5.1.6, and 5.3.1.)

Will an employee with HIV/AIDS lose his or her current health or life insurance benefits?

No. Federal employees cannot be terminated from their current health or life insurance plans due to HIV/AIDS.

(For additional information, see Sections 5.1.2 and 5.1.5.)

4.7 Coworker Concerns

How should I handle staff members who are fearful or refuse to work with a fellow staff member who has HIV/AIDS?

Meet with the staff members and explain that HIV is not spread through the air by sneezing, breathing, crying, coughing, touching, or shaking hands. This means that interactions that take place in a typical work environment, such as sharing telephones, computers, pencils, or the same air space does not transmit the virus. If employees are fearful of accidents involving blood or other body fluids, explain that universal precautions should be used for protection against many infections or diseases, including HIV. Offer to make available informative brochures, videos, or a counselor from ECAP (headquarters) or the field office's employee assistance program to address the concerns raised by the employee.

Also explain to the individual that when and how employees work together will not change. If necessary, add that inappropriate behaviors or discussions at work regarding this issue will not be tolerated and will be handled as employee conduct problems.

(For additional information, see Section 2.11.)

4.8 Where to Go for More Information

Where can I get more information about HIV/AIDS?

The CDC National AIDS Hotline at 1-800-342-AIDS is staffed with specialists who can offer a wide variety of written materials or answer questions about HIV infection and AIDS. In addition, your doctor or your employee's doctor, a state or local health department, HIV/AIDS service organizations, or local Red Cross chapters can provide general and specific information, such as testing and counseling services. Specific information regarding the EPA and the Federal government's policies and procedures can be obtained through the Office of Human Resource Management (EOCC, for headquarters staff, or field Human Resources Office) or an employee assistance program (ECAP, for headquarters staff, or field office employee assistance program). Additional sources of information for resources, testing and counseling are available outside of the Agency.

(See Chapter 7 of this guide for a list of the sources.)

5. PROCEDURES AND SAMPLE FORMS

While this resource guide contains the best information available at the time of its preparation, the ever-changing nature of Federal employee benefits policies and procedures will require supervisors and employees to obtain the most current forms and instruction from EPA OHRM Employee Outreach and Counseling Center (EOCC). For Headquarters staff, the best source of current information is a counselor in EPA EOCC. EOCC can be reached at 202/260-9686 to make an appointment. Field office and laboratory personnel should consult their local Human Resources Office. This guide is in no way intended to replace employee or supervisor contact with the EPA EOCC. Rather it is designed to provide an overview of the many issues and benefits relevant to disabling or life-threatening conditions such as HIV/AIDS. There are many publications that provide detailed information on each aspect covered in this manual. Some are available from the EPA EOCC, some from the Office of Personnel Management, and some from other Federal agencies such as the Social Security Administration.

This chapter of the guide is organized into three parts. Section 5.1 provides general information on personal financial management preparations that any employee should undertake, regardless of whether the individual has a serious illness or not. Section 5.2 provides information on obtaining schedule and workplace accommodations. Section 5.3 outlines procedures related to disability retirement. As will be shown in this chapter, many benefits and procedures run on parallel tracks. The two different retirement systems at EPA are: the Federal Employee Retirement System (FERS) and the Civil Service Retirement System (CSRS). (PHS employees detailed to EPA operate under a different retirement system altogether through the Department of Health and Human Services.) This chapter includes separate guidance for FERS and CSRS.

5.1 General Information and Referrals

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5.1.3 Credit Union

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5.1.1 Beneficiary Designation


Supervisors have no responsibility for their employees with respect to designating beneficiaries. However, if an employee asks for assistance, the supervisor may be able to help by providing the proper blank forms and information, or by directing the employee to the EPA Employee Outreach and Counseling Center (EOCC) for information and guidance. (EOCC serves headquarters staff. Field staff should consult the Human Resources Office in their field office.) Moreover, beneficiary designation is an important subject for the supervisor to be familiar with in general, to assist all employees, as well as for the supervisor's own personal matters.

It is important for *everyone*, whether he or she has a serious illness or not, to complete and ratify forms that designate beneficiaries for a variety of funds including retirement, life insurance policies, individual retirement accounts (IRAs), and Thrift Savings Plan, as well as non-salary payments such as accrued unused leave. If an employee believes he or she has a potentially life-threatening condition, it may be especially important to take care of these arrangements while still healthy. This could prevent the employee's beneficiary designation decisions from being challenged by others if his or her health deteriorates. Also, taking care of beneficiary designation while a person is in relatively good health will relieve the stress of handling these administrative matters in times of ill health.

It is important to use the proper form for designating beneficiaries for each purpose. Each program that provides a retirement, disability, or survivor benefit requires that the employee complete a separate form. Four programs' forms are provided in this section. FERS and CSRS have distinct forms for beneficiary designation for retirement accounts. The Thrift Savings Plan (TSP), Federal Employees Group Life Insurance (FEGLI), and other programs have their own forms also. The most current version of each form is available from the EPA EOCC or field Human Resources Office. In general, once forms have been completed, received by the appropriate program, and witnessed, the beneficiary designation is effective.

Another form for beneficiary designation is SF 1152, "Designation of Beneficiary, Unpaid Compensation of Diseased Civilian Employee." The form is used by an employee to designate one or more persons to receive the value of any annual leave, salary balance, travel or other reimbursement, or other monetary awards from EPA in the event of the employee's death. The employee can allocate shares of the remaining balances among multiple beneficiaries. A copy of the form can be found at the end of this section. The most current version may be obtained and filed with Human Resources.

FEGLI, "Designation of Beneficiary"

 <p>FEGLI Federal Employees' Group Life Insurance</p>	<p>DESIGNATION OF BENEFICIARY Federal Employees' Group Life Insurance Program</p>	<p>Form Approved OMB No. 3208-0136</p> <p>WARNING Read instructions on back of duplicate before filling in this form.</p>																																				
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Department or Agency	Branch	Division																																				
<p>Location (City, State and ZIP Code)</p>																																						
<p>I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect with respect to any amount payable unless or until canceled by me in writing or until such time as it is automatically canceled (see regulation "C" on reverse side of duplicate copy). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the Order of Precedence.</p>																																						
<p>INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary</th> <th style="width: 30%;">Type or Print Address (Including ZIP Code) of Each Beneficiary</th> <th style="width: 15%;">Relationship</th> <th style="width: 20%;">Share to Be Paid to Each Beneficiary</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary																																
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<p>For each type of insurance (Basic Life, Option A—Standard, and Option B—Additional) (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary.</p>																																						
<p>PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) Of INSURED</p>																																						
<p>Please check:</p> <p><input type="checkbox"/> I have signed this form in the presence of the two witnesses who have signed below.</p> <p><input type="checkbox"/> Neither witness is named as a beneficiary.</p> <p><input type="checkbox"/> If I designated shares to be paid to more than one beneficiary, the shares add up to 100% (Dollar amounts are not acceptable).</p>																																						
<p>Date of Execution (Month, Day, Year): _____ Signature of Insured: _____</p>																																						
<p>WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary)</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Signature of Witness</td> <td style="width: 20%;">Number and Street</td> <td style="width: 40%;">City, State and ZIP Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Signature of Witness</td> <td>Number and Street</td> <td>City, State and ZIP Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Signature of Witness	Number and Street	City, State and ZIP Code				Signature of Witness	Number and Street	City, State and ZIP Code																											
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<p>Receiving Agency: _____ Date of Receipt: _____ Agency Signature: _____</p>																																						
<p>SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES GROUP LIFE INSURANCE</p>																																						
<p>U.S. Office of Personnel Management Previous editions not usable</p> <p style="text-align: center;">PART 1—ORIGINAL</p>																																						

OF 2000 Series of Copies

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program at your death.

EXAMPLES OF DESIGNATIONS

1 How to Designate One Beneficiary Do not write names as M E Brown or as Mrs John M Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Mary E Brown	214 Central Avenue Muncie, IN 47303	Wife	100%

2 How to Designate More Than One Beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Alice M Long	908 Canal Street Red Bank, NJ 07701	Son	25%
Joseph P Brady	380 Williams Street Red Bank, NJ 07701	Daughter	25%
Catherine L. Rossi	792 Broadway Whiting, IN 46394	Married	50%

3 How to Designate a Contingent Beneficiary

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish (living)	810 West 180th Street New York, NY 10032	Father	100%
Contingent to: Susan A. Parrish	810 West 180th Street New York, NY 10032	Son	100%

4 How to Designate Different Beneficiaries for Basic Life and Optional Coverages*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Niece	All Opt. A—Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10029	Daughter	50% Opt. B—Additional
Ann J. Gordon	678 North Street Philadelphia, PA 19123	Daughter	50% Opt. B—Additional

5 How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel all designations.			

*If a beneficiary is Basic Life, Option A—Standard, or Option B—Additional, predeceases designated beneficiary for the type of insurance payment, that type of insurance will be made in order of precedence (see back of duplicate).

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees' Group Life Insurance Program and is not to be confused with Standard Form 2908, Designation of Beneficiary, Civil Service Retirement System; Standard Form 3102, Designation of Beneficiary, Federal Employees' Retirement System; or Standard Form 1152, Designation of Beneficiary, United Compensation of Deceased Civilian Employee.

Order of Precedence

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower
2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent
4. If none of the above, to the executor or administrator of the estate
5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of death

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE OR SHE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

Regulations

- (a) The Designation of Beneficiary shall be in writing, signed and witnessed by two people, and received in the employing office (or in the Office of Personnel Management, in the case of (1) a retired employee or (2) an employee whose insurance is continued while receiving benefits under the Federal Employees' Compensation Law because of disease or injury while who is held by the Department of Labor to be unable to perform to duty) prior to the death of the designator.
- (b) A change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall not have any force or effect.
- (c) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.
- (d) Any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.
- (e) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.
- (f) A Designation of Beneficiary is automatically canceled 31 days after the employee stops being insured.

- (g) If an insured person provides in a valid designation of beneficiary that a designated beneficiary shall be entitled to the proceeds of the insurance only if the beneficiary survives him/her for a period of time (not more than 30 days) as specified by the designator, no right to the insurance shall vest as to such beneficiary during that period. In the event such beneficiary does not survive the specified period, payment of the proceeds of the insurance will be made as if the beneficiary had predeceased the insured.

Instructions

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for (both) Basic Life and optional coverages. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for Basic Life and optional coverages (example 4).
2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).
3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed. This form must be free of erasures or alterations.

Important: If you wish to designate a trust as beneficiary, ask your employing office for instructions.

Where to File Completed Form

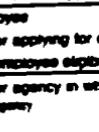
If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the Office of Personnel Management, Employee Service and Records Center, Validation Section, Boyers, PA 16017. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the Office of Personnel Management if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the SF 2817A (SF 2817B for Postal Employees), the Federal Employees' Group Life Insurance Program Description and Certification of Enrollment.

Privacy Act Statement

Title 5 U.S. Code, Chapter 55, Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your beneficiary for your life insurance and accidental death insurance. This information will be shared with the Office of Federal Employees' Group Life Insurance in the event of your death. It will also be shared with the Office of Personnel Management and be placed in your Official Personnel Folder. This information may be shared with other Federal agencies or Congressional offices which have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue

benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with appropriate Federal, state or local law enforcement agencies. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. While the law does not require you to supply all the information requested on this form, it may not be possible to process your Designation of Beneficiary if you fail to do so. Agencies other than the Office of Personnel Management may have further routine uses for the disclosure of information from the records systems in which they file copies of this form and they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Designations should be kept current. With changes in family status (marriage, divorce, death, births, etc.), you may wish to make changes in designation.

 FERS Federal Employees Retirement System Department of the Treasury	DESIGNATION OF BENEFICIARY Federal Employees Retirement System	Form Approved OMB No. 3300-0173 IMPORTANT Read all instructions before filling in this form.
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SECTION A—IDENTIFICATION

Name (Last, First, Middle) _____ Date of Birth (Month, Day, Year) _____ Social Security Number _____

Please an "X" in the appropriate box below:

<input type="checkbox"/> An employee <input type="checkbox"/> Retired or applying for retirement <input type="checkbox"/> Former employee eligible for retirement in the future	If you are retired, give your claim number _____
---	--

Department or agency in which presently employed (or former department or agency): _____
 Division _____ Street _____ City _____ State _____ ZIP Code _____

I, the individual named above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, the designation is void, and payment will be made according to the order of precedence set by law.

SECTION B—INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations)—TYPE OR PRINT

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code of each beneficiary	Relationship	Share to be paid
			Total = 100%

Date of Designation (Month, Day, Year) _____ Your Signature _____

SECTION C—WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary)

We the undersigned certify that this statement was signed in our presence

Signature of Witness _____	Street Address _____	City, State and ZIP Code _____
Signature of Witness _____	Street Address _____	City, State and ZIP Code _____

TYPE OR PRINT YOUR RETURN ADDRESS TO INSURE RETURN OF COPY

RECEIVING AGENCY CERTIFICATION

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries

Date Received _____

Signature _____ Date _____

See back of employee copy for instructions on where to file these forms.
 5010-108-0100

ORIGINAL
 (Return your employee service Federal Service and then send to OPR)

OP 3407 January 1987
 U.S. Office of Personnel Management
 1 GPO 0-2

INSTRUCTIONS

This Designation of Beneficiary Form is used to designate who is to receive retirement payments when you become unable under the Federal Employees' Retirement System (FERS) to work and collect the benefits any person who is eligible for services already covered. Do not confuse this form with completion forms used for other types of benefits.

- Standard Form 1042, Designation of Beneficiary, Civil Service Retirement System
- Standard Form 1042, Designation of Beneficiary, Federal Employees' Group Life Insurance Program
- SF 2, Federal Retirement Thrift Savings Plan Designation of Beneficiary Form
- Standard Form 1042, Designation of Beneficiary, Special Compensation of Deceased Civilian Employees.

DO NOT FILL OUT THIS FORM UNTIL YOU HAVE READ THE INFORMATION AND INSTRUCTIONS BELOW

Order of Precedence

You do not need to make a designation if you are not entitled to the order of precedence that has been provided. This order of precedence follows:

1. To your widow or widower.
2. If your widower is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to your parents in equal shares or the one surviving parent.
4. If none of the above, to the executor or administrator of your estate.
5. If none of the above, to your next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

Designating a Beneficiary

1. You can designate any person, firm, association, or legal entity as your beneficiary.
2. You can change your beneficiary at any time without the knowledge or consent of a former beneficiary, and this right cannot be waived or restricted.
3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your supervisor's office prior to your death. If you are a retired employee or a retiree, the designation must be received by the Office of Personnel Management prior to your death.
4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
5. The persons named will be considered as beneficiary (beneficiaries) for both CSRS and FERS lump-sum benefits.
6. You cannot change or cancel a designation of beneficiary on a

last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.

A designation of beneficiary remains in effect until (1) you designate a new beneficiary, or (2) you receive a notice of your designated beneficiary's future payment. It isn't necessary to designate a new beneficiary if the name or address of your beneficiary changes. However, it may be important to file a new designation if your address changes.

Completing the Designation Form

1. The employee prints on the back of the first page of this form may be helpful to you in naming a beneficiary or completing a new designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent.
3. Complete the form in duplicate. Type or print all entries except signatures.
4. Do not erase or alter entries.

Where to Submit the Completed Form

For employees: File this form with your employing agency, even if you are retiring.

For retired employees and retirees: If you have left Federal employment, but are eligible for a future FERS retirement or death benefits, or if you have retired, file this form with the Office of Personnel Management, PERS, P.O. Box 200, Harrisburg, PA 17022.

Your designation will not be effective until the date it is received by your employing agency or OPM if you are not employed.

The employee copy of this form will be filed and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing agency: File the OPM copy on the right side of the OPM. If the employee leaves Federal service, send the most recent designation to OPM.

PRIVACY ACT STATEMENT

Title 5, U.S. Code authorizes collection of this information. Your designation of beneficiary will be used to determine who will receive a lump-sum benefit in the event of your death.

This information may be shared with Federal, State, local or other agencies, social security administrative or law enforcement agencies to determine and issue benefits under their programs or in the other case when they are investigating a violation or potential violation of the law or program.

Executive Order 12958 (November 22, 1993) authorizes use of the Social Security Number to distinguish you and protect your privacy. Furnishing your Social Security Number, as well as the date of birth, is voluntary, but failure to do so may result in OPM's inability to determine who is eligible to receive a lump-sum benefit in the event of your death.

IMPORTANT: The back of this form will conclusively cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump-sum benefits at your death.

OF 1994-09-15 at 09:00:00

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program at your death.

EXAMPLES OF DESIGNATIONS

1. How to Designate One Beneficiary Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary enter "My estate" in the beneficiary column.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Mary E. Brown	214 Central Avenue Riverside, MA 01703	Wife	100%

2. How to Designate More Than One Beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
David M. Long	808 Canal Street Red Bank, NJ 07701	Adult	75%
Joseph P. Brady	380 Williams Street Red Bank, NJ 07701	Wife	75%
Catherine L. Brady	782 Broadway Wilmington, DE 19804	Mother	50%

3. How to Designate a Contingent Beneficiary

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish (Living)	810 West 180th Street New York, NY 10033	Father	100%
Or, if deceased, Susan A. Parrish	810 West 180th Street New York, NY 10033	Son	100%

4. How to Designate Different Beneficiaries for Basic Life and Optional Coverages*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Wife	All Opt. A—Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10028	Daughter	50% Opt. B—Additional
Ann J. Gordon	878 North Street Philadelphia, PA 19123	Daughter	50% Opt. B—Additional

5. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel prior designation			

* If a beneficiary in Basic Life, Option A—Standard, or Option B—Additional, predeceases, predeceases designated beneficiary for the type of insurance payment. If no type of insurance will be made in order of precedence (see back of duplicate).

CSRS SF2802, "Designation of Beneficiary"

WARNING - Do not fill out this form until you have read all instructions		DESIGNATION OF BENEFICIARY CIVIL SERVICE RETIREMENT SYSTEM		Do not fill out this form until you have read all instructions OMB 5010-0047-100	
A. INFORMATION CONCERNING THE DESIGNATOR					
1. Name (Last, first, middle)		2. Date of birth (Month, day, year)		3. Social Security Number	
4. Department or agency in which primarily or last employed (including Division or Station)		5. Civil number if retired		6. Civil number if retired	
B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES					
Type or print full name, middle initial, and last name of each beneficiary		Type or print address (including zip code) of each beneficiary		Relationship	
I hereby direct, unless otherwise indicating above, that, if more than one beneficiary is named, the share of the designated beneficiary at termination who may die before a lump sum benefit is payable shall be distributed equally among the surviving beneficiaries, or equally to the nearest heirs of one beneficiary who dies before a lump sum benefit is payable. This designation shall be void.					
Date of this designation (Month, day, year)		Signature of designator (Do not print)			
C. WITNESSES (A witness is anyone who is present at the time you make this designation)					
1. Name (Last, first, middle)		2. Address (including zip code)		3. City, state, zip code	
4. Signature of witness (Do not print)		5. Signature of witness (Do not print)		6. Signature of witness (Do not print)	
7. Print or type your name and address (including zip code) to receive return of copy		8. Signature of designator (Do not print)		9. Signature of designator (Do not print)	

MAIL BOTH COPIES TO THE OFFICE OF PERSONNEL MANAGEMENT, CIVIL SERVICE RETIREMENT SYSTEM, WASHINGTON, D. C. 20418

COMPLETE THIS FORM AND THE DUPLICATE COPY.

**IMPORTANT—The Filing Of This Form Completely Cancels Any Designation You May Have Previously Filed. Be Sure To Name In This Form
An Person You Wish To Designate As Beneficiary.**

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including zip code) of each beneficiary	Relationship	Share to be paid to each beneficiary
SARAH M. JONES	77 Elm Street Lima, Ohio 45001	Sister	All

Do not write name of S. M. Jones or of Mrs. Margaret Jones

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including zip code) of each beneficiary	Relationship	Share to be paid to each beneficiary
MARY A. SMITH	4807 Oak Street Judson, North Dakota 58548	Aunt	One half
ANNA D. BROWN	50 Duke Street Judson, North Dakota 58548	Cousin	One fourth
HENRY O. BROWN	50 Duke Street Judson, North Dakota 58548	Cousin	One fourth

Be sure that shares to be paid to the beneficiaries add up to 100%

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including zip code) of each beneficiary	Relationship	Share to be paid to each beneficiary
CATHERINE J. ANDERSON, (listing Otherwise to JOHN L. JONES	81 Adam Avenue Syracuse, New York 13208 69 Harb Avenue Cleveland, Ohio 44104	Wife Nephew	All All

You may want to cancel a beneficiary you have named if your circumstances change and you want the benefit payable under the Civil Service Retirement Law or other precedence (See back of duplicate)

HOW TO CANCEL A DESIGNATION OF BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including zip code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel Prior Designation			

WARNING - Do not fill out this form if you are entitled to have any lump-sum benefit which may become payable after your death paid according to the order of precedence which follows:

CIVIL SERVICE RETIREMENT LAW ORDER OF PRECEDENCE
If there is no designated beneficiary living, any lump-sum benefit which becomes payable after the death of an employee or former employee will be payable to the first person or persons listed below who are alive on the date of the payment arises:

- 1 To the widow or widower
 - 2 If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child
 - 3 If none of the above, to the parents in equal shares or the entire amount to the surviving parent
 - 4 If none of the above, to the executor or administrator of the estate of the decedent
 - 5 If none of the above, to the next of kin under the laws of the State in which the decedent was domiciled at date of death
- If it is not necessary for any employee or former employee to designate a beneficiary unless he or she wishes to name some person or persons not included above, or in a different order.

PURPOSE OF DESIGNATING A BENEFICIARY

A designation of beneficiary is for lump-sum benefit purposes only, and does not affect the right of any person who qualifies to receive survivor annuity benefits. Such benefits are payable either by operation of law or as a result of an election made by a retiring employee. Survivor annuity benefits are never based on this form.

DESIGNATING A TRUST AS A BENEFICIARY

If you wish to designate a trust fund as your beneficiary, see your agency personnel office for information before filling out this form.

INSTRUCTIONS

- 1 The examples printed on the back of the first page may be helpful to you
- 2 Type or print all entries except signatures
- 3 Fill out and mail both copies to the Office of Personnel Management, Civil Service Retirement System, Washington, D.C. 20415. The designation of beneficiary must be received by the Office of Personnel Management prior to the death of the employee or former employee to be valid
- 4 Cancellation of a prior designation may be effected without the naming of a new beneficiary by making out a new Standard Form 2806 and in-

- entering in the space provided for name of beneficiary the words "Cancel Prior Designation." All designations of beneficiary filed before September 1, 1990, have been canceled by law. It is not necessary to file a new form to cancel a designation made before that date
- 5 This form is not intended as a will, and miscellaneous provisions, such as payment of just debts, payment on the monthly installment plan, etc., will not be recognized
- 6 A designation free of encumbrances or alterations should be filed in order to avoid a possible contest after death
- 7 The duplicate will be returned to you as evidence that the original has been received and filed. When you receive the duplicate, file it with your important papers. After your death the beneficiary, or someone acting for the beneficiary, should request the Office of Personnel Management to furnish a blank on which to make application for any lump-sum benefit which may be payable

LAW AND REGULATIONS

- 1 By law, the designation of beneficiary shall be in writing, signed and witnessed, and received in the Office of Personnel Management prior to the death of the designator.
- 2 By law, no change or cancellation of beneficiary in a last will or testament, or in any other document not addressed and filed as required by these regulations, shall have any force or effect.
- 3 A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
- 4 Any person, firm, corporation, or legal entity may be named as beneficiary.
- 5 A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

PRIVACY ACT STATEMENT

Title 5, U.S. Code, authorizes collection of this information. Your designation of beneficiary will be used to determine who will receive a lump-sum benefit in the event of your death. This information may be shared with national, State, local, or other charitable social security administrative agencies to determine and issue benefits under their programs or, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number to distinguish you and people with similar names. Furnishing your Social Security number, as well as the other data, is voluntary, but failure to do so may result in OPM's inability to determine who is eligible to receive a lump-sum benefit in the event of your death.

TSP-3

1. _____ (Name (Last)) _____ (First) _____ (Middle)
2. _____
Street Address

City _____ State _____ Zip Code _____
3. _____ 4. _____ 5. _____
Social Security Number Date of Birth (Month, Day, Year) Driving Permit

I designate the beneficiary(ies) named below to receive those amounts from my Thrift Savings Plan account that are due and payable after my death. I understand that this Designation of Beneficiary relates only to money due as defined in Section 8433 (g) of Title 5, USC, Chapter 84. It does not affect any other benefit that may apply to my Government service. I also understand that this Designation of Beneficiary will remain in effect until I replace or revoke it in writing as explained in the accompanying instructions. This signed Designation of Beneficiary cancels any previous Thrift Savings Plan Designation of Beneficiary.

1.	Name (Last)	(First)	(Middle)	Share
	Street Address	City	State	Zip Code
	Date of Birth (Month, Day, Year)	Social Security Number	Relationship	
2.	Name (Last)	(First)	(Middle)	Share
	Street Address	City	State	Zip Code
	Date of Birth (Month, Day, Year)	Social Security Number	Relationship	
3.	Name (Last)	(First)	(Middle)	Share
	Street Address	City	State	Zip Code
	Date of Birth (Month, Day, Year)	Social Security Number	Relationship	

I understand that the share of any beneficiary who dies before I die will be distributed equally among the surviving beneficiaries or entirely to the surviving beneficiary. This Designation of Beneficiary will be void if none of the designated beneficiaries is alive at the time of my death. This Designation of Beneficiary will not be valid if it contains any erasures or alterations.

Signature of Employee _____ Date Signed _____

Type or Printed Name of Witness	Type or Printed Name of Witness
Signature of Witness	Signature of Witness

1 year or Previous reports of Agency; Other:

Continuation of Report by Agency; Officer's Signature,

Please Reusage:

Date Issued

FORM TSP 3 (Rev. 6-2001)

EXAMPLES OF DESIGNATION OF BENEFICIARY

I DESIGNATING ONE BENEFICIARY	1	Morgan	Katherine	Ann	100%	
	1272 Lake Avenue		New Orleans, LA	70124		
6/22/42		999-99-9999	Sister			
II DESIGNATING MORE THAN ONE BENEFICIARY	1	Larson	Swann	Maria	1/3	
	4231 Oregon Street		Cincinnati, OH	45239		
	9/27/54		999-99-9999	Sister		
	2	Larson	Elliot	Maria	1/3	
	4231 Oregon Street		Cincinnati, OH	45239		
	4/20/52		999-99-9999	Brother		
3	Stemmy	Sarah	Ruth	1/2		
P.O. Box 812		Carmichael, KY	40117			
12/02/60		999-99-9999	Friend			
III DESIGNATING A CONTINGENT BENEFICIARY	1	If living Kyras	Michael	Thomas	100%	
	6287 Laurel Post Drive		Stone Mountain, GA	30080		
	3/12/36		999-99-9999	Father		
	2	Otherwise to: Richardson	Cecilia	Jean	100%	
6287 Laurel Post Drive		Stone Mountain, GA	30080			
8/16/70		999-99-9999	Sister			
IV DESIGNATING A TRUST	1	Mason	Eric	Paul	100%	
	1111 Delaware Lane		New York, NY	10007		
7/12/84		99-99-9999	Trustee: John P. Mason Trust			
V DESIGNATING AN ESTATE	1	McClain	Marilva	Diane	100%	
	150 Rossmore Drive		Alameda, CA	94510		
		99-99-9999	Estate of Ruth E. Jones			
VI CANCELING A DESIGNATION OF BENEFICIARY SO THAT THE AMOUNT DUE WILL BE PAID ACCORDING TO THE ORDER OF PRECEDENCE	1	Cancel prior designations				

Do not write name as:
K A Morgan or as
Mrs. Kath M. Morgan

Be sure that the shares
to be paid to the
beneficiaries add up to
100 percent if using
percentages or to 1 if
using fractions

SAMPLE

Form 157-2-Approved 9-94

SF1152, "Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee"

<p>Standard Form 1152 (Rev. 11-91) Title 4, GAO Manual 1152-104 NEN 7840-00-001-0340</p>	<p>DESIGNATION OF BENEFICIARY UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE</p>	<p>IMPORTANT Read instructions on back of duplicate before filling in this form</p>	
<p>INFORMATION CONCERNING THE EMPLOYEE.</p>			
<p>NAME (Last) (First) (Middle)</p>		<p>Date of Birth (month, day, year)</p>	
		<p>Social Security Number</p>	
<p>DEPARTMENT OR AGENCY IN WHICH EMPLOYED</p>			
<p>(Department or agency) (Division) (Section)</p>			
<p>I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency or (3) I am reemployed by the same or another department or agency of the Government.</p>			
<p>INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES.</p>			
Type or print full name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
<p>I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share for any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.</p>			
<p>I hereby specifically reserve the right to cancel or change any designation of beneficiary, at any time, in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.</p>			
<p>(Date of execution—month, day, year)</p>		<p>(Signature of employee)</p>	
<p>WITNESSES TO SIGNATURE:</p>			
<p>(Signature of witness)</p>		<p>(Printed name)</p>	
		<p>(City, State, and ZIP Code)</p>	
<p>(Signature of witness)</p>		<p>(Printed name)</p>	
		<p>(City, State, and ZIP Code)</p>	
<p>PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE</p>		<p>THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY</p>	
<p>DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED</p>			

IMPORTANT NOTICE—Order of Precedence

If there is no designated beneficiary living, any unpaid compensation which becomes payable after the death of an employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

- 1 To the widow or widower
- 2 If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child
- 3 If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
- 4 If there are none of the above, to the duly appointed legal representative of the estate of the deceased employee, or if there be none, to the person or persons determined to be entitled thereto under the laws of the domicile of the deceased employee

It is not necessary for any employee to designate a beneficiary unless he wishes to name some person or persons not included above, or in a different order.

INSTRUCTIONS

- 1 The examples printed on the back of the first page of this form may be helpful in executing the Designation of Beneficiary
- 2 All entries on the form, except signatures, should be typed or printed in ink (typewriting preferred). All designations of a beneficiary or beneficiaries should be executed on the prescribed form, Designation of Beneficiary, Standard Form 1152, and must be signed and witnessed
- 3 Complete the form in duplicate and file with the agency in which employed. A Designation of Beneficiary must be received by the employing agency prior to the death of the designating employee to be valid. The duplicate will be noted and returned to the employee as evidence that the original has been received and filed. It is suggested that the duplicate be filed with the employee's important papers.
- 4 Cancellation of a prior Designation of Beneficiary may be effected without the naming of a new beneficiary by executing a new Designation of Beneficiary, Standard Form 1152, and inserting in the space provided for name of beneficiary the words, "Cancel prior designations." The effect of this action will require payment to be made in the order of precedence stated above.
- 5 A designation will remain valid until expressly changed or revoked, until the employee transfers to another agency, or until reemployed by the same or another department or agency of the Government. In case of separation and reemployment, or transfer to another agency, a new Designation of Beneficiary should be executed if the order of precedence established by the act is not acceptable. It is not necessary to file a new designation when the name or address of the employee or the beneficiary is changed.
- 6 A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
- 7 In the absence of the prescribed form, any designation, change or cancellation of beneficiary witnessed and filed in accordance with the general requirements of these instructions shall be acceptable.

This Designation of Beneficiary form is to be used solely for the disposition of unpaid compensation at death of a civilian employee and is not to be confused with Standard Form 2586, Designation of Beneficiary Civil Service Retirement System, or Standard Form 2523, Designation of Beneficiary, Federal Employees' Group Life Insurance Program.

5.1.2 Enrollment in Federal Employee Group Life Insurance


All employees are eligible to be insured through the FEGLI plan. They may elect coverage at a base level or opt for additional coverage, generally in relation to their annual salary. The premiums are deducted from the employee's paycheck every two weeks and coverage continues until the employee elects to cancel his or her policy. Enrollment or increases in insurance coverage may occur at any of three types of events:

1. New employee enrollment in the plan;
2. Existing employee open season enrollment or application for increase (open season for life insurance does *not* occur annually); or
3. Change in an employee's health or family status, such as:
 - a. Health status change (that must be documented by a medical examination by an employee's health care provider or the Agency's Health Unit, at the employee's expense);
 - b. Marriage (coverage up to 1x employee's salary for spouse);
 - c. Divorce; or
 - d. Birth or adoption of children (coverage up to 1x employee's salary per dependent).

While an employee may elect to be covered by FEGLI at any time, irrespective of health status, once a policy is cancelled there is a one-year waiting period before life insurance coverage may be resumed. It is important for everyone, regardless of present or expected health, to consider whether or not they need or want life insurance and to complete the proper election form as well as the Designation of Beneficiary form. Current forms are available from EPA EOCC or field Human Resources Office.

On the next page is an example of the form for enrolling in the Federal Employee Group Life Insurance (FEGLI) program, for changing status under the program, or for increasing coverage. The time to process an application and to activate the enrollment depends on the circumstances. For example, a new employee can expect the process to take one day. For a current employee to increase coverage with the addition of dependents, the time needed to make the increase active depends on the time FEGLI needs to assemble the package.

FEGLI, "Life Insurance Election"

	LIFE INSURANCE ELECTION Federal Employees' Group Life Insurance Program	See Privacy Act Information on Back of Part 3
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1 General Instructions: By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3—Employee Copy.

To complete this form

- Read the back of Part 3—Employee Copy carefully
- Type or print in ink.
- Do not separate the parts. Your employing office will certify the completed form and return your copy to you. This form should be kept with your SF 2817A (SF 2817B for Postal Employees).

2 Fill in identifying information

Name (Last, First, Middle)	Position	Address	Date of Birth (Month, Day, Year)	Social Security Number
Emergency Contact (Name and Address)			Agency Location (City, State, Zip Code)	

3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, stop at section 5.

Basic Life I want the Basic Life insurance. I authorize deductions to pay my share of the cost.

Signature (Do not print): _____ Date (Month, Day, Year): _____

4 If you have elected Basic Life, you may elect any or all of the following options. Sign the box below for any option(s) you want. (You will not have coverage for any option(s) for which you do not sign.)

Option A—Standard	Option B—Additional	Option C—Family
I want the Standard \$10,000 optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay. I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)	I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would receive \$2,500. I authorize deductions to pay the full cost.
	<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay <input type="checkbox"/> 3 times my pay	
	<input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay	
Signature (Do not print): _____ Date: _____	Signature (Do not print): _____ Date: _____	Signature (Do not print): _____ Date: _____

5 If you want NO life insurance coverage at all, sign and date below.

Waiver of All Life Insurance Coverage I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.

Signature (Do not print): _____ Date: _____

FOR EMPLOYING OFFICE USE ONLY


Certification I certify that the above named employee is eligible for the insurance coverage he or she has elected above. Signature of Attending Agency Office: _____	Date of Request in Employing Office (Month, Day, Year): _____	Number of Events Permitting Change: <input type="checkbox"/>
	Effective Date of Coverage (Month, Day, Year): _____	See Table of Effective Dates in SF 2817A or SF 2817B

The employee's copy of this form, when certified by the employing office, together with SF 2817A, The Federal Employees' Group Life Insurance Program Description and Certification of Enrollment (SF 2817B for Postal Employees), constitute the employee's Certificate of Insurance.

NEW FORM 47-1002
Previous editions obsolete and unusable

PART 1—File in Official Personnel Folder
2817-10-1

Revised June 2011
Rev. September 1993
U.S. Office of Personnel Management
Printed September 9, 2011

	LIFE INSURANCE ELECTION Federal Employees' Group Life Insurance Program	See Privacy Act Information on Back of Part 3
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SF 50 Equivalents of Insurance Codes								
1	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50
	1000	A	1010	G	1100	L	1201	O
	1000	B	1110	H	1201	M	1201	R
	1000	C	1111	I	1201	N	1201	S
	1100	D	1111	J	1201	O	1201	T
	1201	E	1201	K	1201	P	1201	U
	1101	F						

2 FBI in Identifying Information

Name (Last)	First	Middle	Date of Birth (month, Day, Year)	Social Security Number
Employing Department or Agency			Agency Location (City, State, Zip Code)	

3 In item 6, if employee submitted this election and this block is not signed, enter 0 in ALL FOUR boxes.
 If this block is signed, enter 1 in box 1
 If agency submitted this election for employee, enter 1 in box 1

Basic Life	Signature (Do not print)	Date (month, Day, Year)
------------	--------------------------	-------------------------

4

Option A—Standard	Option B—Additional	Option C—Family
-------------------	---------------------	-----------------

SAMPLE

In item 6, box 2 If this block is not signed, enter 0 If this block is signed, enter 1	In item 6, box 3 If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td></td> </tr> </table>	1	4	2	5	3		In item 6, box 4 If this block is not signed, enter 0 If this block is signed, enter 1
1	4							
2	5							
3								

Signature (Do not print)	Date	Signature (Do not print)	Date	Signature (Do not print)	Date
--------------------------	------	--------------------------	------	--------------------------	------

5

Waiver of All Life Insurance Coverage Signature (Do not print)	Date
---	------

FOR EMPLOYING OFFICE USE ONLY

Certification I certify that the above named employee is eligible for the insurance coverage he or she has elected above. Signature of Authorized Agency Official	Date of Renewal in Employing Office (month, Day, Year) Number of Years Pending Change Effective Date of Coverage (month, Day, Year) See Table of Effective Dates in SF 2817A or SF 2817B
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6 INSTRUCTIONS Enter codes in the boxes on the right as directed in items 3 and 4 above. The SF 50 equivalents for each insurance code are shown in item 1. For additional information see FPM Supp. 282.1 and FPM Supp. 285.33.

INSURANCE CODE <table style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>					SF 50 Equivalent <table style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>		

Form 2817-101-100
 Previous edition obsolete and invalid

PART 3—For Agency Use
 2817-101

Reprinted from SF 1
 Rev. February 1993
 U.S. Office of Personnel Management
 (PWS 300-000-000)

INSTRUCTIONS TO EMPLOYEES

General Information

The major provisions of this program are described in the booklet, "Federal Employees Group Life Insurance: A Description and Certification of Enrollment" (Standard Form 2817A or B). Please read the entire booklet carefully. Your copy of the election form, when certified by your employing office together with the booklet, will constitute your certification of coverage. You do not need to name a beneficiary if you wish to have the death benefits of your insurance paid in the order of precedence listed in SF 2817A or B. If you wish to name a beneficiary or change a prior designation, ask your employing office or retirement system for Standard Form 2823, the Designation of Beneficiary form.

New Employees

All new employees not excluded by law or regulation from insurance coverage and other employees who are newly eligible must complete this form. You have 31 days from the date you are appointed, or first become eligible to participate to return this form to your employing office. You will automatically have Basic Life Insurance deductibles taken out of your salary from your first day in a duty (at work) and pay status unless you waive insurance by signing in item 5 and give this form to your employing office before the end of your first pay period. You do not have any optional insurance unless you sign item 3 and one or more of the blocks in item 4 of this form, and return it to your employing office within 31 days.

Employees With Prior Government Service

A life insurance election (SF 2817) filed during an earlier period of Federal employment stays in effect unless you change coverage or unless you have a break in service of at least 180 days. If you have a break in service of less than 180 days, were eligible in your last period of Federal employment, and that period ended after March 31, 1981, you should have a form on file. Your insurance in your new employment will be the same as you previously had. If you want to change, follow the instructions below in "Waiving or Changing Your Insurance Coverage." If your last period of Federal employment ended on or before March 31, 1981, you probably do not have a SF 2817 on file and you must now file one. If you previously filed a waiver of insurance coverage and have a break in service of at least 180 days, your previous waiver is automatically canceled and you have a new right to elect insurance coverage. You will be covered by Basic Life Insurance unless you waive it before the end of your first pay period.

Reemployed Annuitants

If you waive your insurance as an employee (reemployed annuitant), you also automatically waive your insurance as an annuitant and you will be totally without Federal life insurance coverage.

How to Complete and Review Your Election Form

1. Follow the instructions for each item carefully.
2. When you have filled out the form, review it to be sure it is complete and correct. The following checklist should help you review it:
 - If you signed item 3, you elected Basic Life Insurance. You should not have signed item 5. (You cannot elect life insurance and waive it at the same time.)
 - If you signed any block in item 4, you should also have signed item 3. (You cannot elect an option unless you elect Basic Life.)
 - If you signed item 4 for Option B-Additional, you should also have marked one of the 5 boxes to show how many multiples of

basic pay you wish to elect. You should not have marked more than one box.

- If you signed item 5, you should not have signed item 3 or any block in item 4. (You cannot waive life insurance and elect it at the same time.)

- Be sure you sign for all options that you want. This election will supersede all previous elections. If you have had an option and wish to keep it, you must reselect it by signing the appropriate box.

-PLEASE BE AWARE THAT YOU ARE SOLELY RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT-+e THAT THE ELECTIONS MADE ACCURATELY REFLECT YOUR INTENTIONS

Waiving or Changing Your Insurance Coverage

If you waive Basic Life or decline one or more of the options, your opportunities to cancel your waiver or enroll in an option you previously declined are strictly limited. See "Conditions for Changing Election" in your SF 2817A or B.

A waiver or cancellation of coverage may also affect your eligibility for continuing coverage into retirement. The following requirements must be met for Basic Life coverage to continue after you retire:

- 1) You must retire on an immediate annuity.
- 2) You must have been insured for Basic Life coverage for the five years of service immediately before your retirement (or for the entire period during which coverage was available to you if insured for less than five years) and
- 3) You must not convert your Basic Life coverage to an individual policy.

Similar conditions must be met for continuation of optional insurance coverages into retirement. See "Continuation of Coverage After Retirement" in your SF 2817A or B.

How to Verify That Your Employing Office Took Correct Action on Your Election

When your employing office has finished processing your election form, you will receive a copy of SF 50, Notice of Personnel Action, showing your life insurance status. An extension of your life insurance costs will appear on the SF 50.

Privacy Act Statement

Chapter 87, Title 5, U.S. Code, Federal Employees Group Life Insurance, authorizes collection of this information. The data you furnish will be used to determine the type of life insurance coverage you shall receive. This information may be shared with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9837 (November 22, 1943) authorizes use of the Social Security Number to distinguish you and people with similar names. Furnishing your Social Security Number as well as the other data is voluntary, but failure to do so may result in the Office of Personnel Management's inability to determine your eligibility for the insurance coverage.

INSTRUCTIONS TO EMPLOYING AGENCIES

1. Who must file this form

- New employees who are not excluded by law or by regulation from insurance. This includes employees with prior service for whom no SF 2817 is on file.
- Employees appointed to nonexcluded positions following service during which they were ineligible for insurance.
- Employees who want to change their insurance.
- Reinstated employees who have filed a previous waiver of life insurance and who have been separated from service for at least 180 days. The previous waiver is automatically voided for this group.

Give a new employee copies of SF 2817 and SF 2817A or B when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period) but no later than 31 days after his or her appointment.

An employee with newly acquired insurance eligibility (for example, an employee transferred or converted from an excluded to a nonexcluded position or status) must be given the same opportunity to complete an SF 2817 as a new employee.

Employees with prior service in nonexcluded positions from which they were separated after March 31, 1981 will have an SF 2817 on file in their personnel folder and that election or non-election of coverage remains in effect. A new SF 2817 should not be filed unless the employee has a break in Federal service of at least 180 days or wishes to cancel a previous waiver or decision that has been in effect for at least one year.

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's "Declaration of Appointee" (SF 618).

An employee desiring to change his or her insurance may at any time file an SF 2817 declining any optional insurance, waiving Basic Life (and optional, if any) insurance or electing a lower multiple of pay under Option B-Additional.

An employee may request Basic Life, Option A - Standard, or Option B - Additional insurance if a signed waiver has been in effect for more than one year. The employee must first submit a "Request for Insurance" (SF 2822). If approved, ask the employee to submit an SF 2817 showing his or her choice.

An employee under age 35 who is enrolled for Basic Life insurance may elect coverage under Option B-Additional insurance within 60 days of his or her marriage or the acquisition of an eligible child (see SF 2817A or B).

An employee who is already enrolled in Option B-Additional for at least one multiple of pay may change to a higher multiple if he or she marries or acquires an eligible child (see SF 2817A or B). The number of multiples by which coverage can be increased is limited to the number of new dependents acquired.

An employee who is already enrolled for Basic Life insurance and marries or acquires an eligible child may enroll for Option C-Family within 60 days of the event, regardless of the employee's age.

2. Employee failing to file - If a new employee (or newly eligible employee) does not promptly return an SF 2817, the employee should be urged to do so even if he or she does not want any optional insurance. (The employee will of course be automatically covered for Basic Life insurance.)

If an employee still fails to file an SF 2817 within 31 days after appointment (or becoming eligible for insurance), complete one for the employee as of that date into the extra space under Option A-Standard (employee contacted on date) - failed to elect optional insurance.

3. Review of completed SF 2817 - Agencies should review the original and both copies of the SF 2817 to see that they are legible and complete. An SF 2817 is not complete if an employee signs the form for Option A-Standard, Option B-Additional, or Option C-Family but fails to sign item 3 - Basic Life.

While agencies should make sure that the SF 2817 is complete, employees are solely responsible for ensuring that the SF 2817 is correct - i.e., that the elections made accurately reflect the employee's intentions.

4. Certification of form - The Personnel Officer or his or her designated representative must certify that the employee is eligible for the coverage that he or she has elected by signing the CERTIFICATION at the bottom of the form.

5. Date of receipt - Enter the date of receipt by the employing office in the space provided.

6. Number of event permitting change - Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates in SF 2817A or B for event numbers.

7. Effective date of coverage - Enter the effective date of coverage. This date is determined by the date of receipt in the employing office and the coverage elected. See the Table of Effective Dates in SF 2817A or B.

8. Disposition of SF 2817 - After certification, remove Part 3 and return to employee. File Part 1 in employee's personnel folder. Destroy Part 2 after payroll office use.

5.13 Credit Union

The EPA Credit Union serving headquarters staff is part of the Engraving and Printing Federal Credit Union network. (Field staff may belong to other credit unions.) When an employee becomes ill, there are a number of issues that may arise relevant to his or her credit union account, such as salary allotments, loan payments, and disbursement of funds from savings accounts. Again, these issues are relevant to supervisors only to the extent that employees ask for assistance from their supervisors. Pertinent forms and information can be obtained by calling the Credit Union on 202/488-3201 or visiting the Credit Union in Waterside Mall, Room 3309 between 10:00 a.m. and 3:30 p.m., Monday through Friday.

5.14 Social Security Administration

The Social Security Administration (SSA) has prepared information concerning financial assistance for persons with disabilities that stem from HIV/AIDS. A brief summary of this information is provided below. For more information, a brochure has been included in this resource guide summarizing the type of financial assistance available, eligibility requirements, and application procedures. (See Chapter 7.) Also, SSA has produced a booklet, *Disability* (SSA Publication No. 05-10029).

Benefits Programs and Eligibility

SSA operates two disability benefits programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). The medical requirements to participate in the programs are the same. SSA will work through a state-level Disability Determination Service (DDS) to assess whether a person's impairments would interfere with his or her ability to work. Under SSDI or SSI, a person is considered disabled if he or she is unable to do any kind of substantial work (generally defined as work which results in monthly earnings of \$500 or more).

A person with HIV/AIDS is not automatically eligible for SSDI or SSI. SSA has developed guidelines for evaluating disability claims of persons with HIV/AIDS, including special guidelines for women and children. The DDS will evaluate all available medical information to determine a person's ability to work. The DDS's assigned disability specialist will look for documentation of signs, symptoms, and laboratory findings caused by HIV -- for example:

Signs

- Evidence of opportunistic infection,
- Documented weight loss, and
- Abnormal skin conditions

Symptoms

- Low energy, easy fatigability, generalized weakness,
- Persistent cough, and
- Persistent diarrhea

Laboratory findings

- Positive HIV antibody test,
- Depressed T-cell count, and
- Other indicators of compromised immune status

In addition to medical evidence, the DDS specialist may evaluate a claimant's ability to perform physical tasks (e.g., walking, standing, reaching) or mental tasks (e.g., understanding or remembering instructions).

Non-medical eligibility requirements for the two programs differ. To be eligible for SSDI, a person must: (1) be a disabled person with a history of paying Social Security taxes, (2) be a disabled widow or widower age 50 or older whose spouse had a history of paying Social Security taxes, (3) be a disabled child age 18 or older of a parent with a history of paying Social Security taxes, or (4) be a disabled child under age 18 of a parent with a history of paying Social Security taxes. Persons with HIV should check with a local Social Security office to ensure that SSA's

records on salary or wages and Social Security tax payments are correct. SSA has a form for requesting a statement that contains a record of earnings and an estimate of benefits. To be eligible for SSI, a person must be age 65 or older, blind, or disabled with a low income and limited assets. For an individual, the asset limit is \$2,000 (excluding a person's home, car, and personal belongings). For couples, the asset limit is \$3,000. SSA offers a booklet on SSI eligibility, *SSI* (Publication No. 05-11000).

In most states, persons who receive SSI are eligible also for Medicaid health care insurance coverage. Persons who get SSDI benefits qualify for Medicare health insurance coverage 24 months after the month the person became entitled to receive SSDI benefits. For more information on Medicare, SSA has a booklet, *Medicare* (Publication No. 05-10043).

Applying for SSI or SSDI

To make an application, a person can call or visit any Social Security office. The addresses and phone numbers can be found in the blue pages of most local phone books listed under United States Government. All information provided to SSA will be kept strictly confidential. Certain documentation is required: a Social Security number, birth certificate, and a copy of the person's most recent IRS W-2 form (or tax return if the applicant is self-employed). The application process may be initiated without having all documentation in hand. To apply for SSI, the applicant will need to provide documentation that his or her income and assets are below the program's limits. Examples of such documentation include bank statements, rent receipts, and car registrations. For both programs, the applicant will have to provide information on how his or her medical condition has affected daily activities, including the names and addresses of physicians who provided treatment and a summary of the applicant's work over the past 15 years. It will be helpful to provide medical evidence such as blood tests and laboratory reports as supporting documentation.


Returning to Work

Social Security disability benefits do not necessarily end if a person returns to work. Under SSDI, a recipient may return to work for a nine-month trial work period, which will not affect benefits payments -- as long as the individual's earnings do not exceed a maximum level (generally, \$500 per month). Under SSI, a person returning to work will continue to be eligible for Medicaid. Other work incentives are described in an SSA publication, *Working While Disabled ... How Social Security Can Help* (Publication No. 05-10095), which can be requested from a local Social Security Office.

5.1.5 Health Insurance Options

The Office of Personnel Management (OPM) provides a variety of health care insurance coverage choices for Federal employees. Once a year, typically in November and December, a brief *open season* period allows employees the opportunity to change plans for the following year. Usually supervisors receive information on these plans and are expected to make it available to all employees to allow them to evaluate the various options. Health insurance coverage can be changed throughout the year in special circumstances. For example, if an employee gets married, he or she may switch from a "self-only" to "family" plan even though it is not *open season*. Otherwise, to change health insurance coverage, a completed Standard Form 2809, available from the EPA EOCC or field Human Resources Office, must be turned in to the Human Resources Management Division (HRMD) during the *open season* period for health insurance. The employee's new plan takes effect on January 1. The following pages contain a sample Health Benefits Registration Form and instructions for completing it.

FEHB, SF2809 "Health Benefits Registration Form"

 Standard Form 2809
Rev. August 1992
Form Approved
OMB No. 3208-0160

**Health Benefits
Registration Form**

Uses for Standard Form (SF) 2809

Use this form to

- Enroll in the FEHB Program, or
- Elect not to enroll in the FEHB Program (employees only); or
- Change your FEHB enrollment from Self Only to Self and Family and/or from your present plan or option to another plan or option because of an event described in the Table on page 6, or
- Change your FEHB enrollment from Self and Family to Self Only, or
- Cancel your FEHB enrollment

Who May Use SF 2809

- 1 Employees eligible to enroll in or currently enrolled in the FEHB Program including temporary employees eligible under 5 U.S.C. 8906a
- 2 Annuitants (other than CSRS/FERS annuitants) eligible to enroll in or currently enrolled in the FEHB Program including individuals receiving monthly compensation from the Office of Workers Compensation Programs

Note: CSRS/FERS annuitants Do not use this form.
To obtain the appropriate form, write to:

Office of Personnel Management
Insurance Services Branch
P.O. Box 14172
Washington, D.C. 20044

- 3 Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes
- 4 Individuals eligible for temporary continuation of coverage under the FEHB Program including:
 - Former employees (who separated from service)

- Children who lose FEHB coverage and
- Former spouses who are not eligible for FEHB under item 3 above

Note: Former spouses and children of CSRS/FERS annuitants - Do not use this form. To obtain the appropriate form, write to address shown in item 2 above

Instructions for Completing SF 2809

Type or Print Family

PART A. You must complete this part

- Item 1 Give your last name, first name and middle initial
- Item 2 Enter your Social Security Number. (See Privacy Act Statement on Page 5.)
- Item 3 Give your date of birth, using numbers to show the month, day and year
- Item 4 Enter your permanent home mailing address
- Item 5 Place an "X" in the appropriate box
- Item 6 Place an "X" in the box that signifies your current marital status (if you are separated but not divorced, you are still married)
- Item 7 Give your telephone number where you can be reached during normal business hours. Be sure to include the area code

PART B Complete this part to enroll or change your enrollment in the FEHB Program. (If you are changing your enrollment, also complete PART C)

- Item 1 Enter the plan name and appropriate enrollment code from the front cover of the brochure of the plan you want to enroll in or change to. (The enrollment code shows the plan and option you are electing and whether you are enrolling for Self Only or Self and Family.) If you are just changing from one option to another and/or from Self Only to Self and Family or from Self and Family to Self Only, enter the name of your present plan and the new enrollment code.

If the plan you want is a prepaid plan (CMP/HMO) be sure you live in the plan's enrollment area. If it is an employee organization plan, be sure you are eligible to enroll in the plan; you must be or become a member of the plan's sponsoring organization.

Your signature in Part F authorizes deductions from your salary, annuity or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.

Items 2a through 2f

Complete these items only if your enrollment is for **Self and Family**. (If you need extra space for additional family members list them on a separate sheet and attach.)

Item 2a. Indicate the first name and middle initial of each covered family member.

Item 2b. Provide the ZIP code if it is different from the enrollee's ZIP code in Part A, item 4.

Item 2c. Give your dependent's date of birth, using numbers to show the month, day and year. (e.g., 05/30/91)

Item 2d. Indicate **M** for male or **F** for female.

Item 2e. Provide the code which indicates the relationship of the eligible family member to you.

1. Spouse
2. Unmarried dependent child under age 22 (including an adopted child)
3. Step child, foster child or recognized child
4. Unmarried disabled child over age 22 incapable of self support.

Item 2f. Please provide Social Security Numbers for your dependents if available. If not available leave blank; benefits will not be withheld. (See Privacy Act Statement on page 5.)

Family Members Eligible for Coverage

- Unless you are a former spouse, family members eligible for coverage under your Self and Family enrollment include your spouse and your unmarried dependent children under age 22. Eligible children include your legitimate or adopted children and recognized children born out of wedlock, stepchildren or foster children if they live with you in a regular parent-child relationship. A recognized child born out of wedlock also may be included if a judicial determination of support has been obtained or you show that you provide regular and substantial support for the child.

Other relatives, e.g., your parents are not eligible for coverage even though they live with you and are dependent upon you.

- If you are a former spouse, family members eligible for coverage under your Self and Family enrollment are the unmarried dependent natural or adopted children under age 22 of both you and your former spouse.

- Children whose marriage ends before they reach age 22 become eligible for coverage under your Self and Family enrollment from the date the marriage ends until they reach age 22.

- In some cases, an unmarried disabled child who is 22 years old or older is eligible for coverage under your Self and Family enrollment if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday and renders the child incapable of self-support.

Note: Your employing office (see Note under General Information on page 3) can give you additional details about family member election including the documentation required for coverage of a disabled child age 22 or older.

Item 3a. Place an "X" in the appropriate box if you completed item 1 of this part. If you answer "Yes," complete items 3a through 3b.

Item 3b. Indicate any additional insurance coverage for you or your dependents. Indicate what part(s) of Medicare coverage are held. Indicate "A" if you have Part A, Medicare Hospital Insurance and/or Indicate "B" if you have Part B, Medicare Supplementary Medical Insurance. Indicate "A" and "B" if you have both.

PART C. You must complete this part if you are changing your enrollment.

Item 1. Enter the name of the plan in which you are presently enrolled.

Item 2. Enter your present enrollment code.

Item 3. Enter the number of the event that permits your change from the Table on page 6. (Leave this item blank if you are changing from Self and Family to Self Only.)

Item 4. Using numbers, enter the date of the event that permits your change. For Open Season changes enter the date on which the Open Season begins. (Leave this item blank if you are changing from Self and Family to Self Only.)

PART D. Place an "X" in the box provided only if you are an employee who does not wish to enroll in the FEHB Program. (Be sure to read the information about electing not to enroll on page 4.)

PART E. Place an "X" in the box provided if you wish to cancel your FEHB enrollment. Also enter your present enrollment code in the space provided. (Be sure to read the information about cancelling your enrollment on page 4.)

PART F. You must complete this part.

Item 1. Sign your name. Do not print.

Item 2. Enter the date you sign, using numbers to show the month, day and year.

Leave **PART G** and **REMARKS** section blank. They are for agency use only.

If You are Registering for Someone Else

If you are registering for an employee or an annuitant under a written authorization from him or her to do so, sign your name in Part F and attach the written authorization.

If you are registering for a former spouse eligible for coverage under Spouse Equity or for an individual eligible for temporary continuation of coverage as his or her court-appointed guardian, sign your name in Part F and attach evidence of your court-appointed guardianship.

General Information

The following material about the FEHB Program will be furnished to you by, or may be obtained from, your employing office (see Note below).

FEHB plan brochures which contain detailed information about plan benefits and the contractual description of coverage.

Employees

FEHB Program Information for Federal Civilian Employees and U.S. Postal Service Employees (SF 2809-A) which explains your rights and obligations under the Program.

FEHB Enrollment Information Guide and Plan Comparison Chart which contains enrollment, plan and rate information, as follows:

- RI 70-1 Federal Employees (Non-Postal)
- RI 70-2 Postal Employees
- RI 70-7 Employees in Positions Outside the Continental U.S. (including Alaska, Hawaii, Guam and Puerto Rico)
- RI 70-8 Temporary Employees Eligible for FEHB Under 5 U.S.C. 8906a
- RI 70-10 Visually Impaired Employees

Annuitants

FEHB Enrollment Information Guide and Plan Comparison Chart which contains enrollment, plan and rate information for:

Annuitants in retirement systems other than CSRS/FERS (RI 70-4)

Individuals receiving compensation from the Office of Workers Compensation Programs (RI 70-6)

Former Spouses (Spouse Equity)

FEHB Enrollment Information Guide and Plan Comparison Chart which contains enrollment, plan and rate information for former spouses (RI 70-5)

Individuals Eligible for Temporary Continuation of Coverage

FEHB Enrollment Information Guide and Plan Comparison Chart which contains enrollment, plan and rate information for former employees, children and former spouses eligible for temporary continuation of coverage (RI 70-5)

Note: "Employing office" means the office of an agency or retirement system that is responsible for health benefits actions for an employee, an annuitant, a former spouse eligible for coverage under Spouse Equity or an individual eligible for temporary continuation of coverage.

Dual Enrollment

Normally, you are not eligible to enroll if you are covered as a family member under someone else's enrollment in the FEHB Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 22 and covered under a parent's enrollment and becomes the parent of a child to enroll for Self and Family coverage.

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the Program. (Each enrollee must notify his or her plan of the names of the persons to be covered under his or her enrollment who are not covered under the other enrollment.)

Temporary Continuation of Coverage (TCC)

While the employing office notifies a former employee of his or her eligibility for temporary continuation of coverage, the employing office must be notified when a child or former spouse becomes eligible.

- For the eligible child of an enrollee, the enrollee must notify the employing office within 60 days after the qualifying event occurs, e.g., child reaches age 22.
- For the eligible former spouse of an enrollee, the enrollee or the former spouse must notify the employing office within 60 days after the former spouse's change in status, e.g., the date of the divorce or former spouse's remarriage before reaching age 55.

An individual eligible for temporary continuation of coverage who wants to continue FEHB coverage may choose any plan (for which he or she is eligible) option and type of enrollment. The time limits for a former employee, child or former spouse to file the SF 2809 with the employing office appear in Events No. 24, 25 and 26 in the Table on page 6.

Note: If someone other than the enrollee notifies the employing office of the child's eligibility for temporary continuation of coverage within the specified time period, the child's opportunity to file the SF 2809 ends 60 days after the qualifying event. If someone other than the enrollee or the former spouse notifies the employing office of the former spouse's eligibility for continued coverage within the specified time period, the former spouse's opportunity to file the SF 2809 ends 60 days after the change in status.

Effective Dates

Your employing office can give you the specific date on which your enrollment or enrollment change will take effect. Additional information about effective dates appears in the Table on page 6.

Note 1: If you are changing your enrollment from Self and Family to Self Only so that your spouse can enroll for Self Only, you should coordinate the effective date of your spouse's enrollment with the effective date of your enrollment change to avoid a gap in your spouse's coverage.

Note 2: If you are canceling your enrollment and intend to be covered under someone else's enrollment at the time you cancel, you should coordinate the effective date of your cancellation with the effective date of your new coverage to avoid a gap in your coverage.

Cancellation of Enrollment

You may cancel your enrollment at any time. However, if you cancel, neither you nor any family member covered by your enrollment will be entitled to a 31-day extension of coverage for conversion to nongroup coverage. Moreover, family members who lose coverage because of your cancellation will not be eligible for temporary continuation of coverage. (Be sure to read the additional information below about canceling your enrollment.)

Employees Who Elect Not to Enroll or Who Cancel Their Enrollment

To be eligible for an FEHB enrollment after you retire, you must retire:

- Under a retirement system for Federal civilian employees; and
- On an immediate annuity.

In addition, you must be currently enrolled in a plan under the FEHB Program and must have been enrolled (or covered as a family member) in a plan under the Program for:

- The five years of service immediately before retirement (i.e., commencing date of annuity entitlement), or
- If fewer than five years, all service since your first opportunity to enroll. (Generally, your first opportunity to enroll is within 31 days after your first appointment [in your Federal career] to a position under which you are eligible to enroll under conditions that permit a Government contribution toward the enrollment.)

If you do not enroll at your first opportunity or if you cancel your enrollment, you may later enroll or reenroll only under the circumstances explained in the Table on page 6. Some employees delay their enrollment or reenrollment until time to qualify for FEHB coverage as a retiree; however, there is always the risk that they will have to retire earlier than expected (e.g., due to disability or involuntary separation) and not be able to meet the five-year requirement for continuing FEHB coverage into retirement. Please understand that when you elect not to enroll or cancel your enrollment, you are voluntarily accepting this risk. An alternative would be to enroll or change to "Self Only" so that you meet the requirement for continuing FEHB enrollment after retirement.

Note: Temporary employees eligible for FEHB under 5 U.S.C. § 8006a -- Your decision not to enroll or to cancel your enrollment will not affect your future eligibility to continue FEHB enrollment after retirement.

Annuitants Who Cancel Their Enrollment

You cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. See the Table on page 6 for events that allow eligible annuitants to reenroll.

Former Spouses (Spouse Equity) Who Cancel Their Enrollment

If you cancel your enrollment in the FEHB Program, you cannot reenroll as a former spouse. However, if you stop the enrollment because you acquire other FEHB coverage, your right to FEHB coverage under spouse equity continues. You may reenroll as a former spouse when the other FEHB coverage ends.

If you cancel a family enrollment, the covered children may be eligible for continued coverage if the children are receiving a survivor annuity based on the service of the other parent, and the other parent had family coverage at the time of death. In this circumstance, you should contact the other parent's retirement system promptly to have the children enrolled as survivor annuitants. The children must enroll for FEHB coverage as survivor annuitants within 31 days after your cancellation.

Temporary Continuation of Coverage Enrollees Who Cancel Their Enrollment

If you cancel your TCC enrollment, you cannot reenroll. Your family members who lose coverage because of your cancellation cannot enroll for TCC in their own right nor can they convert to a nongroup policy. However, family members who are Federal employees or annuitants may enroll in the FEHB Program when you cancel your coverage if they are eligible for FEHB coverage in their own right.

Note 1: If you become covered by a regular enrollment in the FEHB Program (either in your own right or under the enrollment of someone else), your TCC enrollment is suspended. You will need to send documentation of the new enrollment to the employing office maintaining your TCC enrollment so that they can stop the TCC enrollment. If your new FEHB coverage stops before the TCC enrollment would have expired, the TCC enrollment can be reinstated for the remainder of the original eligibility period (18 months for separated employees).

Note 2: Former spouse, spouse equity, and temporary continuation of coverage enrollees who fail to pay their premiums within specified time frames are considered to have voluntarily canceled their enrollment.

Privacy Act Statement

The information you provide on this form is needed to document in your records file maintained by your employing office your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state or local law enforcement agency.

We also request that you provide your Social Security Number so that it may be used as your individual identifier in the Federal Employees Health Benefits Program. Executive Order 9397

dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names.

While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Public Burden Statement

We think this form takes an average of 45 minutes to complete including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project, (3206-0150), Washington, D.C. 20503.

SAMPLE

TABLE OF PERMISSIBLE CHANGES IN ENROLLMENT
Enrollment May Be Cancelled or Changed From Family to Self Only at Any Time

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form Showing Change Must Be Filed With Employing Office**
		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
1	Open Season	Yes*†	Yes	Yes	As announced by the Office of Personnel Management
2	Change in marital status (marriage, divorce, annulment, death of spouse.)	Yes*†	Yes (Except former status)	Yes (Except former status)	From 31 days before to 60 days after change in marital status
3	Other change in family status (For example, birth of a child, legal separation, discharge from military service of a spouse or of a child under age 22)	No	Yes	No	Within 60 days after change in family status
4	Employee or family member moves from an area served by a preferred plan (CMP/HEMO) in which enrolled at time of move	Does not apply	Yes	Yes	At any time after preparing written notice to the employing office of the move
5	Termination of enrollment by employee organization plan because of termination of membership in organization	Does not apply	No	Yes	Within 31 days after termination of enrollment in plan
6	Employee, annuitant or former spouse (spouse equity) covered as a family member under another's FEHB enrollment loses coverage other than by cancellation or change to Self Only of the covering enrollment; or employee covered under another's family-sponsored health benefits program loses such coverage for any reason	Yes*	Does not apply	Does not apply	Within 31 days after termination (except, for employees, within 60 days after the death of the employee). Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2800. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.
7	Employee, annuitant or former spouse (spouse equity) covered as a family member under another's FEHB enrollment loses coverage because of change of the covering enrollment from Family to Self Only	Yes for Self Only	Does not apply	Does not apply	Within 31 days after change of covering enrollment has been filed. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2800. If election is made within the time limit, but during a pay period following the one in which the change to Self Only was filed, there will be a break in coverage.
8	Employee transfers to overseas post of duty from the United States, or reverse	Yes*	Yes	Yes	Within 31 days before or after move
9	Employee returns to active civilian duty or annuitant reenters from military service which was not limited to 30 days or less	Yes*†	Yes	Yes	Within 31 days after return to active civilian duty or separation from military service
10	Your plan stops participating in the FEHB Program	Does not apply	Yes	Yes	As set by the Office of Personnel Management
11	Self Only enrollment under this Program of employee's or annuitant's spouse terminates as a result of change in spouse's Federal employment status or 365 days' nonpay status	No	Yes	No	Within 31 days after termination of spouse's enrollment. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2800. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.
12	Employee who is not enrolled loses coverage under parent's non-Federal health plan	Yes*	Does not apply	Does not apply	Within 31 days after loss of coverage, except within 60 days after the death of the parent
13	Enrolled employee retires from overseas post of duty and is eligible to continue enrollment as annuitant	Does not apply	Yes	Yes	Within 60 days after retirement
14	Employee becomes eligible for Medicare	Does not apply	No	Yes	At any time beginning 30 days before becoming eligible for Medicare
15	Employee's eligible child (or children) loses coverage under another's FEHB enrollment	No	Yes	No	Within 31 days after child's (children's) loss of coverage. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 2800. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or too close to the expiration of the 31-day extension of coverage), there will be a break in coverage.

* Individuals must be otherwise eligible to enroll.
† Employees only.

** Also selected effective date information.

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form- Electing Change Must Be Filed With Employing Office**
		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
16	Employee or an eligible family member loses coverage under Medicaid (State program of medical assistance for the needy)	Yes* employees only	Yes family member only	Does not apply	Within 31 days after termination of Medicaid or loss of Medicaid coverage by family member
17	Employee, annuitant or former spouse (spouse equity) covered as a family member under another's FEHB enrollment, loses coverage due to cancellation of the covering enrollment.	Yes*	Does not apply		You must enroll in the same plan and option as that from which coverage is lost... [†] eligible to enroll in that plan, within 31 days after cancellation of the covering enrollment. If not eligible to enroll in that plan, you may enroll in the same option of any available plan within the 31-day period. Coverage is effective the first day of the pay period that begins after the employing office receives the SF 8800. If election is made within the time limit, but during a pay period following the one in which the cancellation was filed, there will be a break in coverage.
18	Enrolled employee's employment status changes from full-time to part-time career employment as defined in the Federal Employees Part-Time Career Employment Act of 1978	No	No	Yes	Within 31 days after the change in employment status
19	Employee or employee's spouse loses coverage under spouse's non-Federal health plan when spouse terminates employment to accompany employee who accepts a position in directed out of commuting area.	Yes*	Yes	No	Within 31 days before or 180 days after move
20	Employee's or annuitant's spouse involuntarily loses his or her non-Federal health insurance coverage or coverage for his or her dependents or employee's or annuitant's eligible child (or children) loses non-Federal coverage under the other parent's health plan because the other parent involuntarily loses coverage for his or her dependents	Yes* [†]			Within 31 days before or after spouse's or dependent's loss of coverage, or within 31 days before or after child's (or children's) loss of coverage
21	Former spouse who is eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615) as amended, the Insolvency Authorization Act of 1980 (P.L. 96-509) or the Foreign Relations Authorization Act, Fiscal Years 1985 and 1986 (P.L. 100-204)	Yes*	Does not apply	Does not apply	Generally within 60 days after divorce or within 60 days after the date of OPM's notice of eligibility to enroll
22	Temporary employee completes one year of service in accordance with 5 U.S.C. § 5302a	Yes*	Does not apply	Does not apply	Within 31 days after becoming eligible
23	Temporary employee eligible under 5 U.S.C. § 5302a, changes to a non-temporary appointment	Yes*	Yes	Yes	Within 31 days after changing to non-temporary appointment
24	Employee separated from service and eligible for temporary continuation of coverage	Does not apply	Yes	Yes	Within 60 days after the date of separation or receiving notice of the opportunity to elect temporary continuation of coverage. Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, the effective date will be retroactive.
25	Child of employee, former employee or annuitant child meeting the requirements for unmarried dependent children	Yes*	Does not apply	Does not apply	Within 60 days after the date of the qualifying event or the child's receiving notice of the opportunity to elect temporary continuation of coverage (based on the employee's notification to the employing office of the child's eligibility). Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, the effective date will be retroactive.

* Individuals must be otherwise eligible to enroll.
† Employees only

** Also selected effective date information

No.	Events That Permit Enrollment Change	Change Permitted			Time Limit in Which Registration Form Submitting Change Must Be Filled With "Employing Other"
		From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	
26	Former spouse meets the requirements in § U.S.C. 8001(10) of having been married to an FEHB plan as a covered family member at some time during the 18 months before the marriage ended, but does not meet one or both of the other two requirements of § U.S.C. 8001(10).	Yes*	Does not apply	Does not apply	Within 60 days after the date of the qualifying event; the date coverage under Subpart H of 5 CFR Part 800 ends, if the date occurs within 30 months of the qualifying event; or the former spouse's recovery notice of the opportunity to elect temporary continuation of coverage issued on the employee's or former spouse's notification to the employing office of the termination's eligibility. Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage or the date of the qualifying event, if later. If election is made prior the end of the 31-day extension of coverage or the date of the qualifying event, the effective date is the termination.
27	Former employee, former spouse or child whose temporary continuation of coverage under 5 CFR Part 800 Subpart H terminates due to other FEHB coverage under the other FEHB coverage.	Yes*	Does not apply		You must enroll in the same plan and option as that in which you were covered prior to obtaining the other FEHB coverage. It eligible to enroll in this plan within 31 days after the other coverage ends, but not later than the expiration of the period of eligibility for the temporary continuation of coverage. If not eligible to enroll in this plan, you may enroll in the same option of any available plan within the 31-day time limit.

* Individuals must be otherwise eligible to enroll.
† Employees only

** Also contact effective date manager.



HEALTH BENEFITS REGISTRATION FORM

Federal Employees Health Benefits Program

Form Approved
OMB No. 3208-0160

• Complete Part A and Parts B, C, D, and E as applicable.

• Do not separate the sections. Your employing office will supply the completed form and return your copy to you.

• Type or Print Name
• Sign and date in Part F

PART A - Fill in this part.

1 Name (Last, first, middle initial)	2 Social Security number	3 Date of birth (mo., day, yr.)
4 Your home mailing address (include ZIP code)	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6 Are you now married? <input type="checkbox"/> Yes <input type="checkbox"/> No
7 Daytime telephone number ()		

PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.

1 I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)

Name of plan	Enrollment code
2a. Name of family members	2b. ZIP code
2c. Date of birth (mo., day, yr.)	2d. Sex
2e. Relationship "to" you	2f. Social Security number (line extensions)

2a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? ☐ No ☐ Yes — Complete 2b

2b. Type of insurance: ☐ Medicare ☐ CHAMPUS ☐ Other private (specify name)

2c. Indicate part(s): ☐ No ☐ Yes

PART C - Fill in this part, as well as PART B, to change enrollment.

1 Present Plan name	2 Present Plan enrollment code	3 Number of event that permits change (See Table of Permissible Changes)	4 Date of event that permits change (mo., day, yr.)
---------------------	--------------------------------	--	---

PART D - Employees Only

Place an "X" in the box below if you wish **NOT TO ENROLL** in the FEHB Program.

☐ I elect not to enroll in the Federal Employees Health Benefits Program.

My signature in PART F certifies that I have read and understood the information regarding this election.

PART E - CANCELLATION

Place an "X" in the box below if you wish to **CANCEL** your enrollment.

☐ I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown at the right.

My signature in PART F certifies that I have read the information in the instructions regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after re-enrollment.

PART F - Fill in this part.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001)

1 Your signature (Do not print)	2 Date
---------------------------------	--------

PART G - To be completed by agency

1 Name and address of employing office	2 Date received in employing office	3 Effective date of action	4 SF-2811 report number
5 Payroll office number	6 Payroll contact and telephone number ()	7 Personnel contact and telephone number ()	8 Signature of authorized agency official
			9 Phone number ()

Remarks

5.1.6 Leave Bank Sign-Up

EPA has a Leave Bank which is open to all employees. As a supervisor, your role may only be to *inform all* of your employees about the Bank and encourage them to join. If you have an employee that needs to use leave from the bank, you will have to work with the timekeeper to ensure proper recording of the leave on the time-cards. There is an annual EPA Leave Bank open season, usually in the fall. In order to join, an employee must fill out Standard Form 3160-6 and pledge one pay period's worth of annual leave per year. Participation in the Leave Bank becomes active in the next pay period. Membership in the Leave Bank entitles members to apply for leave in times of need, which are usually associated with personal illness. To apply for leave from the Leave Bank, an employee sends a memorandum to the Leave Bank stating the basis of need, an estimate of the total amount of leave that will be needed, and an estimated return to duty date. A copy of EPA Form 3160-6 follows, as well as a sample memorandum requesting leave from the bank.

Related to the Leave Bank is the ability of EPA staff to donate unused leave to employees who have exhausted their own leave. OHRM in headquarters or field Human Resources Offices can provide information on leave donations.

"EPA Form 3160-6, Application to Contribute to EPA Leave Bank"

EPA APPLICATION TO CONTRIBUTE TO EPA LEAVE BANK	
NOTICE TO EMPLOYEE: Before completing this form, please read the instructions for Sections I and II on the back. Return the completed form to your Human Resources Office. DO NOT REMOVE YOUR COPY. The Human Resources Office will return it to you.	
I. INFORMATION ABOUT YOU	Name _____ SSN _____ Organization and Address _____ Wk. Phone _____ Date _____
	II. TYPE OF CONTRIBUTION Check all boxes that apply with an "X"
A. <input type="checkbox"/>	I hereby apply for membership in the EPA Leave Bank. I authorize EPA to deduct one pay period's accrual (or such other amount as the Agency Leave Bank Board has established for this enrollment period) of annual leave from my account for deposit into the EPA Leave Bank.
B. <input type="checkbox"/>	In addition to any amount contributed in Box A above, I wish to donate _____ extra hours of annual leave to the EPA Leave Bank. (NOTE: A waiver may be required to do this. See instructions on back of this form.)
C. <input type="checkbox"/>	Of the total hours shown in Box B above, I wish to designate _____ hours of annual leave to the qualified recipient named below. I certify that this employee is not my immediate supervisor. Signature _____ Leave Recipient Information
Name _____ SSN _____ Organization and Address _____ Work Phone No. _____	
III. HUMAN RESOURCES OFFICE CERTIFICATION (See statement on back of form)	Typed Name and Title of Human Resources Official _____ SON _____ Signature _____ Date _____ Effective Date of This Action II-A _____ II-B _____
	IV. WAIVER If applicable, waiver for II-B above is authorized.
	Typed Name and Title of Authorizing Official _____ Signature _____ Date _____
PRIVACY ACT NOTICE: We are authorized to request this information under 5 U.S.C. 552 and Public Law 100-504. Executive Order 12958 authorizes us to ask for your Social Security Number. The information on this form is used in the administration of the Federal Voluntary Leave Bank Program. The purpose of this information is to document your donation of unused accrued annual leave to the EPA Leave Bank. Your Social Security Number (SSN) will be used to ensure that your donation of annual leave is transferred from the correct leave account. Additional disclosures of information may be required to report payments information in the Office of Personnel Management concerning the Leave Bank Program for the purpose of evaluating the effectiveness and cost of the program. Furnishing the information on this form, including your Social Security Number, is voluntary; however, failure to do so may result in our not being able to process the actions you request by this form.	

EPA Form 3160-6 (11-89)

COPY 1 - PAYROLL OFFICE

GENERAL INSTRUCTIONS AND INFORMATION ABOUT THE LEAVE BANK PROGRAM

This form is used to: (1) apply for "membership" in the EPA Leave Bank, (2) contribute extra hours beyond your basic membership fee to the Leave Bank, and (3) designate all or a portion of the extra contribution in (2) above to a specific individual who is a qualified leave recipient. Complete sections I and II, and return the form to your Human Resources Office.

You may check Box IIA and join the EPA Leave Bank only during an open enrollment period for all Agency employees or during an individual enrollment period if you are a new EPA employee or one returning to EPA from an absence covering an entire open enrollment period.

You may check Boxes IIB and/or IIC and submit this form to the Human Resources Office at any time during the year, including an open enrollment period.

All contributions of leave are deposited in the Bank. They are not returned to you if you leave EPA. Also, if the person to whom you designate leave no longer has the medical emergency, any unused leave is returned to the Bank, not to you.

There are limitations on the total amount of leave you may donate to the Agency Leave Bank in any one year. These limitations are:

(1) You may not donate more than one half of the amount of annual leave you are projected to earn in a leave year, and

(2) If you are projected to forfeit leave, you may donate no more than the number of hours you are scheduled to work and receive pay (from the date of the contribution) (EXAMPLE: If you had 80 hours "use-or-lose" leave and only 5 work days remaining in the leave year, the maximum number of hours you could donate would be 40. The other 40 hours will be forfeited.)

Under certain conditions, these two limitations may be waived. If you need to request a waiver to donate leave beyond these limitations, see your Human Resources Office.

INSTRUCTIONS FOR SECTION I

Complete all items in this section. Fill in responses truthfully with a ballpoint pen.

INSTRUCTIONS FOR SECTION II

Check any boxes that apply. "Box A" is used to indicate that you want to enroll as a member of the EPA Leave Bank. The membership "fee" for one year's membership in the Leave Bank is one pay period's accrual of annual leave (i.e., 4, 6, or 8 hours) or an amount lower or higher as set by the Agency Leave Bank Board for a particular enrollment period. All basic membership contributions will be deposited in the central Bank. They may not be designated to a recipient.

Use "Box B" to contribute extra hours beyond your basic membership fee. You may make this type of contribution at any time during the year.

Check "Box C" if you want to designate all or a portion of the extra hours you show in "Box B" to a particular EPA employee whom you know is a qualified recipient under the Leave Bank program. You may donate leave to any qualified recipient, other than your immediate supervisor.

Sign on the line provided and turn this form in to your Human Resources Office. Do not send it directly to the Agency Payroll Office.

CERTIFICATION FOR SECTION III

The Human Resources Official whose signature appears in this section certifies the following:

(1) That if the applicant has checked Box A under Section II, he or she has submitted this form to the Human Resources Office within the established time limits of either an Agency open enrollment period or an individual enrollment period.

(2) That if the applicant has checked Box B under Section II, the number of hours contributed either does not exceed the regulatory limitations, or (if it does exceed the limitations) a waiver has been obtained.

(3) That if the applicant has checked Box C under Section II, the employee designated to receive the leave is a currently qualified leave recipient under the EPA Leave Bank Program.

INSTRUCTIONS FOR SECTION IV

This section is completed by the Agency Official authorized to grant any waiver that may be required in order to process this application.

"Sample Memorandum Requesting Leave from EPA Leave Bank"

Date _____

MEMORANDUM

SUBJECT: Application to Receive Leave from Leave Bank

FROM: _____

TO: Rita Jones
Leave Bank (PW-212)

SAMPLE

The purpose of this memo is to request leave from the EPA Leave Bank. I am a member of the Leave Bank and out of the office on prolonged personal illness. I have exhausted all my sick and annual leave.

Due to the prolonged illness, I have missed an unusual amount of time from work recently. During pay periods _____ I have used _____ hours of leave. My absence from work will extend into the foreseeable future. The physician's statement is attached.

If you have any questions about any of this, you can call me at _____.

cc: Supervisor
Timekeeper

5.1.7 Direct Deposit

Direct deposit sign-up is not an area in which supervisors generally get involved. Any EPA employee may take advantage of the direct deposit of all or part of his or her Federal paycheck. It is accomplished by completing a Standard Form 1199A. Once the employee completes the top part of the form, it must be signed by the bank or other financial institution which is to receive the allotment or paycheck, and returned to the EPA Financial Management Division for processing. Blank forms are available from the EPA Financial Management Customer Assistance Office in Waterside Mall Room 3407. Direct deposit of paychecks begins with the next pay period. For additional information, the EPA Financial Management Customer Assistance Office's telephone number is 202/260-5116, and the mail code is 3303.

The reason direct deposit is included in this resource guide is that, in the case of retirement, it will be necessary for the retiring employee to complete a new Standard Form 1199A for disposition of his or her retirement annuity which, under retirement, will be disbursed by the Office of Personnel Management (OPM) rather than the EPA Financial Management Division.

SF1199A, "Direct Deposit Sign-Up Form"

Prescribed by Treasury
Distribution
Treasury Code, Ch. 1075

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks (See the sample check on the back of this form). This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT (Check only one)	
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retiree <input type="checkbox"/> Civil Service Retirement (DPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER		AMOUNT	
PAYEE JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
-------------------------------	----------------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-350-774

GOVERNMENT AGENCY COPY

1199-206

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record keeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, B-101 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

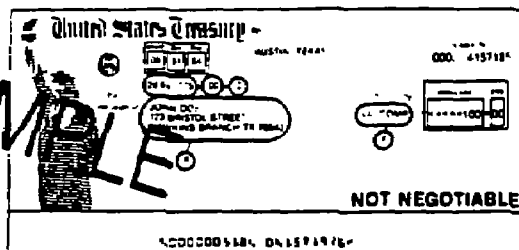
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check.

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e., after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

5.1.8 Personal Counseling Services

The Agency offers a variety of personal counseling resources for both employees and supervisors. These resources include strictly confidential counseling and advice on personal issues, health issues, as well as the full range of employee benefits policies and procedures. Also, there is an office within the Agency for employees to contact if they feel they are being discriminated against on the job (the Office of Civil Rights). All records are protected by Federal laws and regulations of the *Privacy Act* which safeguard the rights of employees to privacy.

Employee Counseling and Assistance Program (ECAP)

EPA's Employee Counseling and Assistance Program (ECAP), serving headquarters staff, provides a completely confidential professional counseling and referral service to deal with a variety of needs and problems including job performance and emotional, health-related, financial, and stress management. A supervisor can refer an employee to the program if he or she feels that the employee has a job performance problem which may be related to a personal problem. Counselors are impartial and are bound by professional and legal standards of confidentiality. Headquarters employees can make an appointment in person at Waterside Mall, in Room SWG-2, between 8:30 a.m. and 5:00 p.m., or by phone at 202/260-4420 or 202/260-4421, Monday through Friday. Field office and laboratory personnel should consult the employee assistance program in their area. Assignment of a counselor is virtually immediate upon request, but the employee may have to wait for an appointment.

Employee Outreach and Counseling Center (EOCC)

The Employee Outreach and Counseling Center (EOCC), housed in Waterside Mall Room 3906 (202/260-9686), is the best source of the most current information on all employee benefits, for both employees and supervisors. There are Benefits Counselors who can answer questions and direct employees to the proper forms and procedures. EOCC Counselors can also advise employees on the best ways to apply for and obtain benefits. All conversations are held in the strictest confidence. Field staff should consult the Human Resources Office serving their particular field office.

HIV/AIDS Coordinator

In response to the White House directive (see Chapter 1), EPA has appointed an HIV/AIDS Coordinator. Mr. Frank Finamore is organizing the Agency's HIV/AIDS program which includes development of a comprehensive HIV/AIDS policy, establishment of an Agency-wide network of persons knowledgeable about related issues, and the preparation and delivery of training for all EPA employees, starting with supervisors. Mr. Finamore may be available, on a limited basis, to provide assistance to individuals with specific questions about their own situation. Questions about the EPA's HIV/AIDS program should be directed to Mr. Finamore at 202/260-9292. Also, employees interested in participating in the development of EPA's program may contact Mr. Finamore.

Office of Civil Rights

The Equal Employment Opportunity (EEO) Specialists in the EPA Office of Civil Rights are available to help all employees with questions or concerns about on-the-job discrimination issues. This may be an issue for employees with HIV/AIDS who feel they are being discriminated against. Also, the EEO Specialists may be of assistance to supervisors who are trying to make reasonable accommodations for an employee with a disabling condition. An EEO Specialist can be reached at 202/260-4575. For headquarters staff, EEO is located in EPA Waterside Mall, West Tower, Room 206 (mail code 1205). Field staff may consult with EEO counselors assigned to their particular field offices.

Employee Unions

There are multiple unions that represent EPA employees and have representatives available to discuss employment problems. So-called "non-professional" employees (administrative, clerical and Environmental Protection Specialists) are represented by the American Federation of Government Employees (AFGE) Local #3331 (for headquarters staff). Headquarters personnel can reach an AFGE representative at 202/260-3120. Field office and laboratory personnel should consult their local union representative. AFGE maintains an office in EPA Waterside Mall, Room 3611 (mail code TS-798). "Professional" and "non-professional" employees are represented by the National Federation of Federal Employees (NFFE) Local #2050 (for headquarters staff). A NFFE representative can be reached at 202/260-2383. NFFE maintains an office in EPA Waterside Mall, Northeast, Room 302 (mail code UN-200). Field staff may be represented by other locals or unions.

5.1.9 *Quiet Room*

EPA's Quiet Room opened in August 1993. It is located in Waterside Mall Room 2117-M near the stairway closest to Radio Shack and the Jamaican Bakery. The quiet room is a resource available to all EPA employees as a quiet place to think, relax, meditate, pray, gather one's thoughts, or to be still. It is a softly lit room with comfortable chairs and without any ornamentation which could be a distraction. The following pages provide a sample Quiet Room information flyer.

Quiet Room Flyer

Quiet Times

August 1993 (93-1)

EPA's Quiet Room Opens

OPEN HOUSE HELD ON AUGUST 11 & 12. EPA employees got their first look at the new Quiet Room on Wednesday and Thursday, August 11 & 12, from 11 a.m. to 1 p.m. Approximately 100 people, from several different Headquarters locations, came to see this latest addition to EPA's Quality of Worklife programs.

WHAT IS A QUIET ROOM? A quiet, peaceful room, without the symbols of any religion, to which employees may go and be still from time to time. A room "dedicated to silence in the outer sense and stillness in the inner sense...a room where only thoughts should speak."

Rooms similar to EPA's Quiet Room are in most hospitals and many airports. Some public buildings have them also; for example, the United Nations Headquarters, The United States Capitol, and the Pentagon. They are variously called meditation rooms, prayer rooms, chapels, or quiet rooms.

WHAT IS IT LIKE AND WHERE IS IT? It is a softly lit room with comfortable chairs, a few tables with lamps, plants, pictures of nature scenes, and some informational materials in the foyer. It is room 2117-M (Waterside Mall) near the stairway closest to Radio Shack and the Jamaican Bakery.

WHO CAN USE IT? EPA employees, contractors and visitors are welcome. We invite you to visit the Quiet Room soon.

WHY WOULD ONE GO TO THE QUIET ROOM? To think, relax, meditate, pray, gather one's thoughts...to be still

WHAT ARE THE RULES FOR ITS USE? The Quiet Room is a place of silence. It is not a work area, meeting room or social lounge. Please respect

the rights of others and refrain from talking, eating, drinking, smoking, or engaging in any distracting behavior. Since some people are chemically sensitive, please help maintain an odor-free environment.

WHEN IS IT OPEN? From 6:30 a.m. to 6:30 p.m. on workdays.

WHAT IS THE CURRENT STATUS OF THE QUIET ROOM? The room has begun operation in a pilot phase so that people can try it out and make suggestions/ comments about possible improvements.

HOW CAN I MAKE COMMENTS OR SUGGESTIONS? There are forms for that purpose in the Quiet Room. Just fill one out and place it in the Comments box or fold it so the address shows and drop it in the interoffice mail. Since the pilot phase will only last a few months, we need your comments now so they can be considered in implementing the final design. Also, please sign the log (name optional) to help document usage.

So far the comments have been overwhelmingly favorable. We will keep you informed

WHERE DID THE IDEA FOR A QUIET ROOM COME FROM AND HOW DID WE GET IT HERE AT EPA HEADQUARTERS? Over three years ago an EPA employee suggested the idea to the New Headquarters Office (at that time we thought we would have a new Headquarters building by 1992). As time passed and it became doubtful that we would move any time soon, a group of employees, the Quiet Room Survey Committee, conducted a survey to find out if employees at EPA Headquarters wanted a Quiet Room. The results were affirmative. Several months later, the Quiet Room Committee was formed. That committee presented a proposal for the Quiet Room to Administrator Browner and she approved it in June 1993. The Facilities Division and the Quiet Room Committee, working together, designed the Quiet Room.

5.2 Information for Employees Who Need Accommodations

Contents

- 5.2.1 Special Equipment or Other Physical Accommodations**
- 5.2.2 Compressed Workweek Program**
- 5.2.3 Flexiplace**
- 5.2.4 Flexitime**
- 5.2.5 Change in Work Assignments**
- 5.2.6 Job Reassignment**

5.2.1 Special Equipment or Other Physical Accommodations

Employees with physical disabilities may require modifications to their physical work space in order to continue to be productive. Supervisors can request the acquisition of special equipment, without the employee having to disclose the nature of his or her physical limitation. A physician's certification of the need for special equipment or adaptations may be required. In general, the cost of the physical accommodation is borne by the Agency.

The extent to which an employee or supervisor must disclose medical or other confidential information depends on the accommodation requested. Some disclosure to the supervisor should be inspected, because the request for an accommodation must be approved by the supervisor. Disclosure to second line supervisors or more senior managers may need to be made if the supervisor needs input on how to accommodate the employee's disability. Supervisors can seek technical guidance from several EPA resources: Health and Safety Division, Health Unit, Agency attorneys, and outside physicians made available through an agreement with the Department of Labor.

Special equipment can be as simple as foot rests, wrist pads (for computer use), and desk lamps to improve lighting. Accommodating furnishings include orthopedic chair inserts and more supportive desk chairs. More elaborate adaptations, such as walk ramps, wheel-chair accessible bathroom stalls, or wider doorways may be considered reasonable accommodations under the *Rehabilitation Act* and the *American with Disabilities Act*. Such reasonable accommodations are made on a case by case basis, balancing the needs of the employee with the need to achieve the Agency's mission. Legally, the Agency is required to provide "reasonable" accommodations, meaning accommodations that do not pose undue hardship or harm to the effectiveness of achieving its mission. For example, taking up carpeting or widening a doorway has been done at EPA, but making physical modifications to an entire building wing may not be considered reasonable. In general, this means that the Agency must be able to afford the accommodation (although there is no set dollar limit).

There is no "standard" list of reasonable accommodations. However, other physical accommodations approved at EPA include acquisition of PCs with large screen monitors; motorized scooters; illuminated magnifying glasses to assist the visually impaired at reading; and special telephones for the hearing impaired. Accommodations have also included scheduling meetings close to an employee's work area, removing carpet, and widening doors for wheelchairs. It is the responsibility of the immediate supervisor to negotiate an accommodation. An accommodation cannot be deemed unreasonable merely because it has not been used before. The supervisor should consider the type of work that is being performed, known physical or mental limitations of the employee, and possible options.

If a reasonable accommodation cannot be made within the immediate section or unit, an accommodation should be considered within the region, laboratory, or other larger work unit. If an accommodation cannot be made within these larger units, it is likely that it may not be considered "reasonable." The goal is for the Agency management and the employee to mutually agree on an accommodation. Supervisors may consult the EPA EOCC (for headquarters staff) or the Human Resources Office (for field staff), and EPA's HIV/AIDS policy (see Chapter 3), for guidance on reasonable accommodations.

5.2.2 Compressed Workweek Program

EPA has had a highly successful Compressed Workweek Program in effect since 1988. It is a powerful tool to accommodate an employee's disabling condition. Implementing a compressed schedule can reduce that employee's commuting time and expenses. A compressed schedule can offer greater flexibility in meeting personal responsibilities (such as going to doctor appointments) without having to deplete sick leave. Managing accrued leave becomes increasingly important to someone with HIV/AIDS as his or her physical abilities wane.

While the "normal" compressed work schedule is eight 9-hour days and one 8-hour day per pay period, other variations, such as eight 10-hour days per pay period, are allowable with special permission. Each EPA Assistant Administratorship has different policies and procedures for applying and obtaining approval for a compressed work schedule. For example, the OPPT (Office of Pollution, Pesticides, and Toxics) policy stresses maximum flexibility in switching days off in any pay period, which is an obvious advantage to any employee with a disabling illness like HIV/AIDS, when his or her health fluctuates from day-to-day.

In general, the approval for Compressed Workweek is up to the employee's immediate supervisor, subject to the approval of the second line supervisor. Once forms are completed and signed, the employee can proceed with a compressed schedule.

The application form for a compressed work schedule currently being used by OPPT should be available from OPPT timekeepers and supervisors. The employee fills out the form and turns it in to his or her immediate supervisor who approves (or disapproves) the proposed schedule. If approved, the form is sent to the second level supervisor for concurrence, and forwarded to the employee's timekeeper for the file. A copy of the OPPT Compressed Workweek Program policy and application form are contained in Appendix A.

5.2.3 Flexiplace

Another powerful accommodation tool at the disposal of the supervisor is the Flexiplace. (At the time of writing, the Agency had implemented a Pilot Flexible Workplace Project.) This program allows an employee to work at home, according to a pre-determined schedule. In the case of an employee with diminishing energy levels due to HIV/AIDS, work at home might greatly improve his or her overall productivity and significantly increase the length of time the employee can make valuable contributions and postpone disability retirement. Sometimes the ability to continue active, productive employment, even on a part time basis, can actually prolong the life of a person with HIV/AIDS.

Flexiplace was not designed, however, as a long term work at home program. In general, it is available for employees who would benefit from working 1 or 2 days at a different site. Flexiplace approval is made at the first line supervisor level. When a supervisor approves an employee's participation, the request goes to the Flexiplace coordinator in the Assistant Administratorship. The coordinator submits the paperwork to Human Resources, which arranges a Flexiplace training.

A description of the Agency's pilot program is contained in Appendix B and includes Program Guidance and the Work Agreement. While supervisors are strongly encouraged to take advantage of this accommodation tool for employees with disabling conditions such as HIV/AIDS, it is important to note that not all EPA offices are participating in the pilot program. It is important to first verify that your Assistant Administratorship is participating, and then to read all the requirements and guidelines before deciding to implement a Flexiplace Agreement with an employee.

5.2.4 Flexitime

Flexitime is different from Compressed Workweek. Under the program, an employee sets a regular two-week (pay period) work schedule for his or her supervisor. In general, Flexitime allows the employee to select regular work hours that are different from the standard 8:30 a.m. to 5:00 p.m. workday. Work hours can be different on different days. The point is to set a schedule which is mutually beneficial to the employee and the work unit. A *Flexitime schedule must be approved by the employee's first and second line supervisors. Once a schedule is set, it becomes effective immediately. A copy of a Flexitime pay period schedule is included.*

"Employee's Pay Period Flexitime Report"

EMPLOYEE'S PAY PERIOD FLEXTIME REPORT

FOR _____

PAY PERIOD ENDING _____

ARRIVE	DEPART	TOTAL HRS. WORKED	AL	SL	OTHER
Su					
M					
T					
W					
Th					
F					
Sa					
Su					
M					
T					
W					
Th					
F					
Sa					
TOTAL					

Signature of Employee

*Hours worked beyond normal tours of duty must be approved in advance for overtime compensation/credit for compensatory time.

EPA Hq Form 2560-19 (11-76)

5.2.5 Change in Work Assignments

Supervisors have a responsibility to discuss performance and provide feedback and guidance to employees. When an employee's illness interferes with his or her ability to do the job, the supervisor must address the situation with the employee. A serious illness not only affects the employee, but also his or her coworkers.

An obvious accommodation that any supervisor can make for an employee is to change work assignments. For example, perhaps an employee with declining energy (due to a disabling health condition) cannot be expected to continue managing a project that requires that he or she travel 30 percent of the time. That employee might be better able to handle similar assignments that do not require travel. As a reasonable accommodation, supervisors are asked to examine alternative assignments that have fewer physical demands for persons with HIV/AIDS or other disabling illnesses. Appropriate and reasonable changes in work assignments, when coupled with Flexiplace and Flexitime, can significantly improve the quality of life for a person with HIV/AIDS and result in a more productive employee.

5.2.6 Job Reassignment

In some cases, the supervisor may determine that the best accommodation for an employee is reassignment to another position that is less demanding. This would generally be considered as a last resort and would best be done in close consultation with ECAP (for headquarters staff) or a field office employee assistance program, or EOCC (for headquarters) or a field Human Resources Office, to ensure the employee is not adversely affected. Technical assistance is available also from the Health and Safety Division, Health Unit, Agency attorneys, and outside physicians available under agreement with the Department of Labor. Furthermore, reassignment will not be made if it poses an undue hardship on the Agency. Generally speaking, employees prefer to stay with the groups they have been working in, and don't wish to be relocated or isolated, especially when their overall health and emotional state is poor or deteriorating. Supervisors should exercise extreme caution and sensitivity when suggesting reassignment to someone with HIV/AIDS, so they do not feel discriminated against nor isolated. Any reassignment must be made in consultation with the employee, supervisor, program manager, and OHRM.

There are several legitimate reasons for reassignment, including: changing jobs to accommodate a person's physical limitations, returning a person to work after a period of disability, or relocating a person to a work area that provides needed physical accommodations (such as space to maneuver a wheelchair or walker). Job reassignment can be recommended to an employee or requested by an employee.

Authority for job reassignment rests in the management unit. Management has the right to reassign employees at any time, as long as the employee is maintained at his or her grade. If an employee requests reassignment as an accommodation to a disability, then the employee must provide some medical or other health documentation of the need for reassignment. Enough information must be disclosed for management to make a decision. Reassignment is primarily a supervisor's and manager's decision. Human Resources must be notified; a review of the paperwork is required, primarily to ensure that the candidate's grade level is maintained and that he or she has the requisite qualifications for the new position. Medical information does not need to be disclosed to Human Resources.

A Standard Form 52, "Request for Personnel Action," must be completed for job reassignment. (A copy is included.) It is a simple form used also for Leave Without Pay (LWOP) requests.

SF 52, "Request for Personnel Action"

Standard Form 52 Rev. 7/81 U.S. Office of Personnel Management PPM Form 520-33, Subch. 3		REQUEST FOR PERSONNEL ACTION	
PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 24 and 25.) 1. Action Requested		2. Request Number	
3. For Additional Information Call Name and Telephone Number		4. Proposed Effective Date	
5. Action Requested By (Typed Name, Title, Signature, and Factual Date)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)	
PART B - For Preparation of SF 50 (Use only codes in PPM Supplement 252-1. Show all dates in month-day-year order.)			
1. Name (Last, First, Middle)		2. Social Security Number	
3. Date of Birth		4. Effective Date	
FIRST ACTION 5-A. Code 5-B. Nature of Action		SECOND ACTION 6-A. Code 6-B. Nature of Action	
5-C. Code 5-D. Legal Authority		6-C. Code 6-D. Legal Authority	
5-E. Code 5-F. Legal Authority		6-E. Code 6-F. Legal Authority	
7. FROM: Position Title and Number		15. TO: Position Title and Number	
8. Pay Plan 9. Loc. Code 10. Grade or Level 11. Step or Rate 12. Year Salary		13. Pay Band 14. Pay Rate 15. Loc. Code 16. Loc. Code 17. Loc. Code 18. Loc. Code 19. Loc. Code 20. Loc. Code 21. Pay Band	
12A. Basic Pay 12B. Locality Allowance 12C. Adv. Basic Pay 12D. Other Pay		12E. Basic Pay 12F. Locality Allowance 12G. Adv. Basic Pay 12H. Other Pay	
14. Name and Location of Position's Organization		22. Name and Location of Position's Organization	
EMPLOYEE DATA			
23. Veterans Preference 1 - None 2 - 5-PON 3 - 10-PON/Disability 4 - 10-PON/Compensation 5 - 10-PON/Other 6 - 10-PON/Compensation/20%		24. Tenure 1 - None 2 - Conditional 3 - Permanent 4 - Temporary 5 - Probationary 6 - Other	
25. Agency Use YES NO		26. Veterans Preference to RF YES NO	
27. REGU 1 - Regular 2 - Temporary 3 - Probationary 4 - Other		28. Annuitant Indicator 1 - Annuitant 2 - Non-Annuitant	
29. Retirement Plan 1 - Civil Service 2 - Other		30. Work Schedule 1 - Full Time 2 - Part Time 3 - Other	
31. Service Comp. Date (Leave)		32. Part Time Hours Per Week 1 - 20 2 - 25 3 - 30 4 - 35 5 - 40 6 - Other	
POSITION DATA			
33. Position Occupied 1 - General Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserve 5 - SES Career 6 - Other		34. FLSA Category 1 - Exempt 2 - Non-Exempt 3 - Other	
35. Appropriation Code		36. Bargaining Unit Status	
37. Duty Station Code		38. Duty Station /City - County - State or Overseas Location	
39. Agency Data 40. Educational Level 41. Year Degree Attained 42. Academic Discipline 43. Functional Class 44. Careerband 45. Veterans Status 46. Supervisory Status			
PART C - Reviews and Approvals (Not to be used by requesting office.)			
1. Office/Function Initials/Signature Date		2. Office/Function Initials/Signature Date	
A		D	
B		E	
C		F	
3. Address: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulation requirements		Signature Approval Date	
CONTINUED ON REVERSE SIDE		OVER	

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES" please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

SAMPLE

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records; while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving (1) your copies of those documents you should have, (2) pay or other compensation due you, and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date 3. Your Signature

3. Date Signed

4. Forwarding Address (Number Street City State ZIP Code)

PART F - Remarks for SF 50

5.3 Leave, Disability, Retirement, and Survivors

Contents

5.3.1 Use of Leave: Accrued, Advanced, Leave Without Pay

5.3.2 Leave Bank Withdrawals

5.3.3 Applying for Disability Retirement

5.3.4 Applying for Early Release of Thrift Savings Plan

5.3.5 Continuation of Life Insurance

5.3.6 Survivors' Benefits

5.3.1 Use of Leave: Accrued, Administrative, Advanced, Leave Without Pay

As with any person who is ill, persons with HIV/AIDS are free to use their accrued sick and annual leave as they wish, according to the policies of their office and supervisor's practices. If sick leave extends beyond three days, the supervisor may request documentation that sick leave is needed. Once the employee has run out of accrued leave, the employee's supervisor can approve up to 240 hours of advanced sick leave (annually) and can approve advanced annual leave up to the number of hours that would accrue during the remainder of the leave year. Headquarters personnel can obtain most current EPA policies and procedures on leave from the EPA EOCC. Field office and laboratory personnel must contact their local Human Resources Office.

Supervisors have discretion for granting administrative leave. In general, administrative leave is reserved for very short-term durations, such as a half day or snow days.

Leave Without Pay

After the maximum allowable advanced leave has been granted, if he or she needs time off from work, an employee must go on Leave Without Pay (LWOP). The maximum initial period for which LWOP may be authorized is 12 months. LWOP will be granted for recovery from illness or disability not of a permanent nature. Extensions beyond 12 months can be granted but are very unusual. Once an employee has reached the point at which a 12 month extension is no longer sufficient, he or she is usually ready for disability retirement. Specific information on the Agency's policies and procedures on LWOP can be obtained from a counselor in the EPA EOCC (for headquarters staff) or the field Human Resources Office.

The employee's request for LWOP approval is made with the first line supervisor. A maximum number of days is specified. The supervisor should consider the LWOP request the same way as any leave request, and may require some documentation if the request is for more than 3 days. If LWOP is requested as an accommodation, the employee can expect to make some disclosure of medical information or provide a health professional's certification that there is a *medical need for time off from work*. *Disclosure of the nature of the illness or other condition* is not necessarily required. The level of disclosure is determined on a case by case basis.

In general, there are three types of LWOP: (1) consecutive days, perhaps blocks of 30-day periods, (2) a few days, not necessarily planned in advance, and (3) intermittent LWOP -- regular recurring LWOP. Intermittent LWOP should not be approved lightly. The supervisor should consider the mission of his or her work group, the perception of fairness by the employee's

coworkers, and whether intermittent LWOP is actually conferring full-time status for part-time work. For short amounts of LWOP not planned in advance, the employee should complete an *Standard Form 71*, the form used for annual and sick leave. For planned leave, especially LWOP exceeding 30 days, or *Standard Form 52*, "Request for Personnel Action" should be completed. The SF 52 goes to Human Resources, but all supporting information, including any written requests or medical information from the employee, is maintained by the supervisor. By signing the *Standard Form 52*, the supervisor certifies that the necessary information was provided to support the decision.

Employees and supervisors should be aware that taking LWOP could affect eligibility for in-grade advancement, career tenure, retirement benefits, Temporary Continuation of [health and life insurance] Coverage, and other advancement. Different amounts of LWOP taken have different implications for benefits and advancement. Human Relations offices can provide additional guidance on the use and impact of LWOP.

If an employee applies for disability retirement (see section 5.3.3), once the application package has been received by EOCC or the local Human Resources Office and is complete, he or she cannot take advanced leave. At this point, if the employee takes advanced leave, he or she must reimburse the Agency, including the balance of advanced leave previously approved. Once disability retirement is approved, the employee may continue to work through the current pay period and can remain active until his or her accrued sick leave balance has run out. (The employee's retirement disability payment may not be as high as his or her salary.) At termination, the employee receives a lump-sum payment of any accrued annual leave.

Unpaid Leave

Title I of the Family and Medical Leave Act requires that employers provide 12 weeks of leave for childbirth, newborn care, adoption, or child, spousal, or parental care in the event of a serious health condition. Also, the 12 weeks can apply to the employee's own serious health conditions. Serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider.

Unpaid leave is permitted. To care for a child's, parent's, or the employee's own serious health conditions, the employee may elect (or the employer may require) the substitution of any accrued vacation, personal, or sick leave for any part of the 12-week period. The employer and employee may work out an intermittent leave arrangement or a reduced leave schedule, which is an reduction in regular hours worked per week or day.

SF 52, "Request for Personnel Action"

<p>Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management PMH Budo. 590-33, Subch. 3</p>		<p>REQUEST FOR PERSONNEL ACTION</p>	
<p>PART A - Requesting Office (Also complete Part A, Items 1, 7-12, 22, 23, 26 and 28.)</p> <p>1. Action Requested _____</p>		<p>2. Request Number _____</p>	
<p>3. For Additional Information Call Name and Telephone Number _____</p>		<p>4. Proposed Effective Date _____</p>	
<p>5. Action Requested By (Typed Name, Title, Signature, and Request Date) _____</p>		<p>6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) _____</p>	
<p>PART B - For Preparation of SF 50 (Use only codes in PMH Supplement 502-1. Show all dates in month-day-year order.)</p>			
<p>7. Name (Last, First, Middle) _____</p>		<p>8. Social Security Number _____</p>	
<p>9. Date of Birth _____</p>		<p>10. Effective Date _____</p>	
<p>FIRST ACTION</p> <p>11-A. Code _____ 11-B. Nature of Action _____</p>		<p>SECOND ACTION</p> <p>12-A. Code _____ 12-B. Nature of Action _____</p>	
<p>13-C. Code _____ 13-D. Legal Authority _____</p>		<p>14-C. Code _____ 14-D. Legal Authority _____</p>	
<p>15-E. Code _____ 15-F. Legal Authority _____</p>		<p>16-E. Code _____ 16-F. Legal Authority _____</p>	
<p>17. FROM: Position Title and Number _____</p>		<p>18. TO: Position Title and Number _____</p>	
<p>19. Pay Plan _____ 20. Grade or Step _____ 21. Step _____</p>		<p>22. Pay Plan _____ 23. Grade or Step _____ 24. Step _____</p>	
<p>25. Basic Pay _____ 26. Locality Allowance _____ 27. Asst. Basic Pay _____ 28. Other Pay _____</p>		<p>29. Basic Pay _____ 30. Locality Allowance _____ 31. Asst. Basic Pay _____ 32. Other Pay _____</p>	
<p>33. Name and Location of Position's Organization _____</p>		<p>34. Name and Location of Position's Organization _____</p>	
<p>EMPLOYEE DATA</p>			
<p>35. Veterans Preference _____</p>		<p>36. Tenure _____</p>	
<p>37. Agency Use _____</p>		<p>38. Veterans Preference for SF _____</p>	
<p>39. FEGLI _____</p>		<p>40. Annuitant Indicator _____</p>	
<p>41. Retirement Plan _____</p>		<p>42. Service Corps (Date) _____</p>	
<p>43. Work Schedule _____</p>		<p>44. Part-Time Hours Per Biweekly Pay Period _____</p>	
<p>POSITION DATA</p>			
<p>45. Position Occupied _____</p>		<p>46. FLSA Category _____</p>	
<p>47. Appropriation Code _____</p>		<p>48. Bargaining Unit Status _____</p>	
<p>49. Duty Station Code _____</p>		<p>50. Duty Station (City - County - State or Overseas Location) _____</p>	
<p>PART C - Reviews and Approvals (Not to be used by requesting office.)</p>			
<p>51. Office/Function _____</p>		<p>52. Office/Function _____</p>	
<p>53. Initials/Signature _____</p>		<p>54. Initials/Signature _____</p>	
<p>55. Date _____</p>		<p>56. Date _____</p>	
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<p>367. Approval _____</p>		<p>368. Approval _____</p>	

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

SAMPLE

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

The information is requested under authority of sections 301, 3301 and 3606 of the U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 3606 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary. However, failure to provide it may result in your not receiving: (1) your copies of these documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date 13. Your Signature

2. Date Signed

4. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

5.3.2 Leave Bank Withdrawals

As discussed earlier, employees who are members of EPA's Leave Bank may apply for leave when their accrued leave has run out. This is done by writing a transmittal memorandum such as the one on the following page. Also, there is a standard form that needs to be completed (page 5-35). Approvals are usually provided in incremental amounts, and it is often necessary to reapply for additional coverage. Application for Leave Bank leave is the employee's responsibility, although the employee may request assistance from the supervisor if he or she is out of the office for an extended period of time. Supervisors should know how to submit the application on behalf of the employee to avoid leave without pay in a period that medical bills could be escalating for the employee. Information on the EPA Leave Bank is available from a counselor in the EPA EOCC or local Human Resources Office.

As with the case of unused accrued sick leave, an employee going on disability retirement may remain active to run out any remaining Leave Bank leave balance. Employees should consult EOCC or local Human Resources Office to determine whether gifts of leave from other employees can keep an employee active and on full salary.

"Transmittal of Application to Leave Bank"

DATE

MEMORANDUM

SUBJECT: Transmittal of _____ Application to
Receive Leave from the EPA Leave Bank

FROM: _____

TO: Rita Jones
Leave Bank (PM-212)

SAMPLE

The purpose of this memo is to transmit to you _____ application to receive leave from the EPA Leave Bank. Attached is a memo from _____ requesting leave. He/She meets all the criteria for approval: (1) he/she is a member of the leave bank (2) he has attached a doctor's statement indicating incapacitating personal illness for a prolonged period of time (over 80 hours), and (3) he has exhausted all of his sick and annual leave (time cards and pay stub are attached).

It is difficult to predict at this point when _____ will return to the office. We are advancing him/her leave as he/she needs it and would like to request expedited handling of this request, if at all possible.

I/We are helping _____ will this paperwork in his/her absence and am enclosing his/her original EPA Leave Bank application package and one photocopy in case you need it. I/We thank you very much for your assistance on this action. Please feel free to call me anytime on _____ or _____ on _____.

cc: Supervisor

EPA Form 3160-7, "EPA Leave Recipient Action Form"

EPA		EPA LEAVE RECIPIENT ACTION FORM			
I. HOW THIS FORM IS USED		This form is used by the Human Resources Office to notify the Agency Payroll Office to transfer leave from the EPA Leave Bank into an approved recipient's annual leave account. It is also used to notify the Payroll Office that a recipient's medical emergency has or will be terminated and that any leave in his/her escrow accounts is to be transferred into their regular annual and sick leave accounts.			
II. LEAVE RECIPIENT INFORMATION		Name		SSN	
		Organization and Address		Work Phone	
III. ACTION REQUESTED (Check Box and Complete Part That Applies) NOTE: If waiver is required, complete Part V. below.		<input type="checkbox"/> ACTION TO BEGIN LEAVE BANK CONTRIBUTIONS The employee named above has been approved as a Leave Recipient and is entitled to receive contributions from the EPA Leave Bank until the termination of the emergency. This is <input type="checkbox"/> An Employee Emergency <input type="checkbox"/> A Family Member Emergency Please transfer _____ hours of leave from the EPA Leave Bank to the recipient's leave account. Effective Date of Eligibility _____ Payroll Verification _____			
		<input type="checkbox"/> ACTION TO TERMINATE USE OF DONATED LEAVE The medical emergency for the employee named above is terminated or will terminate on _____ (end of pay period) Any unused leave remaining in the employee's donated leave account on the above date is to be returned to the EPA Leave Bank. Any annual or sick leave accrued (maximum: 40 hours each) in the employee's escrow account while in donated leave status is to be transferred into the employee's regular account and is available for use after the termination date (above) of the medical emergency.			
IV. AUTHORIZATION		Typed Name of HRO		Signature	Date
V. WAIVER		Waiver granted to exceed limit on amount of leave that can be transferred into employee's leave account at this time			
		Typed Name of Authorizing Official		Signature	Date
SEE LEAVE RECIPIENT INSTRUCTIONS ON REVERSE SIDE					

INSTRUCTIONS TO LEAVE RECIPIENT

The action form on the reverse is being forwarded to the EPA Payroll Office to transfer leave into your annual leave account. A copy of the form will also be forwarded to Payroll to terminate your use of donated leave upon completion of your emergency period. This will be necessary to place you back in a leave earning status and to credit your account with any escrow leave you may have accrued.

You will need to submit leave slips to your supervisor to approve this leave just as if you had normally accrued it. Make sure your timekeeper is informed that this is donated leave so it can be reflected properly on your timecard.

You are responsible for informing the authorizing official whose name appears on the reverse of this form as soon as possible if/when your emergency no longer exists.

Your emergency automatically terminates (and donated leave may no longer be used) when

- Your Federal service terminates
- You leave EPA
- OPM approves you for disability retirement
- EPA determines that you no longer have a medical emergency

Donated leave may not be included in any lump-sum payment for annual leave or recredited upon reemployment.

EPA Form 3160 - 7 (11 - 89) Reverse

SF 71, "Application for Leave"

SF 71 Revised 3/79 OFFICE OF PERSONNEL MANAGEMENT OPM Form 950-1 6 3-9		71-112	
APPLICATION FOR LEAVE			
INSTRUCTIONS: Please complete items 1-6 after reading the Privacy Act Statement shown below			
1. Name (Print or type—Last, First, M.I.)		2. Employee I.D. Number	
3. Organizational Unit		4-A Month Day Hour A.M. P.M.	
4-B Month Day Hour A.M. P.M.		4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in item 6.) Remarks: <input type="checkbox"/> Annual leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. FROM TO: A.M. P.M. 7. Employee's Signature	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, indicate action to reschedule.)		8. Date (Month, Day, Year)	
NSM 7340-00-753-5047 Please detach this notice before submitting SF 71.			
PRIVACY ACT STATEMENT Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or (Continued on Reverse)			

Reverse of SF 71, "Application for Leave"

EMPLOYEE —Check the appropriate box below (items 1-4) if you are applying for such leave. If your agency requires such certification, please have your doctor or practitioner complete the Certification section below. Falsification of information in this portion of the form may be grounds for disciplinary action, including dismissal.	
1 I was incapacitated for duty by: <input type="checkbox"/> Sickness <input type="checkbox"/> On-The-Job Injury	2 I was required to care for a member of my family with a contagious disease. (Give name and relationship of family member and name of disease.) <input type="checkbox"/> Off-The-Job Injury <input type="checkbox"/> Pregnancy and Confinement
3 I will be undergoing medical, dental, or optical examination or treatment. <input type="checkbox"/>	4 I was exposed to a contagious disease. (Give name of disease and circumstances of exposure.) <input type="checkbox"/>
CERTIFICATION OF PHYSICIAN OR PRACTITIONER	
Employee's Name	Period Under Professional Care (Indicate Month, Day, Year) From: _____ To: _____
Remarks: <div style="text-align: center; font-size: 2em; font-weight: bold;">SAMPLE</div>	
I certify that the employee named was under my professional care for the period indicated above, and that the employee's condition during this period made reporting to work inadvisable.	
Signature of Physician or Practitioner	Date (Month, Day, Year)

General Accounting Office when the information is required for evaluation of leave administration, and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

U.S. Government Printing Office: 1993 — 342-108/50225

5.3.3 Applying for Disability Retirement

It is strictly the employee's decision when to apply for disability retirement. It is not the supervisor's responsibility to influence the employee's decision in this regard. When an employee has decided to apply for disability retirement, the supervisor prepares a Supervisor's Statement (standard form) which pertains to how the disabling condition has adversely affected the employee's ability to continue performing his or her job responsibilities. It asks about the employee's attendance record, the period of time over which problems have existed, and what reasonable accommodations were made by the supervisor. The supervisor can be of great assistance to the employee by accurately and promptly completing the portions of the form that are his or her responsibility, and returning them, along with all pertinent documentation, to the employee. The EPA EOCC or field Human Resources Office counselor will assist the supervisor and employee in completing the disability application package, ensure that all the proper and current forms are filled out, and submit the package to OPM in an expedited fashion.

Once the decision to apply for disability retirement is made, there are certain procedures that should be followed. It is extremely important that the employee and supervisor talk to an EPA EOCC or field Human Resources Office counselor about the process. For instance, an employee who has been on extended advanced sick leave and applies for disability retirement, and does not return to work at all, will have all advanced leave forgiven. However, if he or she returns to work, the employee will be liable to EPA for all the advanced leave used to date. Other information concerning the frequently changing policies and procedures related to disability retirement can only be learned from the EPA EOCC or field Human Resources Office counselors. Thus, it is imperative that both supervisors and employees stay in touch with the counselors and follow their direction on all aspects of processing these actions.

Generally, to initiate the application process, the employee will place a call to EOCC or local Human Resources Office. A counselor will remind the employee that, under FERS he or she must have 18 months of service to qualify for disability retirement, and an employee under CSRS must have five years of service. If the threshold is met, the FERS employee must submit a Social Security application. CSRS and FERS employees must review all beneficiary forms in their OPF. The FERS employee must file a Social Security application for disability and provide a receipt to the Agency along with the disability application to be filed with OPM. The receipt is not used to show approval or disapproval, but to demonstrate that the employee has filed.

Disability retirement application forms must be completed by the employee, his or her supervisor, and the attending physician. The purpose of each form is to provide a comprehensive understanding of the medical condition, the employee's own statement of limitations, and the

supervisor's assessment of job performance and leave history. After all application forms are completed, a representative from EOCC or the local Human Resources Office must certify that the Agency is unable to place the employee in a suitable position or provide other accommodation to keep the individual active and productive. The Agency representative will review all submitted documentation and determine if the medical condition can be accommodated and if the Agency has any position available in which to place the employee. If no accommodation is possible, the case is documented and forwarded to the Payroll office.

EOCC or the local Human Resources Office forwards the medical application and documentation in a sealed envelope to payroll. The individual retirement record is generated by payroll, attached to the package, and forwarded to OPM where it is assigned a claim number and an examiner. OPM reviews the package and makes an assessment regarding the employee's ability to work and/or how continuing to work may affect the employee. Generally, there must be a *service deficiency* documented by past performance or leave records. In some cases, however, there may be a situation such as job-related stress that could contribute significantly to the employee's health. In this case, there may not be a service deficiency, although disability may be approved in certain instances. This approval is granted on a case by case basis.

If OPM approves the application, the Agency and the employee are notified. If the employee is in a *non-pay status*, then they are separated from service on the day that notification is given to the Agency. If, however, an employee has sick leave remaining, the employee is counseled to use all sick leave and an estimated separation date is determined based on the sick leave remaining. This allows the employee full use of accrued sick leave.

When a separation date has been determined, OPM is notified, and the employee is put in an *estimated annuity receipt* status. OPM will then finalize the case, make the necessary adjustment to the employee's annuity, and make any deductions for health and life insurance premiums. Estimated pay is usually about 75 percent of the Agency's estimated annuity computation. OPM should have most cases finalized within four months after the employee separates from the Agency rolls.

As with other benefits, there are separate disability retirement forms for FERS and CSRS applicants. Samples of the FERS and CSRS forms follow, as well as a sample transmittal memo to accompany the FERS application. The current forms are available from EOCC at Headquarters and other Human Resources offices in the field.

Transmittal of Application for Immediate Disability Retirement*

Date _____

MEMORANDUM

SUBJECT: Transmittal of _____ Application for
Immediate Disability Retirement

FROM: _____

TO: Juelee B. Street
OHRM (PM-212), 3906

SAMPLE

The purpose of this memo is to transmit to you _____ application for immediate disability retirement. We have used the **DISABILITY RETIREMENT APPLICATION CHECKLIST Standard Form 2824E** and have attached all required documentation.

I understand there is expedited processing for persons with AIDS and we request you place a priority on getting this approved as quickly as possible.

_____ would like to withdraw his balance from his/her Thrift Savings Plan account immediately and needs the forms necessary to do that. If you would please send them to me (____), I'll get them to him/her right away. Are there any instructions on when he/she can execute the withdrawal? If there's someone else I should call about Thrift Savings Plan withdrawals, please let me know.

_____ wants his/her retirement paychecks to be direct deposited into his/her account at _____ Bank. This is where his/her paychecks are currently going. Since he/she wishes no change in the direct deposit process or destination when his/her disability retirement takes effect, he/she did not include a new Standard Form 1199A, Direct Deposit Sign-up Form in this package. If you need it, please let me know.

I am helping _____ with the paperwork in his/her absence from work. If there's anything else you need, please feel free to call me on _____, or _____ on _____.

Thank you very much for your help on this.

cc: Supervisor

FERS
Federal Employees
Retirement System

Documentary Forms 2048
August 1987
\$ 0.75 New

Form Approved
GSA Gen. REG-0771
Quantity Discounts

**Documentation in
Support of Disability
Retirement Application**
*includes information,
instructions, and
Most Necessary Forms*

INTRODUCTION

This package contains the forms that you, your agency, and your payor(s) need to complete to document your case for disability coverage under the Federal Employees' Retirement System (FERS) and (if necessary) what you must have made as contributions, earnings, etc.) to qualify for retirement employment.

You should consider applying for disability retirement only after you have provided your employing agency with complete documentation of your medical condition, and your agency has concluded all reasonable efforts to return you to a productive position through accommodations, reassignment, etc. ("Disability" means an adjustment to a job under state government that creates a modified work environment to perform the duties of this position.)

It is your responsibility as the sponsor, to obtain and submit documentation which is sufficient for the Office of Personnel Management to determine whether you meet the criteria for FEPS disability benefits.

It is also your responsibility to document that you have applied for some security clearing benefit. Your application cannot be approved without the appropriate clearance from the government.

FLORIDITY

You must write all of the following questions to be eligible for chemistry placement.

- 1 You must be serving on a contract subject to the Federal Employment Retirement System
- 2 You must have completed at least 18 months of Federal civilian service which is creditable under FEPS
- 3 You must, while employed in a position subject to the retirement system, have income disclosed, (statement of income or copy for world and offshore income in your current position (United and offshore service means fully successful performance of the critical or essential elements of the position - or the ability to perform at that level) and satisfactory conduct and attendance.) The disclosure must be completed in full at least one year from the date you became eligible

4. Your agency **MUST** certify that it is unable to communicate in our speaking language in your contract document. AND that it has determined you do any record keeping for which you are eligible. (An example of the public service is considered an example to demonstrate that it is unable to communicate in a different way, or it is represented with the terms of a collective bargaining agreement, covering the employees.)

NOTE: If you are a Library Reserve Technician being transferred from your present position at a library that dispatches you non-continuously to the Library Reserve or upon leaving the library your request for your unemployment, unpaid extension may apply to you. Contact your supervisor directly for the necessary information.

APPLYING FOR POSITIONS

[illegible]

- Standard Form 3161A - Applicant's Statement of Qualities
Standard Form 3102B - Supervisor's Summary
Standard Form 3165C - Promoter's Summary
Standard Form 3102D - Agency Certification of Reassignment and Accommodation Status
Standard Form 3167E - Candidate Assessment Questionnaire

These forms should be completed as requested items only by the terms employees, and should be returned to your employing agency on your completed SF 3107. Applications for extensions (your agency will tell you when and how to obtain them.)

Your employing agency will send documentation directly to the and review all of the available information to determine whether any reasonable investigation or management can be made to correct you to current status. If your agency determines that this is not possible, it will make notification of that determination. Records of relevant times and documents, and submit the same package to PERS.

CPA will make a disability determination based on the information submitted with your application. You should review the findings and the SP 3107 carefully to ensure that the completed forms contain all of the necessary information, and that you are submitting any additional documentation which you believe will help substantiate your claim. A disability application and/or denial determination that incorrectly contains

- 1 A delivery or service with respect to performance, effectiveness or quality, or in the absence of any actual service delivery a statement that the customer believes is consistent with their actual service or experience in the process.
- 2 A medical condition which is defined as a health impairment resulting from a disease or injury including a preexisting disease.
- 3 A relationship between the service delivery and the medical condition such that the medical condition has caused the service delivery.
- 4 The duration of the medical condition, both past and projected, and a statement that the condition, on all probability, will continue for at least a year from the date the condition was first noticed.

September 15, 1994

- 5 The employer's liability to render work and advance career opportunities to the employee was derived under the Federal Government Personnel System
- 6 The liability of the employing agency to make reasonable accommodations to the employee's medical condition
- 7 The agency's responsibility to the employee for management to any position decision within the employing agency and transferring him, at the same grade and pay level, to where the employee is wanted.

[illegible]

DO NOT SEND ANYTHING DIRECTLY TO THE FEDERAL
EMPLOYEES RETIREMENT SYSTEM, OFFICE OF PERSONNEL
MANAGEMENT, UNLESS SPECIFICALLY INSTRUCTED TO DO
SO

The following additional information should help you to answer these questions on the assignment. There are no correct, full-sentence answers.

Standard Form 278-A - Author's Statement of Confidentiality

- 11 Adapted and reprinted from the Social Security Disability Application form (SSA Form 16-70) at www.ssa.gov/ssa/16-70.

Downloaded From: 21.92.48 • Downloaded On: 10 November 2014

Give the form to your supervisor with your Agent's Statement of Quality. Your supervisor will estimate the time, in hours and daily increments, concerning your performance, attendance and conduct and could, at any time, make up the supervisor's attendance log.

The information your supervisor provides will be used together with the census information you submit to determine if your service was useful and efficient or could be done with less effort through reasonable automation of your company. The results of your census activities (1) and service evaluations must also be submitted.

statements and guidelines for use by your company or university
and neither those claims nor on the basis of the same.

After completion your supervisor will give you a copy of the form. If you disagree with any statement made by your supervisor on the form, you should be discussed with your supervisor under your employing plan.

Revised Form 278C - Donor's Summary

Now, if complete return medical documentation has been submitted to your agency within the last 90 days, you may not need to submit additional medical documentation. However, you should discuss the

information on the facts available in the case the Commissioner needs
at any time.

Complete Section A, identifying information and contact. Then give the name and a copy of your government document to the government program you are requesting medical documentation. You may also want to request a copy of your government document. Two copies of the form have been included in this package so that you can return medical documentation from about three out programs, if needed.

Section 8 provides the payor with both general and specific information about the Federal Government's role as created by FERS in order to make a timely decision. The provision you cited is a portion of the language in FERS documentation which states the Government's intent, on its part, to maintain neutrality.

FD-302 (Rev. 11-27-70) JUNE 1971

This form is to be completed by your employing agency's Controller for Financials of the Government, or other authorized agency official. Your agency must give you a copy of the completed form. The purpose of this form is to ensure that all contracting actions are made transparent to your mission customer and to other agency stakeholders concerning all efforts on this direction. Instructions for use for your agency are on the back of this form.


Standard Form 2780E • Disability Retirement Application Checklist

This form is to be completed by your employing agency. The purpose of this form is to ensure that all compensation claimed by you and other claimants is to be submitted by your agency as required in the guidance submitted to FERS.

SPECIAL INSTRUCTIONS FOR EMPLOYEES WHO HAVE BEEN SEPARATED FROM FEDERAL SERVICE FOR MORE THAN 31 DAYS

Your application for disability retirement must be received by the FERS within one year after the date of your separation (see item 5 under "eligibility"). If you have been separated from Federal service for more than 31 days, you should submit your application directly to FERS rather than to your agency. The address is the Office of Personnel Management, Federal Employees Retirement System, Employee Records and Service Center, P.O. Box 200, Bowers, Pennsylvania 16820. Ask your former supervisor and employing office to complete SF 3105B, SF 3105D and SF 3105E and provide them to you to send directly to FERS. If you think you will not have the completed package in time to meet the one year deadline, send FERS the completed SF 3107, SF 3105A and the medical documentation described in SF 3105C, along with the name, address and telephone number of the person(s) you have asked to provide you with the remaining forms.

FERS, SF3105A, "Applicant's Statement of Disability"

 APPLICANT'S STATEMENT OF DISABILITY In Connection With Disability Retirement Under the Federal Employees' Retirement System		Form SF3105A OMB No. 3200-01
1. Name of Applicant (Last, first, middle)	2. Date of Birth (mo., day, yr.)	3. Social Security Number
4. Describe how you are deficient in your job in respect to performance, attendance, or conduct.		
5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.		
SAMPLE		
6. Describe any other restrictions on your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform your job in your agency.		
7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position?		
8. Give the approximate date you became disabled for performance of your position (mo., yr.)		9. Have you been hospitalized for the medical condition(s) as described in item 5? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div>
10. List physician(s) from whom you plan to request a Physician's Statement (SF 3105C)		
11. Have you applied for disability benefits from the Social Security Administration? <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> No<input type="checkbox"/> Yes</div> <div style="display: flex; justify-content: space-between;">Application Received or Award Notice Received<input type="checkbox"/> Yes <input type="checkbox"/> No</div>		NOTE: Application for disability retirement under FERS requires an application for Social Security Disability Benefits. Fee processing will not occur until your Social Security application has been verified.
12. Certification and Consent by Applicant	I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials.	
WARNING Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)		Signature (Do not print) <hr/> Date <hr/> Telephone Number During Office Hours <hr/>
PRIVACY ACT STATEMENT Solicitation of this information is authorized by the Federal Employees Retirement System Act of 1986 (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application to obtain additional information if necessary to determine and allow payment of future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.		
Office of Personnel Management 4 CFR 101		Replaces Form SF3105A August 1987

**Managing HIV/AIDS in the Workplace
A Resource for EPA Managers and Supervisors**

September 15, 1994

FERS, SF3105B, "Supervisor's Statement"

<div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> SUPERVISOR'S STATEMENT <small>In Connection With Disability Retirement Under the Federal Employees' Retirement System</small> </div> <div style="float: right; font-size: small;"> Form SF3105B-1 OMB No. 2000-0001 </div>							
Section A—Applicant Identification							
1. Name (Last, first, middle)	2. Date of birth (mo., day, yr.)						
3. Social Security Number							
Section B—Information About Employee's Performance (See Supervisor's Guidelines on back)							
4. Title of Current Position (Attach a copy of position description and/or performance standard by FPMR Chapter 432, current performance standards and merit performance evaluation)							
5. Job Series, Grade and Step							
6. Date of Entry into Current Position (mo., day, yr.)							
7. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?							
<div style="display: flex; justify-content: space-between;"> Yes → Complete items 8-9 No → Go to Section C </div>							
8. Approximate Date Unacceptable Performance or Inability to Perform Began (mo., day, yr.)	9. Has employee received, after the date in item 8, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? <input type="checkbox"/> Yes → Date of performance on which award or merit was based <input type="checkbox"/> No						
10. Was within-grade increase granted under 5 CFR 531.408(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
11. Identify critical element(s) of the position which employee does not perform satisfactorily or at all. If performance is not fully successful, attach supporting documentation such as notes to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.							
<div style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg);">SAMPLE</div>							
Section C—Information About Employee's Attendance (See Supervisor's Guidelines on back)							
12. Has employee's attendance dropped for apparent medical reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13. How long is absence expected to continue (if known)?							
14. Is employee's attendance unacceptable for continuing in current position?	<input type="checkbox"/> Yes → Complete items C3-C5 <input type="checkbox"/> No → Go to Section D						
15. Approximate date attendance dropped for reasons unacceptable (mo., yr.)							
16. Explain impact of employee's absence on your work operations.							
17. How many hours of leave has employee used since date in item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave. Leave records, records of absence when or starting to employee. Include all such information as possible about specific reasons for leave also.)							
<div style="display: flex; justify-content: space-between;"> <div> ENTER LEAVE HOURS USED </div> <div> <table border="1" style="border-collapse: collapse;"> <tr> <th style="width: 10%;">Annual</th> <th style="width: 10%;">Sick</th> <th style="width: 10%;">LWOP</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div>		Annual	Sick	LWOP			
Annual	Sick	LWOP					
Section D—Information About Employee's Conduct (See Supervisor's Guidelines on back)							
18. Is employee's conduct unacceptable?	<input type="checkbox"/> Yes → Complete items D2-D3 <input type="checkbox"/> No → Go to Section E						
19. Approximate date conduct became unacceptable (mo., yr.)							
20. Describe how conduct is unacceptable (attach supporting documentation, such as notes to employee of proposed adverse actions)							
Section E—Accommodations (See Supervisor's Guide on back)							
21. What efforts have you made to accommodate employee?							
Section F—Supervisor's Certification							
How long have you supervised employee?	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 10%;">Years</td> <td style="width: 10%;">Months</td> <td style="width: 80%;">Supervisor's Testimony Number (Including Area Code)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Years	Months	Supervisor's Testimony Number (Including Area Code)			
Years	Months	Supervisor's Testimony Number (Including Area Code)					
22. I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.							
Supervisor's Signature	Date						
Supervisor's Name (Typed)							
<small>Office of Personnel Management 5 CFR 263</small>							

OPTIONAL—To OPM Through Agency Channels

Standard Form 1005B
August 1991

SUPERVISOR'S GUIDELINES

GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS disability retirement regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and the employee has not declined an offer of a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as health impairment resulting from a disease or injury, including a preexisting disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

INSTRUCTIONS

The employee identified on the other side has indicated that he or she intends to apply for disability retirement. The applicant's signature on the "Applicant's Statement" authorizes you to provide the information and documentation requested. You are asked to provide only information about the applicant's job, performance, attendance, and conduct.

If you need more space in any section, attach a separate sheet and indicate an attachment is provided.


The following definitions apply to the terms used in the Supervisor's Statement.

- "Less than fully successful performance" means performance of an employee which fails to meet established performance standards in one or more critical elements of the employee's position, or the equivalent level for a position not under Part 433 of OPM's regulations.
- "Critical element" means a component of an employee's job that is of sufficient importance that performing below the minimum standard established by management requires remedial action, such as denial of within-grade increase, and may be the basis for removing or reducing the grade level of the employee.
- "Unacceptable attendance" means absence from work which is too frequent, unpredictable, or lengthy to allow the job to be done.
- "Unsatisfactory conduct" means conduct for which an employee may be removed or disciplined for cause under adverse action procedures. (For example, discourteous conduct to the public, behavior which disrupts the workplace, or behavior which poses a threat to the life, health, safety, or well-being of co-workers, subordinates, or the public.)
- "Accommodation" means a reasonable adjustment made to a job and/or work environment that enables the employee to perform the duties of that position. Accommodation may include modifying the workspace, adjusting the work schedule, restructuring the job, acquiring or modifying equipment or devices, providing interpreters, readers or personal assistants, and retaining the employee.
- 5 CFR 531.408(d) provides for a waiver of the requirements for determination of an employee's level of competence in certain cases where the employee was in duty status for less than 60 days during the 52 calendar weeks before a within-grade increase would be due. See FPM Chapter 531, Subchapter 4.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, A COPY MUST BE GIVEN TO THE EMPLOYEE. Please DO NOT send the form directly to the Federal Employees' Retirement System unless OPM specifically requests you to do so in a particular case.

If necessary, you may be contacted by the Federal Employees' Retirement System for additional information or clarification.

FERS, SF3105C, "Physician's Statement"

	PHYSICIAN'S STATEMENT In Connection With Disability Retirement Under the Federal Employees' Retirement System	Form SF3105C (Rev. 10-1987) GSA FPMR
Section A—Identifying Information and Consent (To be completed by applicant)		
1. Applicant's Name (Last, first, middle)	2. Date of Birth (Mo., day, yr.)	3. Social Security Number
PRIVACY ACT STATEMENT <p style="font-size: x-small;"> Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly allocated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine </p> <p style="font-size: x-small;"> benefits under their programs, to obtain information necessary under the program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 12957 (November 22, 1993) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary but failure to do so may delay or prevent action on your application. </p>		
Address to Which Physician Sends Statement	4. Enter exact name and address (including ZIP Code) of your employing agency	
Applicant's Consent to Release Medical Information	5. I authorize the release of my information to the Federal Employees' Retirement System and my employing office at any and all information or records of my health, disability or injury. Signature (do not print) _____ Date _____	
Section B—Medical Documentation (To be completed by physician)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">INSTRUCTIONS</p> <p>The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Federal Employees' Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.</p> <ul style="list-style-type: none"> The applicant is responsible for any costs incurred in connection with providing this documentation. A new medical examination is not necessary if you can provide current information from your records. Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above. Enclose your report and any attachments in a sealed envelope marked "Disability—Privileged—Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office. Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number. <p style="text-align: center;">MEDICAL DOCUMENTATION REQUIREMENTS</p> <p>YOU MUST PROVIDE THE FOLLOWING INFORMATION</p> <ol style="list-style-type: none"> The history of the specific medical condition(s) including references to findings from previous examinations, treatment and responses to treatment. </div> <div style="width: 50%;"> <ol style="list-style-type: none"> Clinical findings from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests. Assessment of the current clinical status and plans for future treatment. Diagnosis. An estimate of the expected date of full or partial recovery. An explanation of the impact of the medical condition on life activities both on and off the job. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work-related activities. </div> </div>		
SEE REVERSE		
Office of Personnel Management 3 CFR 201	5010-101 5010-101-001-001	Government Form SF3105C August 1987

PHYSICIAN'S STATEMENT

GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and that the employee has not declined an offer of reassignment to a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified. Useful and efficient service means fully successful performance of the crucial or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

Note: The Office of Personnel Management requires applications for disability retirement under FERS to also apply for social security benefits. Therefore, you may also be asked to provide medical information to the Social Security Administration for its use in making a social security disability determination.


The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct or attendance, or, in the absence of any actual service deficiency,

agency, a showing that the medical condition is incompatible with either useful service or retention in the position.

2. A medical condition which is defined as a health impairment resulting from a disease or injury including psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service during the time the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation despite employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

FERS, SF3105D, "Agency Certification of Reassignment and Accommodation Efforts"

		AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS In Connection With Disability Retirement Under the Federal Employees' Retirement System		Form SF3105D GSA GEN. REG. NO. 2700-107
To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.				
1. Name of Agency (Name, Address, Phone)		2. Date of Birth (MM, Day, Yr)		3. Social Security Number
4. Have reasonable efforts for accommodation been made? <input type="checkbox"/> No. Accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.) <input type="checkbox"/> No. Accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition. <input type="checkbox"/> Yes. Describe below accommodation efforts and attach supporting documentation.				
<h1>SAMPLE</h1>				
5. Results of agency reassignment efforts. (Check one of the following statements.) <input type="checkbox"/> Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work assignments. <input type="checkbox"/> The employee declined reassignment to the vacant position(s) in the agency at the same grade or pay level and tenure within the same commuting area for which employee meets minimum qualifications. <input type="checkbox"/> The employee was not reassigned to any vacant position in this agency at the same grade or pay level and tenure within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-reassignment are shown below.				
CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL (CERTIFY that this statement is true to the best of my knowledge and belief.)				
6. Signature of Reassignment Agency Official		9. Date	10. Testimony number (including area code)	
11. Typed Name of Reassignment Agency Official		12. Title of Reassignment Agency Official		
Office of Personnel Management 45 CFR 261		ORIGINAL—To be OPM Through Agency Channels		Standard Form 3105D August 1992

GUIDELINES FOR COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED

GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS disability retirement regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and that the employee has not declined an offer of reassignment to a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position and the ability to perform at that level, and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance, or conduct, or in the absence of any actual service deficiency a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition which is defined as health impairment resulting from a disease or injury including a psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

INSTRUCTIONS

The Coordinator for Employment of the Handicapped should review the Applicant's Statement, the Supervisor's Statement, and the Physician's Statement, and any other relevant documentation on file to determine if reasonable accommodation will enable the employee to render fully successful service in his or her current position or whether a vacant position is available in the agency at the same grade or pay level in the same commuting area for which the employee is qualified for reassignment. Telephone numbers for the applicant, the supervisor, and the physician may be found on their respective statements, should it be necessary to contact them for further information.

Accommodation—Guidance for determining reasonable accommodations may be found in the following publications:

- Federal Personnel Manual, Chapter 306
- Handbook on Reasonable Accommodations (PMS 720A)
- Handbook of Job Analyses for Reasonable Accommodations (PMS 720B)


The documentation supporting your response to item 4 on the other side must include an assessment of the functional and environmental factors related to the employee's inability to perform fully successfully, unless there were no medical restrictions.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, A COPY MUST BE GIVEN TO THE EMPLOYEE. Please DO NOT send the form directly to the Federal Employees' Retirement System unless OPM specifically requests you to do so in the case.

THE AGENCY'S OBLIGATION TO CONTINUE TO TRY TO REASSIGN THE EMPLOYEE DOES NOT CEASE WITH THE FILING OF THIS CERTIFICATION. Your efforts should continue until your agency receives OPM's decision on the application.

If necessary, you may be contacted by the Federal Employees Retirement System for additional information or certification.

FERS, SF3105E, "Disability Retirement Application Checklist"

 DISABILITY RETIREMENT APPLICATION CHECKLIST <small>In Connection With Disability Retirement Under the Federal Employees' Retirement System</small>		Form Number OMB No. 2050-0047
To Be Completed by Employing Office		
1. Applicant's Name (Last, first, middle)		2. Date of Birth (mo., day, yr.)
3. Social Security Number		
4. Was Employee Retired in Duty Status?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		5a. Date Pay Reduced or Void Date
6. Has employee ever received or made application for compensation from the Veterans Administration?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		6a. Date Received 6b. Period for which compensation was received From (mo., day, yr.) To (mo., day, yr.)
7. Has employee made application for disability benefits from the Social Security Administration?		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are the following documents attached? (Indicate by "X" for each)		
		Yes No Not Applicable
a. SF 3105A, Applicant's Statement of Disability		
b. SF 3105B, Supervisor's Statement		
• Employee's Performance Standards		
• Employee's Position Description		
• Supporting Documentation Regarding Employee's Performance		
• Supporting Documentation Regarding Employee's Leave Use		
• Supporting Documentation Regarding Employee's Conduct		
c. SF 3105D, Agency Certification of Reassignment and Accommodation Efforts		
• Supporting Documentation of Agency's Accommodation Efforts		
• Supporting Documentation of Employee's Non-Success of Reassignment		
d. SF 3105C, Physician's Statement (if available)		
e. Agency Report of Federal Medical Examination (if one was made)		
9. On Supervisor's Statement (SF 3105B), is Section B, item 4, answered "Yes"?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
(1) A copy of the employee's performance appraisal covering employee's service prior to the date shown in Section B, item 5 of the Supervisor's Statement, AND (2) A copy of the performance appraisal covering service after that date, if available		
10. If employee is temporarily at an address other than the one given on SF 3107, Section A (such as hospital, nursing home, or even a relative), enter address, including ZIP Code		11. If employee is unable to act on his or her own behalf, give name and address of person acting for him or her (include copy of court appointment or guardianship or conservatorship, if applicable)
12. List any documents attached which are not listed in item 7 above or other information regarding this applicant:		
Agency Certification		
13. Is SF 3107, Application for Immediate Retirement, attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do available records show that the above named employee is a member of the Federal Employees Retirement System, has at least 18 months of civilian service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. I CERTIFY that the information shown above accurately reflects verified information in official records.		
16a. Signature of Chief Personnel Officer or Designee		17. Agency Office to Be Informed of Federal Employees' Retirement System's Determination (include agency address, telephone number, and teletype number, if applicable)
16b. Official Title		
16c. Telephone Number (including area code)		16d. Date
<input type="checkbox"/> Check here if address is same as 16c		

Office of Personnel Management
1 CFR 201

Standard Form 3105E
September 1993

**Managing HIV/AIDS in the Workplace
A Resource for EPA Managers and Supervisors**

September 15, 1994

CSRS, SF2801, "Application for Immediate Retirement"



Standard Form 2801
Revised January 1990
Previous editions are no longer
U.S. Office of Personnel Management
5100 Silver Spring Road
Bldg. 5000
Silver Spring, MD 20910-6220

Application for Immediate
Retirement Under the
Civil Service Retirement System

Includes Information, Instructions,
and Most Necessary Forms

Introduction

If you are a current Federal or postal employee covered by the Civil Service Retirement System, and you wish to apply for retirement with immediate annuity (annuity commencing within one month after the date of separation on which title to annuity is based) this package is for you! If you are covered by the Federal Employees Retirement System, you must use SF 3107 to apply for an immediate annuity.)

Do not use this package or the forms it contains to apply for deferred annuity. If you want to apply for a deferred annuity (generally beginning at age 62) you should request an application from the Office of Personnel Management, Civil Service Retirement System, Employee Service and Records Center, Boyers, PA 16017.

The information and forms in this package are current as of January 1990. Information about any changes which may have occurred since that time should be added to this package by your agency.

Keep the information section of this booklet for future reference.

Where to Obtain Additional Information

This package presents basic retirement information about matters affecting most retiring employees. If you have questions about Civil Service retirement, ask your employing office for assistance.

General Information

This package contains the following:

- 1) A summary of basic eligibility requirements for Civil Service retirement.
- 2) Instructions for the completion and submission of the SF 2801-2 and SF 2801-3 (see items 4, 5, and 6 below).
- 3) Additional information about retirement, including:
 - Filing your application, page 8
 - What happens after you file your retirement application, page 8
 - What to do if your address changes before processing is completed, page 8
 - How to have your annuity payments sent to a bank or financial organization, page 9
 - Cost of living increases, page 9
 - Payment and accrual of annuities, page 9
 - Computation of annuities, page 9

- 4) SF 2801, Application for Immediate Retirement, to be completed and signed by the retiring employee.
- 5) SF 2801-2, Spouse's Consent to Survivor Election, to be completed by the retiring employee, his or her current spouse, and a notary public (or other person authorized to administer oaths) in cases where a married retiree elects less than the maximum survivor annuity for the spouse.
- 6) SF 2801-3, Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity, to be completed by the retiring employee if he or she elects a survivor annuity to a former spouse.
- 7) Schedules A, B, and C, to be completed by the retiring employee if he or she has (1) active duty military service or (2) has ever applied for military retired pay and/or pension or compensation from the Department of Veterans Affairs (formerly the Veterans Administration) in lieu of military retired pay or (3) has ever applied for compensation benefits from the Office of Workers' Compensation Programs, U.S. Department of Labor.
- 8) SF 2801-4, Certified Summary of Federal Service, to be completed by the employing agency and signed by the applicant and reviewer.
- 9) Agency Checklist of Immediate Retirement Procedures, to be completed by the employing agency, and to the extent possible reviewed by the retiring employee, to help assure completeness and correctness of the submission.

Eligibility for Retirement

GENERAL REQUIREMENTS

A minimum of 5 years of civilian service is required. In addition, except for retirement because of disability, an employee must have been subject to the retirement law for at least 1 out of the last 2 years before the separation on which retirement is based.

ADDITIONAL REQUIREMENTS

- 1) Optional retirement based on age and service. An immediate annuity is payable to an employee upon separation if he or she has at least:
 - (a) 5 years of civilian service and has reached age 62; or
 - (b) 20 years of service and has reached age 60; or
 - (c) 30 years of service and has reached age 55.
- 2) Retirement based on involuntary separation. An immediate annuity is payable to an employee upon involuntary separation not for cause if he or she has at least:
 - (a) 20 years of service and has reached age 50; or
 - (b) 25 years of service, regardless of age.

Employees who decline a reasonable offer of another position are not eligible for retirement based on involuntary separation. Generally, a "reasonable offer" is a written offer of another position that is no more than the equivalent of two grades or pay levels below your current grade or pay level for which you are qualified in your agency (including any agency to which your function is transferred) and within your commuting area (unless you are under a geographic mobility agreement).

- 3) Early optional retirement based on major RIF authorization. An immediate annuity is payable to an employee upon optional separation during a specified period of time from service in specific geographic locations, occupations, and/or organizations if the Office of Personnel Management (OPM) determines that an agency is undergoing a major reduction-in-force major

Managing HIV/AIDS In the Workplace A Resource for EPA Managers and Supervisors

September 15, 1994

reorganization or major transfer of function. The employee must have at least

- (a) 20 years of creditable service, and have reached age 50, or
- (b) 25 years of service, regardless of age

OPM will approve an agency's request for voluntary early retirement authority only if a major reorganization, reduction in force or transfer of function will result in a significant number of employees being separated or immediately reduced in pay.

4 Retirement based on law enforcement or firefighting service. An employee

- whose duties are primarily the investigation, apprehension or detention of individuals suspected or convicted of offenses under Federal criminal laws, or
- whose primary duties involve the control and extinguishment of fires or the maintenance and use of firefighting equipment or apparatus, or
- who is transferred to a qualifying supervisory or administrative position, from a position whose duties were primarily law enforcement or firefighting duties as described above,

may receive an immediate annuity if he or she has at least 20 years of such law enforcement or firefighting service, has reached age 50 and meets certain other requirements. You may obtain additional information concerning this type of retirement from your employing agency.

5 Retirement based on service as a Member of Congress, congressional employee, Air Traffic Controller, under provisions of the Panama Canal Treaty, or under other special provisions. These types of retirement involve special requirements. Information should be requested from your employing agency.

6 Retirement based on disability. An immediate annuity is payable to an employee who has at least 5 years of civilian service and who while employed subject to the retirement system has become disabled, because of disease or injury, for useful and efficient service in his or her position and any vacant position within the agency and commuting area at the same grade or pay level for which he or she is qualified for reassignment. (A postal service employee is not considered qualified for reassignment if the reassignment is to a position in a different craft or is inconsistent with the terms of a collective bargaining agreement covering the employee.)

If you are applying for disability retirement you will need to complete additional forms. Ask your agency for the disability documentation package (SF 2824). An application for disability retirement must be received by OPM within 1 year of your date of separation.

7 Deferred Retirement. A deferred annuity beginning at age 62 is payable to an employee who has completed at least 5 years of civilian service and who is separated for any reason or who is transferred to a position which is under another retirement system. Do not use this package to apply for a deferred annuity.

Instructions for Completing Application for Immediate Retirement

Type or print clearly. If you need more space in any section use a plain piece of paper with your name, date of birth, and Social Security number written at the top. If you do not know an answer write "unknown." If you are unsure of information (for example, if you do not know an exact date) answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer most questions on the application which are not entirely self-explanatory.

SECTION A - IDENTIFYING INFORMATION

Item 2 List other names under which you have been employed in the Federal government (such as a maiden name). This will help us locate and identify records maintained under such names.

Item 3 Enter the address to which you want your annuity payments to be mailed, providing full street numbers, apartment numbers, ZIP code, etc. If you want your annuity payments sent to your bank, do not enter the bank address. Instead provide us with your correspondence mailing address to which we can send your annuity payments and correspondence until we receive the information we need from your bank to send your annuity payments by direct deposit. Please refer to "How to Have Your Annuity Payments Sent to a Bank or Financial Organization," page 9, for additional information.

Item 4 Give a telephone number where you can be reached after you retire, in case more information is needed.

Item 5 Give your date of birth, showing the month, then the day, then the year. Your retirement records are filed by your name and date of birth.

Item 6 Enter your Social Security number. The Treasury Department requires us to report, by Social Security number, the amount paid to each annuitant.

SECTION B - FEDERAL SERVICE

Item 2 Enter the date of your separation for retirement. (Leave blank if applying for disability retirement and not yet separated.)

Item 4 Indicate whether or not you have performed active duty that terminated under honorable conditions in the armed services or other uniformed services of the United States including the following:

- (a) Army, Navy, Marine Corps, Air Force or Coast Guard of the United States,
- (b) Regular Corps or Reserve Corps of the Public Health Service after June 30, 1960
- (c) Commissioned Officer of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961

If you have performed such service complete and attach Schedule A, furnishing the requested information for each period of active duty.

We need information about your active duty military service so that we can compare your claim with other records and request verification of any military service you claim which is not verified. This assures that you are credited with the correct amount of active military service.

Post-1956 Military Service

If you performed military service on or after January 1, 1957, you may pay a deposit of 7% of your military basic pay (plus interest, if applicable) to cover that service. The military service deposit must be paid to your agency while you are still employed. If the deposit is not paid, your post-1956 military service will be credited as described below.

If you were first employed in a position subject to civil service retirement before October 1, 1982

If you do not make the deposit and you are eligible for Social Security benefits at age 62 your annuity will be recomputed (at age 62) to eliminate credit for the post-1956 military service. (If you are age 62 or over when you retire and are eligible for Social Security benefits no credit for post-1956 military service will be allowed in the computation of your annuity unless you pay the deposit before you separate.)

If you were first employed in a position subject to civil service retirement on or after October 1, 1982

You will not receive any retirement credit for your post-1956 military service if you do not make the deposit for it before you separate.

If you have questions concerning the crediting of your post-1956 military service and how to make the deposit, contact your employing agency. Also see "How Annuities Are Computed" which begins on page 9.

- Item 5 If you are receiving, or have applied for, any form of military retired pay, and/or pension or compensation from the Department of Veterans Affairs (DOVA) in lieu of military retired pay, answer "yes" to Item 5, then complete and attach Schedule B - Military Retired Pay (Important: Military retired pay includes disability pay and reserve retainer pay.)

This information is needed to assure correct credit for military service. Receipt of military retired pay or pension or compensation from the Department of Veterans Affairs in lieu of military retired pay may affect the computation of your annuity rate. You cannot receive retirement credit for military service if you receive military retired pay unless you were awarded the retired pay (a) due to a disability incurred in combat with an enemy of the United States or caused by an instrumentality of war and incurred in the line of duty during a period of war, or (b) under the provisions of Chapter 67, title 10, U.S.C. (pertaining to retirement from a reserve component of the Armed Forces).

If you are waiving military retired pay for civil service retirement purposes, your agency can help you prepare your request for waiver. Attaching a copy of your waiver request and a copy of the finance center acknowledgment (if available) to your application may help us to process your claim more quickly. (Even if you have already waived your military retired pay to receive benefits from the Department of Veterans Affairs, you also need to file a waiver of your military retired pay for civil service retirement purposes.)

SECTION C - MARITAL INFORMATION

- Item 1 Indicate whether or not you are married now. If you are married, also complete Items 1 a-f with information about your current marriage. Information about your marital status and your spouse is necessary to assure that you get the survivor election that you want and to which you are entitled by law.

- Item 1f If you were married by a clergyman or justice of the peace, check that box. If not, check the box marked "other" and explain how or by whom you were married.

- Item 2 You must complete this item. Indicate whether or not you have a former spouse from whom you were divorced on or after May 7, 1965 and to whom a court order gives a survivor annuity.

If you answer yes, attach a certified copy of the court order/divorce decree in its entirety and any attachments or amendments. Failure to complete this item will delay the processing of your application.

SECTION D - ANNUITY ELECTION

Read "Important Information About Annuity Election" page 4 before making your election.

- Box 1 If you initial either Box 1a or Box 1b, your wife or husband will receive a survivor annuity upon your death. The amount of this survivor annuity and the amount of the reduction in your annuity to provide this benefit will depend on which election you initial. For information on the effect of court orders on your spouse's eligibility to receive survivor benefits, see "Important Information About Annuity Election."

Box 1a: If you initial Box 1a, your spouse's survivor annuity upon your death will be 55% of ALL of your annuity. Your annuity will be reduced by 2-1/2% of the first \$3,600 and 10% of the remainder of your annual annuity to provide this benefit upon your death.

Box 1b: If you initial Box 1b, your spouse's survivor annuity upon your death will be 55% of the annual amount you specify in the blank space (which must be less than the full amount of your annual annuity). Your annuity will be reduced by 2-1/2% of the first \$3,600 and 10% of any additional amount you specify.

If you initial Box 1b, you must complete and attach SF 2801-2 Spouse's Consent to Survivor Election to your application. The law requires consent of the spouse if a married person elects less than the maximum survivor benefits.

- Box 2 If you initial Box 2, you will receive an annuity payable only during your lifetime without monthly survivor annuity for your spouse. All retiring employees, married and unmarried, may choose this type of annuity. However, you should review carefully all information provided before making your election.

If you are married at retirement and choose this type of annuity, you must also complete and attach to your application SF 2801-2 Spouse's Consent to Survivor Election. The law requires that your spouse consent if you elect less than maximum survivor benefits.

- Box 3 If you initial Box 3, you must complete and attach SF 2801-3 Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity to your application. Read the information at the bottom of SF 2801-3 before making your election. If you are married and initial Box 3, you must also complete and attach SF 2801-2 Spouse's Consent to Survivor Election to your application.

If you initial Box 3 after your death, the person(s) you elect will receive the percentage of the annuity you select. Your annuity will be reduced by 2-1/2% of the first \$3,600 and 10% of the remainder as you specify.

- Box 4 If you initial Box 4, a person selected by you who has an insurable interest in you will receive a survivor annuity upon your death. Insurable interest exists if the person named may reasonably expect to derive financial benefit from your continued life (such as a former spouse or a close relative).

To choose this type of annuity, you must provide medical documentation showing that you are in good health. You are responsible for arranging and paying the costs of the

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medical examination: The medical report of the examination should be attached to your retirement application. You will be notified if additional evidence is required. **NOTE:** If you are retiring on the basis of disability, you are not eligible to choose this type of annuity.

You may elect this insurable interest survivor annuity in addition to a regular survivor annuity for a current or former spouse. However, if the person you select to receive the insurable interest survivor annuity is your current spouse, you must both waive the current spouse annuity by completing and attaching SF 2801-2 to your application. (Your current spouse cannot receive both a regular survivor annuity and an insurable interest survivor annuity.) If you elect the insurable interest annuity for a current spouse because a court order awards (or you have elected) the regular survivor annuity to a former spouse, the insurable interest election for your current spouse can be converted to a current spouse annuity if the former spouse loses entitlement to the regular annuity through death or remarriage prior to reaching age 55. The marriage duration requirement (see item c. below) does not apply to insurable interest annuities.

If you choose to provide an insurable interest survivor annuity, the amount of the reduction in your annuity will depend upon the difference between your age and the age of the person named as survivor annuitant, as shown in the table below. The survivor's rate will be 55% of your reduced annuity.

Age of Person Named in Relation to that of Retiring Employee	Reduction in Annuity of Retiring Employee
Older, same age or less than 5 years younger	10%
5 but less than 10 years younger	15%
10 but less than 15 years younger	20%
15 but less than 20 years younger	25%
20 but less than 25 years younger	30%
25 but less than 30 years younger	35%
30 or more years younger	40%

Important Information About Annuity Election

- a. **Married Employees:** If you are married at retirement and do not indicate your annuity election or your spouse does not consent to an election of less than the maximum survivor annuity, your application will be processed on the basis of maximum survivor benefits for your spouse. (See item b. below.)
- b. **Spousal Consent Requirement:**
 - (1) If you are married and you do not elect to provide the maximum survivor annuity benefit for your spouse by initialing box 1a of the application, you must attach a completed SF 2801-2 Spouse's Consent to Survivor Election. This is required even if a former spouse will be awarded a survivor annuity by court order. See below under item e.
 - (2) OPM may waive the spousal consent requirement if you show that your spouse's whereabouts cannot be determined. A request for waiver on this basis must be accompanied by:
 - A judicial determination that your spouse's whereabouts cannot be determined OR

Affidavits by you and two other persons, at least one of whom is not related to you, attesting to the maximum effort to locate the current spouse and stating the efforts made to locate the spouse. You must also give documentary evidence, such as tax returns (acc. separately) or newspaper stories about the spouse's disappearance.

- (3) OPM may also waive the spousal consent requirement if you present a judicial determination regarding the current spouse that would warrant waiver of the consent requirement based on exceptional circumstances (illness or injury of the retiring employee is not justification for waiving the spousal consent requirement.)

- c. **Marriage Duration Requirement:** To be eligible for a survivor annuity after your death, your widow(er) must have been married to you for a total of at least 9 months or be a parent of your child provided all other requirements are met. The marriage duration requirement does not apply if your death is accidental.
- d. **Survivor Annuity for Children:** The eligibility of your children for survivor annuity after your death does not depend on your marital status or the type of annuity you elect. Your unmarried dependent children may qualify for survivor annuity until age 18. Benefits may be payable to an unmarried child after age 18 if the child is a full-time student at a recognized educational institution and is unable of self-support due to a disability incurred before age 18. Benefits for a student child are generally not payable after the child attains age 22.)
- e. **Court-Ordered Former Spouse Annuities:** If your annuity begins on or after May 7, 1965 and a qualifying court order gives (awards or requires you to provide) a survivor annuity to a former spouse from whom you were divorced on or after that date, OPM must honor the terms of the court order, except as discussed below. Your annuity will be reduced to provide the survivor annuity for the former spouse if he or she is eligible for this benefit. However, a former spouse cannot receive a survivor annuity by court order unless:
 - 1) He or she was married to you for at least 9 months
 - 2) You have at least 18 months of service subject to retirement deductions, and
 - 3) He or she has not remarried before reaching age 55.

If you are married and a court has awarded a survivor annuity to a former spouse, see item g. below which explains how you can protect your current spouse's future survivor annuity rights.

- f. **Electing a Survivor Annuity For a Former Spouse or a Combination of Survivor Annuities For Current and Former Spouses:**
 - (1) To make a former spouse annuity election, you must have been married to the person for a total of at least 9 months and you must have at least 18 months of service that was subject to retirement deductions. A former spouse who marries again before reaching age 55 is not eligible for a former spouse survivor annuity.
 - (2) You may elect to provide a survivor annuity for more than one former spouse, whether or not you are married. If you are married, you may elect a survivor annuity for your current spouse as well as a survivor annuity for one or more former spouses. However, the total of the survivor annuities may not exceed 55% of your unreduced annuity. Also, if you are married, you must have your spouse's consent if you do not elect the maximum current spouse survivor annuity.

- (3) To elect a reduced annuity to provide a survivor annuity to a former spouse or a combination of survivor annuities for current and former spouses), complete and attach SF 2801-3 Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity
- 9 Electing a Survivor Annuity For a Current Spouse When a Court Order Gives a Survivor Annuity to a Former Spouse
- (1) If a court order has given a survivor annuity to a former spouse, you must make your election concerning a survivor annuity for your current spouse as if there were no court-ordered former spouse annuity. By electing the maximum survivor benefits for your current spouse at retirement you can protect your spouse's rights in case your former spouse loses entitlement in the future (because of remarriage before age 55 or death). You can do this because since OPM must honor the terms of the court order, you are not required to ELECT a survivor annuity for the former spouse. (Note: The election you make now regarding a survivor annuity for your current spouse cannot be changed except as explained in "Annuity Election Changes After Retirement.") The following paragraphs explain in more detail how your election at the time of retirement can affect your current spouse's future rights if the court has given a survivor annuity to a former spouse.
- (2) If a court order gives a survivor annuity to a former spouse, your annuity will be reduced to provide it. If you elect a full or partial survivor annuity for your current spouse (or another former spouse), your annuity will be reduced no more than it would be to provide a survivor annuity equal to 55% of your unreduced annuity.
- (3) If you die before your current and former spouse, the total amount of the survivor annuities paid cannot exceed 55% of your annuity and OPM must honor the terms of the court order before it can honor your election. The former spouse having the court-ordered survivor benefit would receive an annuity according to the terms of the court order.
- (4) If the court order gives the maximum survivor annuity to the former spouse, your widower would receive no survivor annuity until the former spouse loses entitlement. Then your widower would receive a survivor annuity according to your election.
- (5) If the court order gives less than the maximum survivor annuity to the former spouse, your widower would receive an annuity no greater than the difference between the court-ordered survivor annuity and 55% of your annuity. However, if the former spouse loses entitlement to the survivor annuity (through remarriage before age 55 or death), your widower's survivor annuity would be increased to the amount you elected.
- For example, if there is a court-ordered former spouse survivor annuity that equals 40% of your annuity, you elect the maximum survivor annuity for your current spouse, and you die before the former spouse's entitlement to a survivor annuity ends, the former spouse would receive a survivor annuity equal to 40% of your annuity and your widower would receive a survivor annuity equal to 15% of your annuity. However, if the former spouse later loses entitlement to the survivor annuity (through remarriage before age 55 or death), your widower would then receive a survivor annuity equal to 55% of your annuity.
- (6) Federal Employees Health Benefits coverage for your widower can continue only if he or she receives a survivor annuity that is large enough to cover the withholdings.
- Therefore, if a court-ordered former spouse survivor annuity will prevent your widower from receiving any survivor annuity or a survivor annuity large enough to cover the health benefits withholdings you may want to consider electing an insurable interest annuity for your current spouse.
- h Electing An Insurable Interest Annuity For a Current Spouse
- (1) If a former spouse's court-ordered survivor annuity will prevent your current spouse from receiving a survivor annuity that is sufficient to meet his or her anticipated needs (including Federal Employees Health Benefits coverage), you may want to elect an insurable interest annuity for your current spouse.
- (2) If you elect an insurable interest survivor annuity for your current spouse, you and your current spouse must both waive the regular survivor annuity. Therefore:
- (a) initial and complete box 4 in Section D of the SF 2801 naming your current spouse
- (b) complete Part 1 of SF 2801-2 and check box b
- (c) have Parts 2 and 3 of SF 2801-2 properly completed (i.e., spouse's consent to insurable interest benefit in lieu of regular survivor annuity)
- (3) If you elect an insurable interest survivor annuity for your current spouse and your former spouse loses entitlement before you die, you may request that the reduction in your annuity to provide the insurable interest annuity be converted to the regular spouse survivor annuity. (See "Annuity Election Changes After Retirement.") Your current spouse would then be entitled to the regular survivor annuity. In addition, if your former spouse loses entitlement after you die, your widower can substitute the regular survivor annuity for the insurable interest survivor annuity.
- (4) If for any reason OPM cannot allow your insurable interest election for your current spouse, your current spouse will be considered elected for a maximum regular survivor annuity unless your current spouse signs another SF 2801-2 consenting to less than a maximum regular survivor annuity.
- Voluntary Contributions And Survivor Annuity Election
- The following information applies only to employees who have made voluntary contributions to purchase additional annuity (see item 10 on page 10) or who are using excess retirement deductions (see item 3 on page 9) as voluntary contributions.
- (1) Survivor annuity that is purchased by voluntary contributions is not subject to the spousal consent requirement discussed on page 4, nor is it subject to court orders awarding survivor benefits to former spouses. Therefore, regardless of your marital status at retirement or the type of survivor election you make for your regular annuity:
- (a) You may elect NOT to provide a survivor annuity based on the voluntary contributions, or
- (b) You may name any individual you want to receive the voluntary contributions survivor annuity. That is, the individual you name to receive the voluntary contributions survivor annuity does not need to be the same person you name as survivor annuitant under the regular survivor election made in item D of SF 2801.
- (2) If you are married and elect to provide a regular survivor annuity for your spouse (by checking Box 1a, Box 1b, or Box 3 of item D on the SF 2801), your voluntary contributions annuity will automatically be reduced to provide an

additional survivor annuity for your spouse unless you attach a signed statement to your application for retirement in which (a) you state that you do not want to provide a survivor annuity based on the voluntary contributions or (b) you name another person to receive this benefit as explained in (4) below.

- (3) If you are single and elect an annuity payable only during your lifetime or if you are married and with your spouse's consent elect an annuity payable only during your lifetime (by checking box 2 of item D of the SF 2801) your additional annuity purchased by voluntary contributions will not be reduced to provide a survivor annuity, unless you elect otherwise, as explained below.
- (4) If you want to designate an individual to receive a survivor annuity based on your voluntary contributions, you must submit a signed statement which names the person who is to receive the voluntary contributions survivor annuity (Only one person may be named.) The signed statement must be attached to your application for retirement. If you are electing a survivor annuity for a person other than a current spouse, the statement MUST include full person's full name, date of birth, Social Security number, and mailing address. (In this instance, you must also provide proof of the person's date of birth, such as a certified birth certificate.)
- (5) The reduction in your annuity to provide a survivor annuity based on your voluntary contributions depends upon the difference between your age and the age of the person named to receive the survivor annuity as shown in the table on page 4. The survivor's rate is 50% of your additional annuity after it is reduced to provide a survivor benefit. **IMPORTANT:** The reduction made in your annuity to provide the voluntary contributions survivor annuity will not be eliminated if the person you elect to receive this benefit dies; nor can you substitute another individual to receive the benefit.

Annuity Election Changes After Retirement

- a. You may name a new survivor or change your election if not later than 30 days after the date of your first regular monthly payment, you file a new election in writing. If the person you named to receive a survivor annuity dies or your current marriage ends in death, divorce or annulment, you should write OPM Employee Service and Records Center, Bldg. PA 16017 immediately if you want to change your election. (Note: If your marriage to the spouse you had at retirement continues, you must have his or her consent to any election that does not provide the maximum current spouse survivor annuity.)

Your first regular monthly payment is the first annuity check payable on a recurring basis (other than an estimated payment or an adjustment check) after OPM has initially adjudicated the regular rate of annuity payable under CSRS and has paid the annuity accrued since the time of retirement.

- b. When the 30-day period following the date of your first regular monthly payment has passed you cannot change your election except under the circumstances explained in the following paragraphs.
- c. You may change your decision not to provide a survivor annuity for your spouse at retirement or you may increase the survivor annuity amount for your spouse at retirement if you request the change in writing no later than eighteen months after the commencing date of your annuity. You

must also pay a deposit representing the difference between the reduction for the new survivor election and the original survivor election, plus a charge of \$745.00 per each thousand-dollar change in the designated survivor's base (interest on the deposit must also be paid.) Such an election would cancel any joint waivers made at retirement. However, the total survivor annuities provided for former spouses (by court order or election) and the current spouse cannot exceed 55% of your annuity.

- d. The reduction in your annuity to provide a survivor annuity for your current spouse stops if your marriage ends because of death, divorce or annulment. However, you may elect, within 2 years after the marriage ends, to continue the reduction to provide a former spouse survivor annuity for that person, subject to the restrictions in paragraph j. If you marry someone else before you make this election, your new spouse must consent to your election.
- e. The reduction in your annuity to provide a survivor annuity for a former spouse ends (1) when the former spouse dies, (2) when the former spouse remarries before reaching age 55, or (3) under the terms of the court order that required you to provide the survivor annuity for the former spouse when you retired. (Modifications of the court order issued after you retire do not affect the former spouse annuity.) However, if, at retirement, you had elected a survivor annuity for your current spouse (or another former spouse) the reduction will be continued to provide the survivor annuity for that person. If you have not previously made an election regarding a current spouse whom you married after retirement (or if your election regarding a current spouse at retirement was based on a waiver of spouse's consent), you may, within 2 years after the former spouse's remarriage before age 55 or death, elect a reduced annuity to provide a survivor annuity for that current spouse. This election is subject to the restrictions given in paragraph j.
- f. If you were unmarried at retirement, you may elect within two years after a post-retirement marriage a reduced annuity to provide a maximum or less-than-maximum survivor annuity for your spouse, subject to the restrictions given in paragraph j.
- g. If you were married at retirement that marriage ends, and you marry again, you may elect a reduced annuity to provide a maximum or less-than-maximum survivor annuity for your new spouse, subject to the restrictions given in paragraph j. However, if you remarry the same person you were married to at retirement and that person had previously consented to your election of no survivor annuity, you may not elect to provide a survivor annuity for that person when you remarry.
- h. If at retirement you received (by election or court order) a reduced annuity to provide a survivor annuity for a former spouse and you elected to provide an insurable interest survivor annuity for your current spouse, you may change the insurable interest election to a regular current spouse survivor annuity within 2 years after your former spouse loses entitlement (because of remarriage before age 55, death, or the terms in the court order), subject to restrictions (1) and (2) given in paragraph j.
- i. The reduction in your annuity to provide an insurable interest annuity ends if the person you named to receive the insurable interest annuity dies or when the person you named is your current spouse and you change your election as explained in paragraph h. The reduction also ends if

after you retire, you name the insurable interest beneficiary and elect to provide a regular survivor annuity for that person. If you name someone other than the insurable interest beneficiary after you retire and elect to provide a regular survivor annuity for your new spouse, you may elect to cancel the insurable interest reduction.

Post-retirement survivor elections are subject to the following restrictions:

- (1) They cannot be honored to the extent that they conflict with the terms of a qualifying court order that requires you to provide a survivor annuity for a former spouse.
- (2) They cannot be honored if they cause combined current and former spouse survivor annuities to exceed 55% of your unreduced annuity, and
- (3) If during any period after you retired, your annuity was not reduced to provide a current or former spouse survivor annuity, you must pay into the Retirement Fund an amount equal to the amount your annuity would have been reduced during that period plus 6% annual interest.

Insurable interest elections are not available after retirement.

SECTION E - INSURANCE INFORMATION

If you want to continue your Federal Employees Health Benefits (FEHB) and/or Federal Employees' Group Life Insurance (FEGLI) coverage as a retiree, you must meet the following basic requirements. You must be retiring on an immediate annuity and you must have been enrolled in the program for the five years of Federal service immediately preceding your annuity commencing date, or if enrolled less than five years, for the full period(s) of service during which coverage was available. FEHB coverage as a family member (and coverage under CHAMPUS) counts toward the five-year requirement for health benefits.

If you do not meet the enrollment requirement for continuing your FEHB coverage as a retiree, you may be eligible for temporary continuation of coverage as a separated employee. Your employing office will provide information about whether you can temporarily continue your health benefits coverage and how to enroll for it.

The FEGLI Certification of Enrollment Booklet (SF 2817A) has more information about eligibility to continue your FEGLI coverage as a retiree and the cost of coverage. If you are eligible to continue your FEGLI basic coverage, you MUST complete an SF 2818, *Continuation of Life Insurance Coverage*. Any optional FEGLI coverage you currently have and are eligible to retain as a retiree will automatically be continued unless you make some change. You may also want to file a FEGLI designation of beneficiary form (SF 2823).

If you are under age 65, retire on or after January 1, 1990, and elect to continue Basic Life Insurance coverage into retirement, you must pay the same premium as active employees until you reach age 65. If you elect either the 50% or No Reduction schedule (for coverage after reaching age 65) on the SF 2818, you must not only pay the regular insurance premium, but also the additional premium required for the extra coverage you will have after age 65. Premiums for the additional coverage after age 65 continue for life or for as long as you maintain the extra coverage.

If you appear eligible to continue your FEHB coverage, your agency will automatically transfer your enrollment to OPM. You do not need to do anything unless you want to make some change in your coverage.

Based on the documentation your employing agency is required to submit with your retirement application, OPM will determine whether

you are eligible to continue your health and life insurance coverage as a retiree. However, if you have any questions about your eligibility, ask your employing office for assistance before you retire.

SECTION F - OTHER CLAIM INFORMATION

Item 1 If you have applied for, or received workers compensation from the Office of Workers Compensation Programs (OWCP), U.S. Department of Labor, because of a job-related illness or injury, check the "yes" box and complete Schedule C.

In schedule C you should provide the following information:

- 1) If you are receiving (or have ever received) compensation, enter your compensation claim number(s), the beginning and ending dates of each period for which compensation was paid, and whether the benefits were a scheduled award or disability compensation.
- 2) If you have applied for, but are not receiving benefits, indicate whether your claim is pending or has been denied, and the claim numbers applicable.
- 3) Indicate whether you agree to notify us if the status of your workers compensation claim changes. Important: You may not legally receive both retirement annuity and workers compensation (except for a scheduled award) for the same period of time. Any payment of workers compensation or retirement annuity you receive is subject to collection by the Office of Personnel Management or the Office of Workers Compensation Programs.

The information requested regarding benefits from the Office of Workers Compensation Programs is needed because the law prohibits the dual compensation which would exist if you received both a Civil Service retirement annuity and compensation for total or partial disability under the Federal Employees Compensation Act. Note: The Department of Labor has determined that the alternative annuity lump sum payment is a payment within the terms of the dual compensation provision. If you receive the alternative annuity lump sum payment and later elect compensation from OWCP, no compensation would be payable until the amount of the lump sum payment and annuity paid is returned to the Civil Service Retirement System.

If you are applying for disability retirement, please include as part of your SF 2824 submission all medical evidence submitted to OWCP in connection with your compensation claim and any OWCP decision or evaluation of your claim.

Item 2 Indicate whether or not you have ever applied for retirement refund, deposit or redeposit, or voluntary contributions under the Civil Service Retirement System. If you have, indicate which type in 2a and the applicable claim numbers in 2b. This helps to assure that all of your records are located and that proper credit is given for your service and for any deposit, redeposit, or voluntary contribution payments you may have made.

SECTION G - INFORMATION ABOUT CHILDREN

Information about your children in your annuity claim file may help to expedite the processing of claims for survivor benefits in the event of your death. Therefore, you may wish to complete Section G by providing the names and the dates of birth of your unmarried dependent children under the age of 18. Also list any child over the age of 18 and incapable of self-support because of a mental or

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physical disability incurred before the age of 18. Check the box headed "disabled" by the name of each child to whom this applies. Completion of Section G is optional; the processing of your annuity application will not be delayed or otherwise affected if you do not complete it. Children will not be denied benefits after your death solely because they were not identified on your retirement application.

SECTION H - APPLICANT'S CERTIFICATION

Be sure to sign (do not print) and date your application after reviewing the warning.

Filing Your Application

Submit the completed application to your agency. Your agency must then complete the Agency Checklist of Immediate Retirement Procedures and Certified Summary of Federal Service (SF 2801-1) which are included in this package. These forms were included in this package so that you would have an opportunity to review and become familiar with the type of information and procedures your agency will need to process your application. After you submit your application, your agency will complete the SF 2801-1 and return it to you for your review and signature. If you are applying for disability retirement, your agency will also need to complete Forms SF 2824B, 2824D, and 2824E. (Be sure to ask your employing agency what documentation and evidence is necessary if you are applying for disability retirement.)

IMPORTANT YOU AND YOUR EMPLOYING AGENCY ARE JOINTLY RESPONSIBLE FOR THE COMPLETENESS AND CORRECTNESS OF THE CERTIFIED SUMMARY OF FEDERAL SERVICE YOU SHOULD REVIEW IT CAREFULLY BEFORE SIGNING IT IF YOU HAVE ALREADY SIGNED A SUMMARY (FOR EXAMPLE, DURING PRE-RETIREMENT COUNSELING) ASK YOUR AGENCY TO LET YOU REVIEW IT AGAIN ANY ERRORS OR OMISSIONS OR DISCREPANCIES WILL DELAY THE PROCESSING OF YOUR APPLICATION, AND MAY RESULT IN INCOMPLETE CREDIT FOR SERVICE IN THE INITIAL ADJUDICATION OF YOUR APPLICATION

What Happens After You File Your Retirement Application

1. Your Employing Office

Your employing office will close out your records, using the Agency Checklist to assure that all necessary steps are taken. When this process (which includes paying you any unpaid compensation such as for unpaid annual leave) has been completed the agency will forward your application and records to OPM.

2. OPM Acknowledgment

Within a few days after receiving your application, the Office of Personnel Management will send you an acknowledgment. This acknowledgment will give you your claim number, which will begin with the letters "CSA." This number will be very important to you as an annuitant because you will need to refer to it any time you write or call us in connection with your annuity.

IMPORTANT OPM cannot begin the processing of your application for retirement until we receive your application and retirement records from your agency. If you need to contact OPM about your application, and you have not received your

retirement (CSA) claim number, contact your former payroll office. Your former payroll office can advise you if your application and records were sent to OPM. If the records were sent, you should provide OPM with the payroll office number and the number and date of the Register of Separations and Transfers on which your retirement package was sent. (Your payroll office can provide you with this information.) **DO NOT CONTACT OPM UNLESS YOUR RETIREMENT PACKAGE HAS BEEN SENT TO US.**

3. Interim Annuity Payments

The next action OPM takes is a preliminary review of the records available at the time your application is received. If your entitlement to annuity is clear at this point, OPM will authorize interim annuity payments. These interim payments are usually lower than your actual annuity rate and are a means of preventing undue financial hardship while we process your application. You will receive a notice explaining your interim payment status.

4. Alternative Annuity (Lump Sum Refund)

If you are eligible to elect an "alternative" annuity (lump sum refund of your retirement contributions with a reduced monthly benefit), OPM will send you specific information about this election during the processing of your application. If you are retiring because of a disability, or if you have a former spouse entitled by court order to benefits, you will not be eligible to elect Alternative Annuity.

Disability and Special Retirement Applications

Applications for disability retirement and special retirement as a law enforcement officer or firefighter are processed differently. For disability retirements, your agency will forward your application, evidence supporting your claim of disability, and preliminary records to OPM for disability determination based on review of both medical and nonmedical evidence. Interim annuity payments can be authorized only if and after the disability has been approved and your last day in a pay status is known to OPM. For law enforcement and firefighter retirement, your agency will forward evidence concerning your entitlement to this special provision. Interim annuity payments can be authorized only if and after OPM has approved your entitlement to this benefit.

6. After Your Application Is Processed

When we finish processing your application, we will send you a package containing:

- 1) Your annuity statement,
- 2) A booklet containing general information about your annuity and
- 3) If you are enrolled for health benefits, a booklet giving information about the Federal Employees Health Benefits Program.

What to do if Your Address Changes Before Processing Is Completed

The acknowledgment we send you will include a change of address form. If your address changes before you receive your acknowledgment, first contact your agency to find out if your application has been forwarded to OPM. If your agency has already forwarded your application to us, you will need to write us, giving your name, Social Security number, date of birth, the date of retirement, and the agency you retired from. If you have received your acknowledgment, remember to refer to your claim number. In addition, you should notify your former Post Office of your forwarding address.

How to Have Your Annuity Payments Sent to a Bank or Financial Organization

Having your annuity payments sent directly to your bank or financial organization is both convenient and safe. It also assures that payments are deposited and available for your use even when you are away from home. OPM will continue to send other information to your mailing address.

To have your payments sent to a financial institution, you may pick up an SF 1199A Direct Deposit Sign-Up Form from your bank. Both you and your bank must complete this form. If you send the form with this application, you may omit your retirement claim number—it will be filled in by OPM. But if you wish to send an SF 1199A later, you MUST include your claim number. OPM will send you your claim number a few days after your application is received.

Cost of Living Increases

1. **Limitation on amount of increase.** An annuity may not be increased by a cost-of-living adjustment to an amount that exceeds the greater of (a) the maximum pay payable for a GS-15 thirty days before the effective date of the adjustment, or (b) the final pay (or average pay if higher) of the retired employee increased by the overall annual percentage adjustments (compounded) in General Schedule rates of pay since the employee's retirement.
2. **Determination of amount of increase and effective date.** Cost-of-living increases are effective on December 1 and are payable in the January annuity payment. They are determined by the percentage increase in the average Consumer Price Index for the "base quarter" of the year in which they are effective over the "base quarter" of the preceding year. The "base quarter" is July, August, and September. The first cost-of-living increase you receive will be prorated to reflect the number of months you are on the retirement rolls before the increase is effective.

Payment and Accrual of Annuity

All annuities are payable in monthly installments on the first business day of the month following the one for which the annuity has accrued. All annuities are adjusted to the next lower dollar.

The commencing date of most annuities is the first day of the month after pay ceases and all other requirements for title to annuity are met. There are three exceptions, however: (1) disability annuities, (2) annuities based on involuntary separations, and (3) annuities based on voluntary retirement of employees who are in pay status for three days or less in the month of retirement. In these three instances, annuities commence no later than the day after pay ceases and all other requirements for title to annuity are met.

How Annuities are Computed

1. **Basic Annuity Computation.** The amount of your annuity depends primarily on your "high-3" average pay and length of service.
 - a. **High-3 Average Pay.** The "high-3" average pay is the highest pay obtainable by averaging the rates of basic pay in effect during any 3 consecutive years of service with each rate weighted by the time it was in effect.
 - b. **Basic Annuity Formula.** For employees generally: (a) take 1-1/2% of the "high-3" average pay and multiply the result by 5 years of service; (b) add 1-3/4% of the "high-3" average pay multiplied by years of service between 5 and 10; and (c) add 2% of the "high-3" average pay multiplied

by all service over 10 years.


- c. **Refunded Federal Service.** If you have not made a redeposit to the Retirement Fund to cover service for which you received a refund of retirement deductions, that service will not be considered in computing your annuity (except for computing your high-3 average pay). If you have received a refund of retirement deductions, we will send you information and offer you an opportunity to pay the redeposit a retirement (if you are eligible for and elect an alternative annuity, the redeposit will be "deemed" paid).
 - d. **Non-Deduction Service On or After October 1, 1982.** If you have performed creditable civilian service on or after October 1, 1982, during which no retirement deductions were withheld and for which you have not paid a deposit, that service will not be considered in computing your annuity (except for computing your high-3 average pay). If you have such service, you will be given an opportunity to pay the deposit, with interest, before we complete our action on your application. (If you are eligible for and elect an alternative annuity, the deposit will be "deemed" paid.) See item 7 below if you have nondeduction service performed before October 1, 1982, for which you have not made a deposit.
2. **Formula for Law Enforcement and Firefighter Personnel.** The basic annuity of an employee who retires under the special provision covering law enforcement and firefighter personnel is 2-1/2% of the "high-3" average pay multiplied by 20 years of law enforcement and/or firefighter service, plus 2% of the high-3 average pay multiplied by all service over 20 years. (Information concerning special computations such as those for certain air traffic controllers, congressional employees, retirement under provisions of the Panama Canal Treaty, etc., may be obtained from your employing agency.)
 3. **Limitation on Basic Annuity.** The basic annuity may not be more than 80% of the employee's "high-3" average pay. Retirement deductions withheld after the month the 80% limitation is reached are, at separation, set aside as a special credit. At retirement, this special credit is applied to any unpaid deposit or redeposit. Any balance, or the entire special credit if no deposit or redeposit is due, is refundable before annuity has been granted or may be used as voluntary contributions to purchase additional annuity as explained in item 10. In the absence of written election by the employee, attached to the application, the refund will be automatically authorized.
 4. **Guaranteed Minimum Disability Annuity.** An employee retiring before age 60 on account of total disability is guaranteed a minimum basic annuity which amounts to the LESSER of (a) 40% of the "high-3" average pay or (b) the sum obtained by using the formula in item 1 above but increasing the length of actual service by the period between the date of the employee's separation for retirement and the date age 60 is reached. If the basic "earned" annuity computed in item 1 above is greater than the guaranteed minimum, this basic "earned" annuity is used instead. Persons receiving military retired pay or pension or compensation from the Department of Veterans Affairs in lieu of military retired pay are generally not eligible for the guaranteed minimum annuity computation.
 5. **Reduction for Early Retirement.** Unless retirement is on account of disability or under the special provision for law enforcement or firefighter personnel, the annuity of an employee who retires before age 55 will be reduced by 1/6 of 1% (2% a year) for each full month, if any, under age 55.

- 6 **Reduction for Alternative Annuity**—An employee who elects an alternative annuity benefit will receive a lump sum payment of his or her unretired retirement contributions including post-1956 military deposits, and a reduced monthly annuity. Note: Deposits and redeposits that are "deemed" paid are not included as part of the lump sum payment. The amount of the reduction in annuity is based on the employee's age at retirement and amount of retirement contributions. Employees retiring on disability or who have a former spouse who is entitled by court order to receive a portion of the employee's annuity or a survivor annuity cannot elect an alternative annuity. Married employees must obtain their current spouse's consent in order to make a valid election.
- 7 **Reduction for Non-Deduction Service Performed Before October 1, 1982** — An employee who performed creditable civilian service before October 1, 1982, during which no retirement deductions were withheld from salary and for which no deposit has been made, will have his or her annual annuity reduced by 10% of the amount due as deposit. The deposit consists of the amount which would have been withheld as retirement deductions, plus interest. Retiring employees who want information on paying the deposit should attach a signed statement to that effect to the application for retirement. Note: If an employee is eligible for and elects an alternative annuity, the amount due as deposit at retirement for civilian service may generally be "deemed" paid.
- 8 **Reduction for Survivor Annuity**—This reduction is explained under "INSTRUCTIONS FOR COMPLETING APPLICATION FOR IMMEDIATE RETIREMENT", Section D - Annuity Election.
- 9 **Reduction for Unpaid Post-1956 Military Service**—Previously, when military service was used in the computation of annuity at the time of retirement, the annuity would be reduced at age 62 to exclude the military service performed on or after January 1, 1957. If the annuitant was eligible or would be eligible upon application, to receive Social Security old-age benefits (if the annuitant was age 62 or over at the time of retirement and was eligible, or would be eligible upon application to receive Social Security old age benefits, the military service was not included in the computation of the annuity.) Now, employees who were first employed in a position subject to the civil service retirement law before October 1, 1982, may pay a deposit for military service performed after 1956 in order to avoid the reduction that would otherwise take effect if he or she becomes eligible for social security benefits at age 62.
- The deposit is 7% of the military basic pay received for such service, plus interest at a variable rate determined by the U.S. Department of Treasury. However, no interest is charged if the deposit was paid before October 1, 1986 or within three years of the date the employee first became subject to the civil service retirement law. If later, the deposit must be paid to the employing agency before separation. Failure to pay the deposit to the agency voids any further right to pay it at a later date.
- Those employees who were first employed on or after October 1, 1982, must pay the deposit for post-1956 military service in order to receive credit for that service in the computation of annuity. That is, unless the deposit is paid, no credit for post-1956 military service will be allowed regardless of whether the annuitant is or will become eligible for social security benefits.
- If you performed military service after 1956, ask your employing agency how the above provisions affect you or your survivor and how you may make the deposit if you wish to do so.
- 10 **Additional Annuity (Voluntary Contributions)** — An employee who, in addition to the amounts withheld from salary, has made voluntary contributions to the Retirement Fund will be paid, in addition to the regular annuity, \$7.00 per year plus \$0.20 for each full year the individual is over age 55 at retirement, for each \$100.00 in his or her voluntary contributions account. If, with respect to voluntary contributions, an employee elects a survivor annuity, the additional annuity purchased will be reduced based on the difference between the annuitant's age and the survivor's age as shown in the table on page 4. The survivor's additional annuity will be 50% of the employee's additional reduced annuity. Note: The additional annuity purchased by voluntary contributions is not increased by cost-of-living adjustments.
- 11 **Unused sick leave**—An employee who retires with any unused sick leave will have the number of working days represented by such leave added to the years of service for the purpose of computing the annuity. Additional annuity earned thereby will not be subject to the 80% limitation on basic annuity. Days of unused sick leave may not be used in determining average pay or length of service for annuity eligibility.

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law, the Federal Employees Group Life Insurance law, and the Federal Employees Health Benefits law (Chapters 83, 87, and 89 of title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits; to obtain additional information if necessary to determine and allow present or future benefits; and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local, or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified as noted above with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number. Furnishing the Social Security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.

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	APPLICATION FOR IMMEDIATE RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM	See Directive A: Information on Instruction Sheet*
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Section A - Identifying Information

1 Name (Last, first, middle)	2 List all other names you have used
3 Address (Number, street, city, State, ZIP Code)	4 Telephone number (incl. area code)
5 Date of birth (Month, day, year)	6 Social Security Number
7 Are you a citizen of the United States of America?	7a. If not, of what country are you a citizen?
8 Is this an application for disability retirement?	Yes <input checked="" type="checkbox"/> (Ask your employing office about other documents you must submit.) No <input type="checkbox"/>

Section B - Federal Service

1 Department or agency from which you are retiring (including Bureau or Division, address and ZIP Code)	2 Date of last extension (Month, day, year)
3 Title of position from which you are retiring	
4 Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)?	Yes <input checked="" type="checkbox"/> (Complete Schedule A and attach to this form.) No <input type="checkbox"/>
5 Are you receiving or have you applied for military retired pay, including disability pay and/or pension and compensation from the Department of Veterans Affairs (formerly the Veterans Administration) in lieu of military retired pay? Note: If you later become entitled to military retired pay, you must notify OPM.	Yes <input checked="" type="checkbox"/> (Complete Schedule B and attach to this form.) No <input type="checkbox"/>

Section C - Marital Information

1 Are you married now? (A marriage exists until ended by death, divorce or annulment.)	Yes <input checked="" type="checkbox"/> (Also complete items 1a-1f below.) No <input type="checkbox"/>
1a Spouse's name (Last, first, middle)	1b Spouse's date of birth (Month, day, year)
1c Spouse's Social Security No.	
1d Place of marriage (city, state)	1e Date of marriage (Month, day, year)
1f Marriage performed by	Clergyman or Justice of the Peace Other (explain):
2 Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985 and to whom a court order gives a survivor annuity?	Yes <input type="checkbox"/> (Attach a certified copy of the court orders and any arrangements.) No <input checked="" type="checkbox"/>

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information pages of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the instructions. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. You must attach SF 2801-2 to this form if you elect less than the maximum survivor annuity for your spouse.

1a I CHOOSE A REDUCED ANNUITY WITH MAXIMUM SURVIVOR ANNUITY FOR MY SPOUSE (EQUAL TO 55% OF MY BASIC ANNUITY.) If you are married at retirement, you will automatically receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits.	1b I CHOOSE A REDUCED ANNUITY WITH A PARTIAL SURVIVOR ANNUITY FOR MY SPOUSE EQUAL TO 55% OF \$ _____ A YEAR*. If you choose this option you must attach SF 2801-2 showing your spouse's consent.
-OR-	
2 I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (If you are married and elect this, attach SF 2801-2 showing your spouse's consent. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election.)	
3 I CHOOSE A REDUCED ANNUITY TO PROVIDE A FORMER SPOUSE OR COMBINATION CURRENT/FORMER SPOUSE SURVIVOR ANNUITY. The attached SF 2801-3 gives my election. If you are married and elect this option, you must also attach SF 2801-2 showing your spouse's consent.	
4 I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and name your spouse, you must attach SF 2801-2 showing your spouse's consent. (See the information page in the instructions.)	
Name of person with insurable interest	Relationship to you
Date of birth	Social Security Number

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Section E - Insurance Information

See the information in the instructions (Section E, page 7) about the requirements for continuing Federal Employees Health Benefits and Federal Employees Group Life Insurance as a retiree.	
1 Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F - Other Claim Information

1 Are you receiving, have you ever received, or have you applied for workers' compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (Complete Schedule C and attach to this form) <input type="checkbox"/> No
2 Have you previously filed any application under the Civil Service Retirement System (for retirement, refund, deposit or redeposit or voluntary contributions)?	<input type="checkbox"/> Yes (Complete parts 2a and 2b below) <input type="checkbox"/> No
2a Type of application	<input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Deposit or Redeposit <input type="checkbox"/> Voluntary Contributions
2b Claim number(s)	

Section G (Optional) - Information About Your Unmarried Dependent Children

1 Dependent child's name (First middle last)	2 Date of birth (Mo. dy yr.)	3 Disabled (y/n)	1. Dependent child's name (First middle last)	2 Date of birth (Mo. dy yr.)	3 Disabled (y/n)
SAMPLE					

Section H - Applicant's Certification

WARNING Any intentional false statement in this application or misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).		I hereby certify that all statements made in this application are true to the best of my knowledge and belief. I have read and understand all of the information provided in the instructions to this application.	
Signature (Do not print)		Date	

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management. **IMPORTANT** The final processing of your application for retirement may be delayed if you fail to submit any forms or schedules which apply to you.

	Yes	No
1 If you answered "yes" to Section B item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>
2 If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>
3 If you answered "yes" to Section B item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>
4 If you completed Schedule B and answered "yes" to item e, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if available)?	<input type="checkbox"/>	<input type="checkbox"/>
5 If you are married and you elect either less than full survivor benefits (Election 1b) or an annuity payable only to you during your lifetime (Election 2), did you attach SF 2801-2 Spouse's Consent to Survivor Election?	<input type="checkbox"/>	<input type="checkbox"/>
6 If you elected a former spouse or combination current/former spouse annuity (Election 3), did you attach SF 2801-3 Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity? If you are married, did you also attach SF 2801-2 Spouse's Consent to Survivor Election?	<input type="checkbox"/>	<input type="checkbox"/>
7 If you are married and you elected an insurable interest survivor annuity (Election 4) for your spouse instead of a maximum or partial survivor annuity, did you attach SF 2801-2 Spouse's Consent to Survivor Election?	<input type="checkbox"/>	<input type="checkbox"/>
8 If you answered "yes" to Section E item 2, did you attach SF 2818 Continuation of Life Insurance Coverage?	<input type="checkbox"/>	<input type="checkbox"/>
9 If you answered "yes" to Section F item 1, did you attach Schedule C? If applying for disability retirement, did you also attach all medical evidence submitted to OWCP and any decision or evaluation received from OWCP (if available)?	<input type="checkbox"/>	<input type="checkbox"/>

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SF 2801 - Schedules A, B and C

1 Name (Last, first, middle)	2 Date of birth (Month, day, year)	3 Social Security Number
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Schedule A - Military Service Information

1 If you have performed active honorable service in the Armed Forces or other uniformed services shown below, complete 1a below and attach a copy of your discharge certificate or other certificate of active military service (if available). See instructions for definitions of Armed Services and Uniformed services.

a Branch or Service	b Serial Number	c Dates of Active Duty		d Last Grade or Rate	e Organization at Discharge (D, Co, etc.)
		From (Mo, day, yr)	To (Mo, day, yr)		

2 Is any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency before separation. You cannot pay OPM after you retire. See Section B of the instructions for the effect on your annuity if the deposit is not paid.)

Yes ☐ No ☐ Not Applicable ☐

Schedule B - Military Retired Pay

1 If you are receiving or have applied for military retired or retiree pay (including disability retired pay), complete parts 1a to 1e below.

a Are you receiving or have you ever applied for military retired pay or retiree pay? ☐ Yes ☐ No

b Have you waived all or part of your military retired or retiree pay in order to receive pension or compensation from the Department of Veterans Affairs? ☐ Yes ☐ No

c Was your military retired or retiree pay awarded for reserve service under Chapter 67, title 10? (If "yes" attach a copy of the notice of award, if available.) ☐ Yes ☐ No

d Was your military retired or retiree pay awarded for a disability incurred in combat or caused by an instrumentality of war? (If "yes" attach a copy of the notice of award, if available.) ☐ Yes ☐ No

e Are you waiving your military retired or retiree pay in order to receive credit for military service for Civil Service retirement benefits? (If "yes" attach a copy of your request for waiver and a copy of the military finance officer's acknowledgement or approval of your request for waiver, if available.) ☐ Yes ☐ No

Schedule C - Federal Employees Compensation Information

1 Are you receiving or have you ever received worker's compensation from the Office of Workers Compensation Programs (OWCP), Department of Labor, because of a job-related stress or injury? Yes ☐ (Complete parts 1a to 1c below) No ☐ (Go to question 2)

a Compensation Claim Number	b Benefits Received		c Type of Benefit
	From (Mo, day, yr)	To (Mo, day, yr)	
			<input type="checkbox"/> Scheduled Award <input type="checkbox"/> Total or partial disability compensation
			<input type="checkbox"/> Scheduled Award <input type="checkbox"/> Total or partial disability compensation

2 If you have applied for workers compensation (other than as listed in 1a above) but are NOT receiving benefits, check reason and give the information requested.

Compensation Claim Number	Compensation Claim Number	Date Claim Denied

3 Except for periods of scheduled compensation awards, workers compensation and Civil Service retirement benefits cannot be paid for the same period of time. Please review and complete the information below regarding your claim. This section must be completed.

a Do you agree to notify OPM promptly if the status of your workers compensation claim changes? ☐ Yes ☐ No

b By my signature below, I certify that I understand that I may not legally receive both retirement annuity and Compensation (except for a scheduled award) for the same period of time and that any overpayment of Compensation or annuity is subject to collection by OPM or OWCP.

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature (Do not print)	Date

**Election of Former Spouse Survivor Annuity
or Combination Current/Former Spouse Annuity**

Part 1 - Identification of the Applicant

Name	Date of birth	Social Security Number
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If your former spouse was awarded a survivor annuity by court decree or order,
your annuity will be reduced to provide that benefit.

You do not need to elect a survivor annuity for that former spouse

Part 2 - Election

I elect a reduced annuity to provide a survivor annuity or survivor annuities for my current/former spouse(s) as follows			
Name and address of current/former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social Security Number	
Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social Security Number	
Name and address of former spouse	Date of marriage	Date of divorce	Survivor annuity equal to _____ % of my annuity
	Date of birth	Social Security Number	
Total (cannot exceed 55% of your unreduced annuity)			_____ %
Signature		Date	

* If current spouse enter "Not Applicable"

Information You may elect a reduced annuity to provide a full (55% of your annuity) or partial (less than 55% of your annuity) survivor annuity for a former spouse, if you were married to that person for at least 9 months and you have at least 18 months of Federal service that was subject to civil service retirement deductions. A former spouse who marries before age 55 is not eligible for a survivor annuity.

If you are married and elect to provide a partial survivor annuity for a former spouse

- You may also elect to provide a partial survivor annuity for your current spouse and/or former spouse(s). However, the sum of all survivor annuities cannot exceed 55% of your unreduced annuity.
- Your current spouse must consent to any election that does not provide him or her with a full survivor annuity.

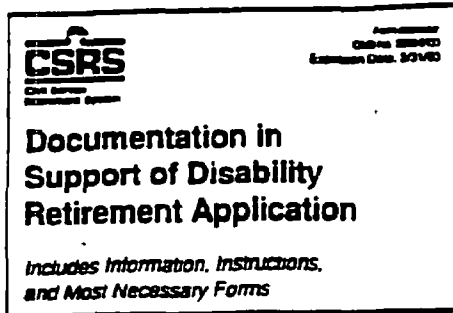
If you are not married you may elect partial survivor annuities for one or more former spouses. However, the sum of all survivor annuities cannot exceed 55% of your unreduced annuity.

To elect a former spouse annuity initial Box 3 in Section D of the SF 2801. Then complete and attach this form, which allows you to elect a benefit for a former spouse or to divide the benefit between your current spouse and former spouse(s).

Documents you must attach

- Attach copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity.
- If you are married, you must also attach a completed SF 2801-2 Spouse's Consent to Survivor Election.

CSRS, SF2824, "Documentation in Support of Disability Retirement Application"



This package contains information concerning your rights and responsibilities with regard to receiving disability retirement benefits under the Civil Service Retirement System. You should read ALL sections carefully. You should pay particular attention to the information on pages 3 and 4 about events which could cause your annuity to stop even after your retirement. The information provided is based on current law and regulation, which are subject to change. The information and forms are current as of January 1991. If you are covered by the Federal Employees Retirement System, you must use Standard Form 3105 to apply for disability retirement.

Introduction

You should consider applying for disability retirement only after you have provided your employing agency with complete documentation of your medical condition and your agency has exhausted all reasonable attempts to retain you in a productive capacity through accommodation, reassignment, etc. ("Accommodation" means an adjustment made to a job and/or work environment that enables a handicapped person to perform the duties of that position.) If you are separated from your agency see "Special Instructions for Employees Who Have Been Separated from Federal Service for More Than 31 Days" on this page for information regarding timeliness of applications and where to file an application.

If you are applying for disability retirement, you should already have received SF 2801 Application for Immediate Retirement, reviewed it carefully and completed the application form and any other retirement form that applies to you.

The purpose of this package is to furnish you and your agency with information and forms needed to document your disability and the measures (such as accommodation, reassignment, etc.) which have been taken prior to applying for disability retirement. If you need more information, contact the personnel office at your employing agency.

The forms in this package, combined with documentation which may already be on file concerning the other measures referred to above, will be adequate in many cases to provide enough information for the Office of Personnel Management (OPM) to make a disability determination. However, you are urged to review the eligibility information explained below and in SF 2801 and to submit any additional documentation which you believe will help to substantiate your claim.

This package contains the following forms:

Standard Form 2024A - Applicant's Statement of Disability
Standard Form 2024B - Supervisor's Statement
Standard Form 2024C - Physician's Statement
Standard Form 2024D - Agency Certification of Reassignment and Accommodation Efforts

Standard Form 2024E - Disability Retirement Application Checklist

These forms should be completed as instructed below and on the forms themselves and should be returned to your employing agency with your completed SF 2801 Application for Immediate Retirement, or returned directly to OPM if you have been separated from Federal service for more than 31 days (see below).

It is your responsibility, as the applicant, to obtain and submit documentation which is sufficient for OPM to determine whether there is a service deficiency, caused by disease or injury, of sufficient degree to preclude useful and efficient service, or a medical condition which warrants restriction from critical tasks or duties of your job.

Special Instructions for Employees Who Have Been Separated from Federal Service for More Than 31 Days

Your application for disability retirement must be received by OPM within one year after the date of your separation (see item 5 under "Eligibility"). If you have been separated from Federal service for more than 31 days, your former employing agency may no longer have your personnel records and may not be able to recover them in time to process your disability retirement application and submit it to OPM within the one year time limit. Therefore, you should submit your application directly to OPM rather than to your agency. The address is the Office of Personnel Management, Civil Service Retirement System, Employee Service and Records Center, Boyers, Pennsylvania 16017. Ask your former supervisor and employing agency to complete SF 2824B, SF 2824D and SF 2824E and provide them to you to send directly to OPM. If you think you will not have the completed package in time, send OPM the completed SF 2801, SF 2824A, and the medical documentation described in SF 2824C along with the name, address and telephone number of the person(s) you have asked to provide you with the remaining forms.

Note: The one year time limit for applying for disability retirement is established by law and waiver of that time limit is permitted ONLY if the separated employee (or guardian or other interested party) can show that he or she was mentally incompetent to file within the established time frame. Failure to follow instructions or unfamiliarity with applicable law and regulation does not excuse untimeliness.

Eligibility

You must meet all of the following conditions to be eligible for disability retirement:

1. You must be serving in a position subject to the Civil Service Retirement System (CSRS).
2. You must have completed at least 5 years of Federal civilian service which is creditable under CSRS.
3. You must while employed in a position subject to the retirement system have become disabled because of disease or injury for useful and efficient service in your current position. (Useful and efficient service means fully successful performance of the critical or essential elements of the position or the ability to perform at that level—and satisfactory conduct and attendance.)

4. Your agency must certify that it is unable to accommodate to your disabling medical condition in your present position or in a vacant position in the same agency at the same grade or pay level within the same commuting area for which you are qualified for reassignment. (An employee of the Postal Service is considered not qualified for reassignment if the reassignment is to a position in a different craft or is inconsistent with the terms of a collective bargaining agreement covering the employee.)
5. You, or your guardian or other interested person, must apply before your separation from service or within one year thereafter. The application must be received by OPM within one year of the date of your separation. This time limit can only be waived in certain instances involving incompetency. (Note: For more information, see "Special Instructions for Employees Who Have Been Separated from Federal Service for More Than 31 Days" on page 1.)

Note #1: If you are a National Guard Technician being separated from your position because of a disability that disqualifies you from membership in the National Guard or from holding the military grade required for your employment, special provisions may apply to you. Contact your employing agency for the necessary information.

Note #2: If you retire on a non-disability retirement and you elect an alternate annuity and lump sum payment of your retirement contributions, you CANNOT later change to a disability retirement.

Documentation Requirements

To determine whether the application is allowable under current law and regulation, OPM examines each disability claim with particular attention to the items shown below. The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct or attendance, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with other useful service or retention in the position.
2. A medical condition, which is defined as a disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected and a showing that the condition, in all probability, will continue to be disabling for at least one year.
5. The applicant's inability to perform useful and efficient service arose while the employee was serving under the Civil Service Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the medical condition.
7. The absence of another available position within the employing agency and commuting area, at the same grade or pay level and tenure, to which the employee is qualified for reassignment.

Note: You have the burden of proving that you meet the disability eligibility requirements; therefore, OPM will not pay for any medical examination or procedure needed to provide the necessary documentation.

How Disability Retirement Applications Are Processed

If you are still employed, your employing agency will assemble this SF 2824 including Schedules A, B, C, D and E, together with your Application for Immediate Retirement (SF 2801) and appropriate forms, your preliminary Individual Retirement Record (SF 2806) and all available disability documentation, and send this to OPM. The disability documentation will include that which you submit for the purpose of applying for disability retirement and all documentation on file with your agency concerning your medical condition and its relationship to service deficiencies, attempts or requests to reassign or accommodate because of your medical condition, etc. The time required for assembly and submission of the application and documentation varies from agency to agency. If you are separated from the Federal service, you (or your guardian or other interested party) are responsible for seeing that your application is filed within the time limit—see "Special Instructions for Employees Who Have Been Separated from Federal Service for More Than 31 Days" on page 1.

Shortly after receiving your application, OPM will send you an acknowledgment and a claim number (beginning with the letters "CSA"). Note: Receipt of an acknowledgment and a CSA claim number does NOT mean your disability application has been approved. Any inquiries before you receive this acknowledgment and claim number must be addressed to your employing agency. Any inquiries to OPM MUST refer to your claim number.

The Disability and Social Entitlements Division, OPM, will examine your application and supporting documentation to determine whether a finding of disability is warranted on the basis of the documentation submitted. You or your employing agency may be contacted if additional information is needed and both you and your agency will be notified of the allowance or disallowance of your application. In the case of disallowance, you will also be given information about requesting reconsideration.

You or your agency should notify OPM of any change in your status. If, while OPM is processing your claim, you decide to withdraw your application, you must notify us in writing of the withdrawal request. Such a request can be accepted if it is received by OPM before your application is approved OR before you have been separated from your agency. Also, if you have a non-disability retirement application with OPM at any time before separation from your agency, OPM will stop processing your disability claim and will contact you to clarify your intent.

If your application is approved, your employing agency will be requested to take action to separate you from their rolls and send OPM your final retirement records. The actual date of separation is a matter to be decided between you and your agency.

Interim payments can be authorized ONLY after the disability application has been allowed and your agency has notified OPM of the date your pay stopped. Interim payments are intended to help you financially until OPM can compute the actual amount of your annuity.

Final adjudication of your case can be completed only after your final retirement records and all supporting documentation have been received by OPM.

Disability Annuity Computation

A disability retiree is entitled to an "earned" annuity computed under the general formula described under "How Annuities Are Computed" in SF 2801, Application for Immediate Retirement. However, the law guarantees a minimum annuity to employees who

more because of disability. If the "earned" annuity is less than the guaranteed minimum, the minimum becomes the basic annuity, except as explained under "Exception" below.

The guaranteed minimum, which is not a fixed amount, but varies from one employee to another, depending on age, service, and average salary, is the **LESSER** of the following:

1. 40% of the employee's "high-3" average pay, or
2. The amount obtained under the general formula after increasing the actual creditable service by the time remaining from the commencing date of annuity to the date of the employee's 60th birthday.

A recessed must be used if service for which retirement deductions were required is to be used in the computation of the annuity. A recessed must be paid for service performed on or after October 1, 1982, during which retirement deductions were not withheld from pay. If the service is to be used in the computation of the annuity, a recessed for service before October 1, 1982, during which retirement deductions were not withheld from pay is not required in order for the service to be used in the computation of the annuity. However, the basic "earned" annuity, or the guaranteed minimum annuity computed under 2 above, is reduced by 10% of the amount of unpaid recessed for service before October 1, 1982.

If the general formula will produce a larger basic annuity than the guaranteed minimum, the general formula applies. Because of the average and age limitations on the guaranteed minimum annuity (i.e., 40% of the average pay and service provided to age 60), the guaranteed minimum does not apply if the retiree is age 60 or over or has enough service to produce a basic annuity of 40% or more of average pay (generally 21 years and 11 months of service or more).

Exception: An employee with disability annuity beginning on or after December 5, 1980, is not eligible for the "earned" annuity computation if he/she is receiving "retiree" based on either pay or VA old-law or Section 306 pension, or compensation in lieu of military retired or retiree pay, unless: 1) retired or retiree pay is awarded for a service-connected disability incurred in combat with an enemy of the United States or caused by an instrumentality of war and incurred in line of duty during a period of war as defined by Section 301 of title 38, or under Chapter 57, title 10 USC (military retired pay), or 2) VA pension or compensation is not in lieu of military retired pay. VA pension or compensation is considered "in lieu of military retired pay" if the military retiree has had to (or would have had to) waive all or a portion of military retired pay under 38 USC 3105 in order to receive the VA benefit (old-law or Section 306 pension or compensation). However, if the sum of an individual's earned annuity and his/her military retired or retiree pay under VA old-law or Section 306 pension or compensation does not at least equal the annuity computed under the guaranteed minimum disability provision, the amount of civil service disability annuity will be increased by an amount which will make the total benefit equal to the guaranteed minimum for that particular case.

Duration of Annuity

Disability annuity begins on the first day after pay status as an employee terminates and disability and service requirements have been met. Annuity is not payable for any period of time for which compensation (other than a scheduled award) is payable by the Office of Workers' Compensation Programs, U.S. Department of Labor. Under current law and regulations, disability annuity continues until the annuitant is found recovered or restored to earning capacity, is reemployed in the Federal service, or dies.

Medical Recovery

If you are a disability retiree under age 60, OPM may require periodic examinations of your medical condition to determine if you have recovered from your disability. Any disability retiree under age 60 may have his or her disability for continued annuity payments reviewed at any time it is considered necessary by OPM. You pay the cost of providing any medical information OPM needs to review your medical condition. If OPM finds you recovered, your disability annuity payments will stop one year from the date of the medical examination showing your recovery or on the date you are reemployed in the Federal service, whichever occurs first. After you turn age 60, OPM will review your medical condition only at your request.

Restoration of Earning Capacity

If you are a disability retiree under age 60, there is a limit on the amount you can earn from wages and self-employment and still be entitled to your annuity. Each year, OPM will send you a questionnaire to complete and return in order to determine your earnings for the previous calendar year. If your earnings in any calendar year equal or exceed 80 percent of the current salary rate of the position from which you retired, your earning capacity will be considered restored. Even if there is no change in your medical condition, your disability annuity payments will stop six months from the end of the calendar year in which your earning capacity is restored or on the date you are reemployed in the Federal service, whichever occurs first. After you turn age 60, there is no restriction on the amount of wages or earnings from self-employment you may receive.

Reemployment in the Federal Service After You Retire

If you receive disability, you may be reemployed in any position to which you are entitled. OPM does not need to make a recovery determination prior to your reemployment. Also, the law does not require you to notify your former employing agency or any other Federal agency automatically after you are reemployed if OPM finds that you are medically recovered or restored to earning capacity. However, if either of these events occurs, you may be eligible for priority referral under the Dislocated Employee Program. Priority referral simply means that all Federal agencies will consider you for placement if they have vacancies for which you may be qualified.

To determine if you qualify for priority referral in the event your disability annuity terminates, you would need to contact your former employing agency if it still exists, or the nearest OPM Area Office listed under U.S. Government in your telephone book. You may apply at any time after you receive a notice of recovery or restoration to earning capacity from OPM, but no later than 90 days after your annuity has terminated.

If you are reemployed in the Federal Government, your reemployment will affect your receipt of annuity or amount of salary. If you are under age 60 when you are reemployed, the following applies:

1. If you are reemployed in a non-competitive position or a position with a lower salary than the current salary of the position from which you retired, your annuity payments will continue and your agency will reduce your salary by the amount of your annuity. You will be subject to the 80 percent earnings limitation as explained above under "Restoration of Earning Capacity." The full amount of your salary (gross salary), not the reduced amount you receive, must be reported on the questionnaire and will serve as a basis for determining if you have exceeded the 80 percent earnings limitation.

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2. If you were not previously found recovered or returned to earning capacity and you are reemployed in a permanent position with a salary equal to or greater than the current amount of the position from which you retired, you will be found recovered on the basis of *unemployment*. Your annuity will stop when the finding is made and OPM will notify your agency to stop paying your annuity by the amount of your annuity. If your job is covered by Federal retirement law, your agency will then begin withholding retirement deductions from your salary.
3. If you were previously found recovered or returned to earning capacity and your annuity is being paid temporarily after the finding with status, your annuity payments will stop on the date you are reemployed in the Federal service, regardless of the type of your appointment.

If you are over age 60 when you are Federally reemployed, your annuity payments will continue and your annuity will be reduced by the amount of your annuity. In this situation, if you are reemployed in a permanent position with a salary equal to or greater than the current salary of the position from which you retired, you will NOT be found recovered on the basis of *unemployment* unless you voluntarily request to be found recovered. Your annuity will stop if you request to be found recovered.

Note: You must always tell the agency where you are seeking reemployment that you are a civil service annuitant so that proper action can be taken by the agency and OPM in the event you are reemployed. If you become reemployed in the Federal service, you should notify OPM, Employee Service and Records Center, Bureau, PA 18017. It is essential to provide a copy of the personnel document showing your appointment or provide the full name and address of your employing agency. Be sure to give your Social Security number (SSN) and your Civil Service number (CSN).

Future Annuity Rights

If your disability annuity is stopped because you have recovered from your disability or you are returned to earning capacity and you are not reemployed in the Federal service, you may qualify for an annuity as follows:

1. A discontinued-service annuity that begins when your disability annuity ends, if you are then at least age 60 and had 20 or more years of service when you retired for disability; or
2. A discontinued-service annuity that begins when your disability annuity ends, if you had 25 or more years of service when you retired for disability, regardless of your age; or
3. A deferred annuity that begins when you reach age 62, if you do not qualify for either of the discontinued-service annuities mentioned above.

If you are reemployed in a position under a Federal retirement system, your future annuity rights will generally be determined under the law in effect when the reemployment ends.

Reinstatement of Disability Annuity

Your disability annuity **CANNOT** be reinstated if (1) you are age 62 or over, or (2) you are reemployed in the Federal service in a position subject to the retirement law for at least one year during the two-year period beginning the date of separation, or (3) you are reemployed in the Federal service and elect to transfer to the Federal Employees Retirement System (FERS). If these exceptions do not apply in your case, the disability annuity may be reinstated under the following conditions:

1. If your annuity stopped because you were found recovered from your disability on the basis of medical evidence and

unemployment, it may be reinstated if (a) you submit correct medical evidence showing that the same medical condition for which you originally retired has occurred and has worsened since the finding of recovery and (b) you are not returned to earning capacity. In this event, the reinstatement is effective as of the date of a correct medical determination showing that your disability has resumed.

2. If your annuity stopped because you were found recovered to earning capacity, it may be reinstated if (a) you earn less than 80 percent of the current pay of the position from which you retired during a calendar year and (b) you submit correct medical evidence which demonstrates that you are still disabled due to the same medical condition for which you originally retired. If these requirements are met, the reinstatement is effective the last of the year following any calendar year in which your earning capacity falls below 80 percent of the current pay of the position from which you retired.
3. If your annuity stopped because you were found recovered on the basis of your Federal employment, you may apply for reinstatement of your disability annuity if (a) you are separated from your position within one year from the date of reinstatement because of inability to perform due to the same medical condition that caused your disability retirement and (b) you are not returned to earning capacity. A request for reinstatement must be supported by medical evidence. If you separate from the Federal service more than one year after the date of unemployment, you have the same reinstatement rights as any other Federal employee with the same age, length of service, and kind of unemployment. That is, you may qualify for annuity benefits only if you apply for reinstatement and you are otherwise eligible for an annuity.

You are not entitled to have your reinstated disability annuity reduced for any cost-of-living adjustments that were otherwise duly projected if the annuity was terminated. In addition, if you were a former discontinued-service annuitant in the interim, you may elect to retain a credit of the disability annuity; you cannot receive both.

If your disability annuity is reinstated, you can enroll for any past health benefits or life insurance coverage. To be eligible to enroll for health benefits coverage, you must have been covered by a health benefits plan immediately before your annuity terminated. You may enroll in any health benefits plan for which you are eligible you are not restricted to the plan you had when your annuity stopped. To be eligible to enroll for life insurance coverage, you must have been covered immediately before your annuity terminated. Only coverage of the type and up to the amount in effect at the time your annuity stopped can be reinstated. You cannot elect life insurance coverage greater than the coverage previously in effect. Information concerning your eligibility to enroll would be sent to you at the time your disability annuity is reinstated.

Coordination of Benefits from OWCP, U.S. Department of Labor

The approval of a claim for benefits by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor for a work-related injury or illness does NOT automatically create an employee's OWCP disability retirement. A claim for disability retirement must also be filed with the Civil Service Retirement System, Office of Personnel Management and supported with required documentation. If you are eligible for disability retirement and elect to receive survivor benefits protection, you will protect the right of your eligible survivors to receive survivor annuity benefits after your death. In addition, this will protect your own annuity rights.

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in the event you lose entitlement to benefits from OWCP. Your application for disability retirement must be received by OPM within one year from the date of your separation by your agency in order to be timely filed.

In general, you may NOT receive annuity payments from OPM and OWCP payments for the same period of time. (See information below on when you may receive both payments.) This is because the law prohibits the dual compensation that would exist if you receive both a civil service annuity and OWCP payments for total or partial disability under the Federal Employees' Compensation Act. However, if you are eligible for a civil service annuity and OWCP payments for total or partial disability, you may elect which of the two benefits you want to receive. Any overpayment of OWCP benefits or annuity you receive is subject to collection by the Office of Personnel Management or the Office of Workers' Compensation Programs.

If you do not apply for retirement or your annuity payments are suspended while you are in receipt of OWCP payments, you may be eligible to receive a refund of your retirement contributions if any remain to your credit in the Retirement Fund. However, if you receive a refund, your right to an annuity and the rights of your survivors to CSRS benefits are forfeited. If you receive the refund you would NOT be eligible to receive civil service annuity benefits if your OWCP benefits is terminated or reduced. In addition, if your OWCP benefits is terminated, your Federal Employees' Group Life Insurance coverage, if any, would also end without the right to convert to an individual policy.

You may receive concurrent payments of annuity and OWCP benefits for the same period of time ONLY if:

1. You are receiving a "scheduled award" from OWCP. A "scheduled award" is usually paid when there is a disability resulting from the loss, or loss of use, of a function or member of the body (such as a hearing loss or the loss of an arm). If your OWCP award is based on total or partial disability (that is, a non-scheduled award), you may not receive an annuity during the same period that you are in receipt of OWCP benefits, or
2. You are receiving OWCP benefits due to the death of another person and you are eligible for annuity on the basis of your own Federal service, or
3. Your OWCP payments are suspended because you are receiving a financial settlement from the party directly responsible for the injury (a "third party settlement"). In this instance your annuity may be paid during the period that your OWCP benefits are suspended.

Please include, as part of your SF 2834 submission, all medical evidence submitted to OWCP in connection with your OWCP claim and any OWCP evaluation of your claim.

Important: If, after you retire, you are receiving civil service annuity payments and a scheduled award, you must immediately notify OPM if your scheduled award is changed to a non-scheduled OWCP benefit. Otherwise, you will incur an indebtedness to the U.S. Government which will be subject to collection from your benefits.

Instructions

If you are still employed all applicable forms (see list under Introduction) should be completed as instructed below and on the forms, and returned to your employing agency along with any additional documentation you wish to have considered. Your employing agency will add documentation already on file and review all of the available information to determine whether any

reasonable accommodation can be made, including reassignment to allow you to continue working. If your agency determines that this is not possible, it will make certification of that determination, assemble all relevant forms and documents, and submit the entire package to OPM. **DO NOT SEND ANYTHING DIRECTLY TO THE OPM UNLESS SPECIFICALLY INSTRUCTED TO DO SO.**

NOTE: If you have been separated from Federal Service for more than 31 days, see "Special Instructions for Employees Who Have Been Separated from Federal Service for More than 31 Days" on page 1.

Standard Form 2834 - Applicant's Statement of Disability

Complete the form according to the instructions below and give it to your supervisor. The form authorizes your supervisor to provide information about your performance, conduct, and attendance. If you need more space in any item, attach a separate sheet and indicate that an attachment is provided. Failure to complete any item will delay processing of your application at OPM.

- Item 1: Print or type your name clearly.
- Item 2: Give your date of birth, showing the month, then the day then the year. CSRS records are tied by name and date of birth.
- Item 3: Enter your social security number. It is required for identification purposes.
- Item 4: Describe how you are disabled in your job with respect to performance, attendance, or conduct. Describe your medical condition(s) (i.e., disease or injury) and explain how it interferes with performance of your duties, attendance, or conduct. List the critical or essential elements of your position and explain why you cannot perform some or all of them. This information will help OPM to determine if the documentation you have submitted is sufficient.
- Item 5: Describe any other restrictions on your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified. This will be used in determining whether or not you could perform useful and efficient service if reassigned to another position.
- Item 6: Identify any efforts which have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position or another position.
- Item 7: Give the approximate date when you became disabled for your position (i.e., the approximate date when either your performance ceased being useful and efficient or your attendance or conduct became unacceptable because of the medical condition(s) described in item 5).
- Item 8: If you have been hospitalized for the medical condition(s) described in item 5, check the "yes" box. If you have not been hospitalized for the medical condition(s), check the "no" box.
- Item 9: List the physician(s) from whom you are requesting, or have requested, a Physician's Statement (SF 2834C). This helps to ensure that OPM has received all the documentation which you plan to obtain.
- Item 10: After reviewing the form, your answers, and the warning and certification statements, sign (do not print) your full name in the signature block, enter the date on which you are signing the form, and give the telephone number at

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when you can be reached during office hours. Furnishing your telephone number will make it possible for us to contact you quickly if additional information or clarification is needed.

Standard Form 2234B - Supervisor's Statement

Give this form to your supervisor, with your Applicant's Statement of Disability. Your supervisor will complete the form to furnish and certify information concerning your performance, attendance and conduct and any attempts made by the supervisor to accommodate you.

This information will be used to determine whether or not your service is, or could be, useful and efficient. Any deficiencies in service will be considered in conjunction with medical documentation submitted, in order to determine whether or not the service deficiencies were, or could have been, caused by the medical condition(s) documented and whether or not reasonable accommodation could make it possible for your service to become useful and efficient.

Your supervisor must give you a copy of the completed form. If you disagree with any statement made by your supervisor, please let him or her know. This should be reconciled with your supervisor and your employer's agency.

Instructions for use by your supervisor are on the back of the form. Your supervisor's failure to complete this form properly will delay the processing of your application at OPM.

Standard Form 2234C - Physician's Statement

Complete medical information regarding your condition must be provided so that your application can be processed promptly. You should read the following information carefully to be sure the documentation meets all requirements.

Complete Section A, including Information and Consent, as instructed below, then give the form and a copy of your position description to the physician(s) from whom you are requesting medical documentation. Two copies of the form have been included in this package so that you can obtain medical documentation from more than one physician, if needed.

Section A: Identifying Information and Consent

- Item 1 Type or print your full name clearly.
- Item 2 Give your date of birth, month first, then day, then year.
- Item 3 Enter your social security number.
- Item 4 Enter the exact name and address of your employing agency (including ZIP Code.) This is the address to which your physician sends his statement concerning your medical condition. Ask your agency for the address to which the physician's statement should be sent if you are uncertain.
- Item 5 After reviewing the form completely, particularly the Privacy Act and Public Burden Statement, and Section B Medical Documentation, so that you understand what you are requesting and authorizing, sign (do not print) your full name and enter the date on which you are signing the form.

Section B: Medical Documentation

This section provides the physician with both general and specific information about the medical documentation which is needed by OPM in order to make a disability retirement decision. The physician you select is to provide, at no expense to OPM, documentation which meets the requirements stated, on his or her authorized stationery. Each page should show the identifying information in Section A, items 1, 2 and 3. The documentation must be signed by the physician, and should include the physician's address and telephone number so that the physician may be contacted by your employing agency or by OPM if additional information is needed for a reassignment, accommodation, or disability retirement decision.

The physician's failure to provide complete documentation will delay the processing of your disability retirement application.

Standard Form 2234D - Agency Certification of Reassignment and Accommodation Efforts

This form is to be completed by your employing agency's Coordinator for Employment of the Handicapped or other authorized agency official. Your agency must give you a copy of the completed form. The purpose of this form is to ensure that all reasonable efforts are made to accommodate to your medical condition or reassign you before you resort to applying for disability retirement and to obtain agency certification concerning its efforts in this direction. Your agency's obligation to reassign you, if possible, does not cease when this certification is made.

Instructions for use by your agency are on the back of the form. Your agency's failure to complete this form properly will delay the processing of your application at OPM.


Standard Form 2234E - Disability Retirement Application Checklist

This form is to be completed by your employing agency. The purpose of the form is to ensure that all documentation necessary for OPM to make a disability retirement determination is included in the package submitted to OPM.

Managing HIV/AIDS in the Workplace
A Resource for EPA Managers and Supervisors

September 15, 1994

CSRS, SF2824A, "Applicant's Statement of Disability"

 APPLICANT'S STATEMENT OF DISABILITY In Connection With Disability Retirement Under the Civil Service Retirement System		Form SF2824A (Rev. 10-87) Extension Date 3/91/93
1. Name as appears on ID, first, middle, last		2. Date of birth (mo., day, yr.)
3. Social Security Number		
4. Describe how you are deficient in your job with respect to performance, attendance, or conduct.		
5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.		
6. Describe any other restrictions of your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified.		
7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position or another position?		
8. Give the approximate date you became disabled for your position (mo., day, yr.)		9. Have you been hospitalized for your medical condition(s) (i.e., disease or injury) as described in item 5?
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes One date of most recent hospitalization:
10. List physician(s) from whom you wish to request Physician's Statement (SF 2824C).		
11. Applicant's Consent and Certification		
I certify that all statements made above are true to the best of my knowledge and belief. I give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials. I have read and understand all of the information provided in the instructions to this application.		
WARNING Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)		
SIGNATURE (Do not print) _____ Date: _____		
PRIVACY ACT AND PUBLIC BURDEN STATEMENTS Release of the information is authorized by the Civil Service Retirement Act (Chapter 83, title 5, U.S. Code). The information you furnish will be used to determine whether disability retirement is available to you. It is necessary to determine and make proper use of the information to determine whether you are eligible for disability retirement. The information may be shared and is subject to verification, in whole or in part, by the use of computer matching programs, with release of data to other agencies or to the public. Information is not to be used for any other purpose than that for which it was collected. It may also be shared and released, as may be, with other government agencies which may use the information for their own purposes.		
This form has been tested on average 30 minutes per response to determine whether the time for responding is reasonable, taking the response time, and reviewing the information from the agency. The time for responding is not to exceed 30 minutes per response. The time for responding is not to exceed 30 minutes per response. The time for responding is not to exceed 30 minutes per response.		

U.S. Office of Personnel Management
PMR System 225-1

Document Form 2824A
Public Law 100-1
Page 1 of 1

Managing HIV/AIDS in the Workplace
A Resource for EPA Managers and Supervisors

September 15, 1994

CSRS, SF2824B, "Supervisor's Statement"



SUPERVISOR'S STATEMENT
In Connection With Disability Retirement Under the Civil Service Retirement System

Section A - Applicant Identification

1 Name (last, first, middle)	2 Date of birth (mo., day, yr.)	3 Social security number
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Section B - Information About Employee's Performance (See Supervisor's Guidelines on back)

1 Title of current position (attach a copy of position description and current performance standards and, if available, latest performance evaluation)	2 Job series, grade and step	3 Date of entry into current position (mo., day, yr.)
4 Is employee unable to perform or is performance such that fully successful with regard to any critical element of current position?		
Yes → Complete items B5 - B7 No → Go to Section C		
5 Appointing authority's assessment of employee's performance or inability to perform (mo., yr.)	6 Has employee received, after the date in item 5, a within-grade raise or merit pay increase or an award based on performance of a critical element of the position?	6a. Was within-grade increase granted under 5 CFR 531.402(c)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notes to employee that performance is less than fully successful or any other a recommendation regarding medical restrictions.		

Section C - Information About Employee's Absence (See Supervisor's Guidelines on back)

1 Has employee's absence been expected or anticipated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Has employee's absence been expected or anticipated to continue (if region)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is employee's absence unacceptable for continuing in current position?	Yes → Complete items C3 - C5 No → Go to Section D	3 Appointing authority's assessment of absence (mo., yr.)	
4 Explain the impact of employee's absence on your work operations.			
5 How many hours of leave has employee used for absence since date in item C3?		ENTER LEAVE HOURS USED	
(Attach an explanation of why you determined leave and dates of medical information on which you based your decision to approve leave. Leave records, records of contact with or refusal to employee include as much information as possible about specific reasons for leave use.)		Annual	Sick (WOP)

Section D - Information About Employee's Conduct (See Supervisor's Guidelines on back)

1 Is employee's conduct unsatisfactory?	Yes → Complete items D2 - D3 No → Go to Section E	2 Appointing authority's conduct becomes deficient (mo., yr.)
3 Describe how conduct is unsatisfactory (attach supporting documentation, such as notes to employee of proposed adverse action).		

Section E - Accommodation and Reassignment (See Supervisor's Guidelines on back)

1 What efforts have been made to accommodate the employee in current position?			
2 Has employee been reassigned to a new permanent position?	Yes → Go to Section F No → Complete item E3	3 Has employee been reassigned to a "light duty" or other temporary position?	Yes → Complete item E4 No → Go to Section F
4 Describe the reason for temporary nature of assignment and length of time anticipated to occupy the position.			

Section F - Supervisor's Certification

1 How long have you supervised the employee? (yr., mo.)	2d Supervisor's office mailing address
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.	
2a. Supervisor's signature	2c. Date
2b. Supervisor's name (typed)	2e. Supervisor's telephone number (including area code)

SUPERVISOR'S GUIDELINES

GENERAL INFORMATION

Disability retirement determinations are made in accordance with civil service disability retirement regulations. A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to perform useful and efficient service because of disease or injury (1) in the employee's current position or (2) within a vacant position, in the same agency and commuting area at the same grade or pay level and tenure, for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level) and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct or in the absence of any actual basis for disability, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition in all probability, will continue to be disabling for at least one year.
5. The applicant's inability to perform useful and efficient service arose while the employee was serving under the Civil Service Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The absence of another available position, within the employing agency and commuting area at the same grade or pay level and tenure, to which the employee is qualified for assignment.

The law requires that where an employee who otherwise would be eligible for disability retirement submits an application, the agency must review all vacant positions under its jurisdiction at the same grade or pay level and tenure and in the same commuting area to determine if the employee meets the minimum qualification standards. The purpose of this law is to encourage the retention of disabled employees in positions for which they are qualified to continue productive employment.

INSTRUCTIONS

The employee identified on the other side has indicated that he or she intends to apply for disability retirement. The applicant's signature on the "Applicant's Statement" authorizes you to provide the information and documentation requested. You are asked to provide information about the applicant's job performance, attendance, and conduct.

If you need more space in any section, attach a separate sheet and indicate that an attachment is provided.


The following definitions apply to the terms used in the Supervisor's Statement:

- "Less than fully successful performance" means performance of an employee which fails to meet established performance standards in one or more critical elements of the employee's position or the equivalent level for a position not under Part 430 of OPM's regulations.
- "Critical element" means a component of an employee's job that is of sufficient importance that performing below the minimum standard established by management requires remedial action such as denial of within-grade increase, and may be the basis for reducing the grade level or removing the employee.
- "Unacceptable attendance" means absence from work which is too frequent, unpredictable, or lengthy to allow the job to be done.
- "Unsatisfactory conduct" means conduct for which an employee may be removed or disciplined for cause under adverse action procedures (For example: discourteous conduct to the public; behavior which disrupts the workplace, or behavior which poses a threat to the life, health, safety, or well-being of co-workers, subordinates, or the public.)
- "Accommodation" means an adjustment made to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position. Reasonable accommodation may include modifying the workspace; adjusting the work schedule; restructuring the job; acquiring or modifying equipment or devices providing interpreters, readers or personal assistants; and reassigning or retraining employees.
- 5 CFR 531.409(d) provides for a waiver of the requirements for determination of an employee's level of competence in certain cases where the employee was in duty status for less than 60 days during the 52 calendar weeks before a within-grade increase would be due. See FPM Chapter 531, Subchapter 4.

After completing and certifying this form and attaching the appropriate documentation, return the original to the employee or to your personnel office according to instructions and practices in your agency in other cases. A COPY MUST BE GIVEN TO THE EMPLOYEE. Please DO NOT send the form directly to OPM unless OPM specifically requests you to do so in this case.

All sections of the form must be completed properly. Failure to do so will delay the processing of the disability application at OPM. If necessary, you may be contacted by OPM for additional information or clarification.

CSRS, SF2824C, "Physician's Statement"

 PHYSICIAN'S STATEMENT In Connection With Disability Retirement Under the Civil Service Retirement System		Form SF2824C OMB No. 3208-0130 Revision Date 3/31/92
Section A - Identifying Information and Consent (to be completed by applicant)		
1 Applicant's name (last, first, middle)	2 Date of birth (mo., day, yr.)	3 Social security number
Address to Which Physician Sends Statement →	4 Enter exact name and address (including ZIP Code) of your employing agency	
Applicant's Consent to Release Medical Information	5 I authorize the release to the Office of Personnel Management and my employing agency of any and all information or records connected with my disease or injury <div style="display: flex; justify-content: space-between;"> Signature (do not print) Date </div>	
Privacy and Public Burden Statements		
<p>Collection of the information is authorized by the Civil Service Retirement System (CSRS) Executive Order (EO) 12958, Class 1. The information you furnish will be used to determine your eligibility for disability retirement under the Civil Service Retirement System. It is requested that you provide accurate and complete information to ensure the accuracy of the information and to ensure that you are eligible for disability retirement. The information may be shared and is subject to verification. We may use electronic media, or through the use of computer matching programs, with federal, state, local or other available or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to reach income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are authorized to do so. We estimate that it will take an average 60 minutes per response to complete, including the time for reviewing instructions, gathering the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project (3208-0130), Washington, D.C. 20503.</p>		
Section B - Medical Documentation (to be completed by physician)		
INSTRUCTIONS		
<p>The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Civil Service Retirement System. This documentation may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.</p> <ul style="list-style-type: none"> The applicant is responsible for any costs incurred in connection with providing this documentation. Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above. Failure to complete the Physician's Statement properly will delay the processing of your patient's disability retirement application. Enclose your report and any attachments in a sealed envelope marked "Disability - Privileged - Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing agency. Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number. 		
MEDICAL DOCUMENTATION REQUIREMENTS You Must Provide the Following Information		
<ol style="list-style-type: none"> A comprehensive history of the patient's medical condition(s). This must include detailed information regarding the symptoms and history (past and current physical findings, results of laboratory studies and therapy of this condition(s)). Provide a discussion of patient compliance with therapy, response to therapy and plans for future therapy. Also, provide copies of pertinent hospitalization summaries and operative reports. Copies of reports of all applicable diagnostic laboratory tests (e.g. hematologic, chemistry, electrophysiologic, radiologic, nuclear medicine, etc.). In the case of psychiatric disorders, provide the results of mental status examinations, personality tests, tests of cognitive function, educational evaluation, neuropsychiatric tests, etc. Diagnosis of the patient's condition(s). Preferably each diagnosis should be found in the current publication "International Classification of Diseases." In the case of psychiatric disorders, diagnostic titles and codes from the DSM (II) (R) should be used. An assessment of the degree to which the medical condition(s) has or has not become static and an estimate of the expected date of full or partial recovery or remission. If restrictions have been placed on this patient's activities, please state what they are, why they have been imposed and how long you expect these to be in effect. 		
U.S. Office of Personnel Management PHS Supplement 820-1		Please read the General Information on the back of this statement. Standard Form 2824 C Revised January 1991 Previous editions are no longer valid.

PHYSICIAN'S STATEMENT

GENERAL INFORMATION

Disability retirement determinations are made in accordance with civil service retirement regulations. A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to perform useful and efficient service because of disease or injury (1) in the employee's current position or (2) within a vacant position, in the same agency and commuting area at the same grade or pay level and tenure, for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level) and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates

- 1 A deficiency in service with respect to performance, conduct, or attendance, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position
- 2 A medical condition, which is defined as a disease or injury
- 3 A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency
- 4 The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue to be disabling for at least one year
- 5 The applicant's inability to perform useful and efficient service arose while the employee was serving under the Civil Service Retirement System
- 6 The inability of the employing agency to make reasonable accommodation to the employee's medical condition
- 7 The absence of another available position, within the employing agency and commuting area at the same grade or pay level and tenure, to which the employee is qualified for reassignment.

CSRS, SF2824D, "Agency Certification of Reassignment and Accommodation Efforts"

CSRS Civil Service Retirement System			AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS In Connection With Disability Retirement Under the Civil Service Retirement System		
To be completed by Coordinator for Employment of the Handicapped or other authorized agency official See instructions on back of form					
1 Name of applicant (last, first, middle)		2 Date of birth (mo., day, yr.)		3 Social security number	
4 Has reasonable effort for accommodation been made? (Check one of the following statements)					
<input type="checkbox"/> No. Medical evidence presented to agency indicates that accommodation is not possible due to severity of the medical condition. (Attach copies of all medical evidence supporting the statement and explain why condition precludes accommodation.)					
<input type="checkbox"/> No. Accommodation is not an option. (Provide a detailed statement of physical requirements of position or restrictions imposed due to the medical condition, and an analysis of the incompatibilities between the requirements and the restrictions.)					
<input type="checkbox"/> No. Accommodation is not required. Medical information presented to agency does not document a disabling medical condition.					
<input type="checkbox"/> Yes. Describe below accommodation efforts made, attach supporting documentation and provide narrative analysis of any unsuccessful accommodation efforts.					
<h1>SAMPLE</h1>					
* Employee should be counseled with regard to the following note: If accommodation has been determined to be unavailable due to the nature of a medical condition or due to restrictions imposed by a physician, the fact that the employing agency has accepted the medical evidence as sufficient to make an employment decision does not guarantee that OPM will reach the same decision with regard to the approval of a disability retirement application.					
5 Results of agency reassignment efforts (Check one of the following statements)					
<input type="checkbox"/> Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing crucial duties or from attending work altogether.					
<input type="checkbox"/> Reassignment is not possible because there are no vacant positions at this agency at the same grade or pay level and tenure within the same commuting area for which the employee meets minimum qualification standards.					
<input type="checkbox"/> The employee was not reassigned to the vacant position(s) in this agency at the same grade or pay level and tenure within the same commuting area for which the employee meets minimum qualifications. The position(s) identified and reason(s) for non-reassignment are shown below:					
Position Title		Reason for Non-Reassignment or Non-Selection*			
* If the employee's medical condition precludes reassignment to the position, attach documentation. If the reason for non-selection is intended removal, attach a copy of the removal notice to the employee.					
6 Is the employee currently occupying a temporary position?					
<input type="checkbox"/> No. The employee is currently occupying a permanent position.					
<input type="checkbox"/> Yes. Brief below the nature of these duties, the reason for the temporary status, and the length of time anticipated to occupy this position.					
Certification by Coordinator for Employment of the Handicapped or other authorized agency official					
I certify that this statement is true to the best of my knowledge and belief.					
7a. Signature of responsible agency official			7c. Title of responsible agency official		
7b. Name of responsible agency official (type or print name)			7d. Date		7e. Telephone number (area and code)

U.S. Office of Personnel Management
OPM Form 2824-1

Standard Form 2824-D
Revised January 1990
Previous editions are not shown

ORIGINAL-To OPM Through Agency Channels

GUIDELINES FOR COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED

GENERAL INFORMATION

Disability retirement determinations are made in accordance with civil service retirement regulation. A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to perform useful and efficient service because of disease or injury (1) in the employee's current position or (2) within a vacant position in the same agency and commuting area at the same grade or pay level and tenure, for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the crucial or essential elements of the position (or the ability to perform at that level) and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue to be disabling for at least one year from the receipt of the application by OPM.
5. The applicant's inability to perform useful and efficient service across while the employee was serving under the Civil Service Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The absence of another available position, within the employing agency and commuting area at the same grade or pay level and tenure to which the employee is qualified for reassignment.

The law requires that where an employee who otherwise would be eligible for disability retirement initiates an application, the agency must review all vacant positions under its jurisdiction at the same grade or pay level and tenure and in the same commuting area, to determine if the employee meets the minimum qualification standards. The purpose of this law is to encourage the retention of disabled employees in positions for which they are qualified to continue productive employment.

INSTRUCTIONS

The Coordinator for Employment of the Handicapped should review the Applicant's Statement, the Supervisor's Statement, the Physician's Statement and any other relevant documentation on file to determine if reasonable accommodation will enable the employee to perform fully successful service in his or her current position or whether a vacant position is available in the agency at the same grade or pay level in the same commuting area, for which the employee is qualified for reassignment. Telephone numbers for the applicant, the supervisor, and the physician may be found on their respective statements, should it be necessary to contact them for further information.

ALL ITEMS MUST BE COMPLETED. IN ADDITION, FOR ITEMS 4, 5, AND 6, IF YOU CHECK A BOX THAT REQUIRES ADDITIONAL EXPLANATION, MAKE SURE YOU HAVE PROVIDED THE EXPLANATION AND/OR THE ATTACHMENT. FAILURE TO COMPLETE THE FORM PROPERLY WILL DELAY THE PROCESSING OF THE DISABILITY APPLICATION AT OPM.

Accommodation - Guidance for determining reasonable accommodations may be found in the following publications:

- Federal Personnel Manual, Chapter 305
- Handbook on Reasonable Accommodations (PMS 720A)
- Handbook of Job Analysis for Reasonable Accommodations (PMS 720B)

The documentation supporting your response to item 4 on the other side must include an assessment of the functional and environmental factors related to the employee's inability to perform at the fully successful level, unless there were no medical restrictions.

Reassignment - Guidance related to reassignment of an applicant for disability retirement is published in:


- Federal Personnel Manual Supplement 830-1 CSRS and FERS Handbook for Personnel and Payroll Offices, Chapter 60, Disability Retirement

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, A COPY MUST BE GIVEN TO THE EMPLOYEE. Please DO NOT send the form directly to OPM unless OPM specifically requested you to do so in this case.

THE AGENCY'S OBLIGATION TO CONTINUE TO TRY TO ACCOMMODATE OR REASSIGN THE EMPLOYEE DOES NOT CEASE WITH THE FILING OF THIS CERTIFICATION. Your efforts should continue until your agency receives OPM's decision on the application. If the accommodation or reassignment situation changes after the original filing of the certification, you must notify OPM of the changes.

If necessary, you may be contacted by OPM for additional information or clarification.

CSRS, SF2824E, "Disability Retirement Application Checklist"

 DISABILITY RETIREMENT APPLICATION CHECKLIST In Connection With Disability Retirement Under the Civil Service Retirement System (to be completed by employing agency)			
1. Applicant's name (last, first, middle)		2. Date of birth (mo., day, yr.)	
4. Do official records show that the employee is a member of the Civil Service Retirement System for at least 5 years of creditable service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Was employee ever in duty status?		<input type="checkbox"/> Yes <input type="checkbox"/> No One	
6. Has employee ever received or made application for compensation from the Department of Veterans Affairs?		<input type="checkbox"/> Yes One <input type="checkbox"/> No	
7. Are the following documents attached? (Indicate by "X" for each)		<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
a. SF 2801 Application for Immediate Retirement			
b. SF 2824A Applicant's Statement of Disability			
c. SF 2824B Supervisor's Statement			
• Employee's Performance Statement • Employee's Position Description • Supporting Documentation Regarding Employee's Performance • Supporting Documentation Regarding Employee's Leave Use • Supporting Documentation Regarding Employee's Conduct			
d. SF 2824C Physician's Statement for disability			
e. SF 2824D Agency Certification of Reassignment and Accommodation Efforts			
• Supporting Documentation of Agency's Accommodation Efforts • Supporting Documentation of Employee's Non-Reassignment or Non-Selection			
f. Agency report of Federal Medical Examination (if one was made)			
8. On Supervisor's Statement (SF 2824B) is Section B item 4 answered "Yes"?			
<input type="checkbox"/> No <input type="checkbox"/> Yes Attach (1) A copy of the employee's performance appraisal covering the employee's service prior to the date shown in Section B item 5 of the Supervisor's Statement (AND) (2) A copy of the performance appraisal covering service after that date if applicable			
9. If employee is temporarily at an address other than the one given on SF 2801, Section A (such as hospital, nursing home, or with a relative), enter that address including ZIP Code		10. If employee is unable to act on his or her own behalf, give the name and address of the person acting for him or her	
11. List any documents attached which are not listed in item 7 above, or other information regarding the applicant			
Agency Certification I CERTIFY that the information shown above accurately reflects verified information in official records.			
12a. Signature of Chief Personnel Officer or Designee		12b. Full agency name and address (including ZIP Code)	
12c. Official title		13. Full name and address of agency official and officer to be named of OPM's determination (including telephone number and area code)	
12d. Telephone number (incl. area code)		12e. Date	
		<input type="checkbox"/> Check here if address is same as 12b	

U.S. Office of Personnel Management
OPM Form 2824-1

Revised from SF 2824
Revised January 1994
Previous editions are not valid


5.3.4 Applying for Early Release of Thrift Savings Plan

Disability retirees may apply for early release of Thrift Savings Plan funds. This may be especially important for persons with HIV/AIDS facing mounting medical bills and a potentially shortened life expectancy. Early release of funds may take 3 to 5 months. In general, however, applications from persons with diseases such as HIV/AIDS are accelerated. The procedure for expediting the release of these funds can be obtained from a counselor in the EPA EOCC or local Human Resources Office.

5.3.5 Continuation of or Increase in Group Life Insurance

On the next page is a copy of a form for employees to file if they want to continue in the group life insurance plan upon leaving EPA. At separation, EPA informs employees of the ability to convert the FEGLI policy into an individual direct-pay policy. Under Temporary Continuation of Coverage, employees may elect to continue life insurance coverage by assuming payments after separation from service. A copy of the Notice of Conversion Privilege and election form are provided on the following pages. TCC begins on the 32nd day after an employee terminates from the Agency.

FEGLI, "Continuation of Life Insurance"

 NOTICE OF CONVERSION PRIVILEGE Federal Employees' Group Life Insurance Program		
PART A—Instructions to Employing Agency Complete Part A of this form whenever an employee's life insurance coverage terminates due to separation, resignation, retirement, death or end of 12 months in non-pay status. On the date insurance terminates (except by waiver), give this notice to every employee and to the family of each deceased employee who had the Option C—Family coverage. Also, upon request, give this notice to the family of an eligible employee who does not convert his or her Option C—Family insurance. Place a copy of this notice in the employee's Official Personnel Folder.		
Employee Identification 1 Name of Employee _____ 2 Date of Birth (mo., day, yr.) _____ 3 Date of Death or Separation _____ 4 Was employee insured for Option C—Family insurance on date in item 3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Certification I certify that the above information has been obtained from and correctly reflects official personnel records. 5 Signature of Authorized Agency Official _____ 6 Name and Mailing Address of Agency _____ 7 Typed Name of Authorized Agency Official _____ 8 Title _____ 9 Telephone Number _____ 10 Date of This Notice (mo., day, yr.) _____		
PART B—Conversion Information for Employees and Family Members Who Are Losing FEGLI Coverage <p>If you are eligible and you wish to carry Federal Employees' Group Life Insurance (FEGLI) coverage into retirement, do not apply for conversion. Employees and their family members who are losing FEGLI coverage may be eligible to convert their coverage to an individual direct-pay policy.</p> <p>EMPLOYEES—You are entitled to convert to an individual direct-pay policy unless, within 3 calendar days after the date your insurance terminates, you return to Government service in a position in which you are eligible to reacquire Federal Employees' Group Life Insurance. You may purchase an individual policy in an amount equal to or less than your Basic life insurance plus any optional coverage you may have.</p> <p>FAMILY MEMBERS—Option C—Family insurance in the amount of \$5,000 for a spouse and \$2,500 for each eligible child may be converted by the covered family member(s) to an individual direct-pay policy upon death of the covered employee or upon separation of a covered employee who does not convert the Option C—Family insurance. Eligible family members are the employee's spouse and unmarried dependent children under age 22 (including adopted children, stepchildren who lived with the employee in a regular parent-child relationship, and recognized natural children) and unmarried dependent children over age 22 who are incapable of self-support because of a mental or physical disability which existed before they reached age 22.</p> <p>THE TIME IN WHICH YOU MAY CONVERT IS LIMITED—You must mail your request for information regarding conversion within 31 days of the date in item 3 above, or within 31 days of the date you receive this notice, whichever gives you more time. If you fail to request conversion information within the 31-day time limit due to cause beyond your control, you may be allowed to convert your life insurance within six months after the date in item 3, provided you attach a full explanation of the cause beyond your control that prevented you from making a timely request.</p> <p>NOTE. Under certain circumstances, life insurance is payable if death occurs within 31 days after the group life insurance terminates, regardless of whether conversion has been requested. However, extension of the conversion privilege beyond 31 days does not extend coverage under any circumstances. If death occurs within the 31-day period, further information concerning possible benefits may be obtained from the agency named in item 6 above.</p> <p>GENERAL INFORMATION ABOUT CONVERSION</p> <ul style="list-style-type: none"> No medical examination is required. You must pay the premium applicable to the type of policy you select and your age and class of risk. The government will not pay any part of the premium cost of your individual policy. Your individual policy may be issued by an insurance company you select from the list of eligible companies which you will receive if you apply for conversion. Your individual policy may be in any form customarily issued by the insurance company, except term insurance, universal life insurance or any other form of life insurance with an indeterminate premium and without disability or accidental death and dismemberment benefits. <p>HOW TO CONVERT</p> <ol style="list-style-type: none"> Complete the appropriate eligibility statement on the reverse. Obtain a completed SF 2821, <i>Agency Certification of Insurance Status</i> (original and duplicate) from your employing agency. Attach the original (Part 1) <i>Agency Certification of Insurance Status</i> to this form and mail them to the Office of Federal Employees Group Life Insurance (OFEGLI), 4 East 24th Street, New York, NY 10010. (Note: Retiring employees who are continuing Basic life insurance but wish to convert one or more of the options should submit their duplicate (Part 2) of the SF 2821 with this form to OFEGLI and their original (Part 1) with their retirement application.) OFEGLI will mail you detailed information on how to apply for conversion, together with a list of insurance companies eligible to convert your insurance. If you are using this form to convert some of your life insurance coverage, but not Option C, have your employing office prepare another SF 2819 for your family members. Family members (of a deceased employee who had Option C coverage or of an employee who did not convert Option C) may apply for conversion of their Option C—Family insurance to an individual direct-pay policy by sending a completed SF 2819 (this form) to OFEGLI. (Note: Family members do not need to obtain an SF 2821.) 		

Managing HIV/AIDS in the Workplace
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September 15, 1994

PART C—Eligibility Statement

1. Please check the correct box(es) <input type="checkbox"/> I have read all the above information and am interested in converting my <input type="checkbox"/> Basic <input type="checkbox"/> Option A—Standard <input type="checkbox"/> Option B—Additional insurance to an individual policy. Please send additional information. <input type="checkbox"/> I have read all the above information. The following family members are eligible for conversion of Option C—Family insurance to a direct-individual policy. Please send me additional information.					
2. Signature				3. Date Recd. day /	
4. Address (street, apt., etc.)					
5. City, State, ZIP Code					
6. Explain Family Members	7. Birth date	8. Relationship	9. Birth date	10. Relationship	
a.					
b.					
c.					

SAMPLE

PART D—Information About Individual Policies

TYPES OF POLICIES

The type of individual policy you select should be determined by the purpose which the policy is to serve, taking into account your other financial plans and resources. There are three basic forms of permanent policies, however, and other life insurance policies are primarily combinations or modifications of these three. The three basic policies are:

- An Ordinary Life policy, also known as a Whole Life policy or a Straight Life policy, provides lifetime protection in return for premium payments throughout your entire life. The policy builds a CASH VALUE after one, two, or three years. You may withdraw this cash if you decide to stop paying premiums. Also, you may borrow upon it at any time for any purpose.
- A Limited Payment Life policy differs from Ordinary Life in three ways. First, while it also provides lifetime protection, premiums are paid over a specific number of years—usually 10, 20, or 30, or until a certain age, such as 65. Secondly, the company must charge a higher annual premium during these years. Finally, because premiums are higher, the policy's CASH VALUE increases faster.
- Endowment policies emphasize savings. They pay you a sum of money at a future date named in the policy—such as at the end of 20 years or at age 65. If you do not live until that date, this sum of money is paid upon your death to a beneficiary named by you. Both premiums and CASH VALUE are higher than for the other types of policies.

COST OF INDIVIDUAL POLICY

Life insurance policies are issued on a participating or non-participating basis.

Premiums for participating policies are higher than those charged for non-participating policies. The part of a participating policy's premium which is found not to be needed to furnish protection is refunded in the form of an annual dividend to the policyholder. The first dividend is usually available after premiums have been paid for one, two, or three years. To obtain the net cost of a participating policy, you should deduct these yearly dividends from the premiums.

For non-participating policies, premiums are set as close as possible to the actual cost of insurance protection. The premium is the guaranteed cost to the policyholder. No dividends are paid under these policies.

The following are approximate premium rates on the participating basis for Ordinary Life, the Twenty-payment Life, and Twenty-year Endowment policies. The rates are shown for ages 20 to 65 at five-year age intervals. Premium rates for non-participating policies are somewhat lower, and no dividend will be paid under these policies. The rates shown below are examples only and are not rates for any one company.

SAMPLE ANNUAL PREMIUM RATES PER \$1,000 OF INSURANCE

AGE OF INSURED AT ISSUANCE OF POLICY	ORDINARY LIFE	20-PAYMENT LIFE	20-YEAR ENDOWMENT	AGE OF INSURED AT ISSUANCE OF POLICY	ORDINARY LIFE	20-PAYMENT LIFE	20-YEAR ENDOWMENT
PARTICIPATING INSURANCE (ANY DIVIDENDS PAID WILL REDUCE THESE COSTS)							
20	\$16.00	\$30.00	\$49.00	45	\$39.00	\$50.00	\$57.00
25	\$21.00	\$33.00	\$50.00	50	\$47.00	\$56.00	\$62.00
30	\$24.00	\$36.00	\$51.00	55	\$58.00	\$65.00	\$69.00
35	\$28.00	\$40.00	\$52.00	60	\$73.00	\$78.00	\$79.00
40	\$33.00	\$44.00	\$54.00	65	\$94.00	\$95.00	\$96.00

Privacy Act Statement—Title 5, United States Code, Chapter 67, Life Insurance, authorizes collection of this information. The data you furnish will be used by the Office of Federal Employees' Group Life Insurance to determine your eligibility for conversion of Option C—Family life insurance coverage.

This information may be shared with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, or law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law.

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AGENCY CERTIFICATION OF INSURANCE STATUS
 Federal Employees' Group Life Insurance Program

To Agency: See Reverse for Information and Instructions

1 Name of employee		2 Date of birth (mo., day, yr.)		3 Social Security Number	
4a. Event requiring certification <input type="checkbox"/> Separation (includes resignation) <input type="checkbox"/> Retirement <input type="checkbox"/> Died as an employee Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Died as a reemployed annuitant <input type="checkbox"/> End of 12 months non-pay status <input type="checkbox"/> Other (Specify) _____		4b. Employee's Retirement System <input type="checkbox"/> CSRS/FERS <input type="checkbox"/> TVA <input type="checkbox"/> ACRS <input type="checkbox"/> FERS <input type="checkbox"/> FICA <input type="checkbox"/> Other (Specify) _____ • D.C. Police & Fire/Public School Teachers		5 Disposition of Designations of Beneficiary (SF 54 SF 2823) <input type="checkbox"/> Attached <input type="checkbox"/> None on file with this agency <input type="checkbox"/> On file in employee's Official Personnel Folder	
6 Date of event checked in item 4		7 Date of SF 2819 Notice of Conversion Privilege - ISSUANCE IS MANDATORY (Prepare SF 2819 for each reapp employee)			
8 Annual Basic Pay (incl. basic insurance amount) on date in item 6 (Convert hourly salary, piecework, etc., rate to annual rate)		9 Effective date of Continuous Coverage under the FEGLI Program (If any break in service list dates)			
10a. Did employee have Option A - Standard Insurance on date in item 6? <input type="checkbox"/> No <input type="checkbox"/> Yes →		11a. Did employee have Option C - Family Insurance on date in item 6? <input type="checkbox"/> No <input type="checkbox"/> Yes →			
10b. Effective date of election		11b. Effective date of election			
12a. Did employee have Option B - Additional Insurance on date in item 6? <input type="checkbox"/> No <input type="checkbox"/> Yes →		12b. Effective date of election		12c. Number of multiples on date in item 6	
				12d. Lowest number of multiples during last 5 years	
13 Personnel Records Certification (This form will not be accepted without dual certification.) I certify that the above information was obtained from and correctly reflects official personnel records and that the employee was covered by Federal Employees' Group Life Insurance on the date in item 6					
13a. Signature of Authorized Agency Official (Facsimile not acceptable)		13b. Name and address of agency (including ZIP Code)			
13c. Typed name of Authorized Agency Official		13f. Telephone number (including Area Code)			
13c. Title					
13c. Date					
14 Payroll Records Certification (This form will not be accepted without dual certification.) I certify that I have compared the annual basic pay shown in item 8 above with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (insurance code and SF 50 equivalent) on the date in item 6					
14a. Signature of Certifying Official (Facsimile not acceptable)		14b. Payroll Office number		Alpha Code	
14c. Typed name of Certifying Official		14g. Name and address of Payroll Office (if different from that given in item 13g)			
14c. Title					
14c. Telephone number (including Area Code) 14e. Date					

Office of Personnel Management
 PHS Bulletin #70-1
 Previous editions are not valid

NSM 7940-G1-231-6887

PART 1 - Original

5021 100

Standard Form 2821
 Rev. July 1991

INSTRUCTIONS TO EMPLOYING AGENCIES

Completion of Certification

- 1 This certification must be completed in triplicate whenever an employee's insurance terminates or is scheduled to terminate due to:
 - a Death
 - b Retirement
 - c Completion of 12 months in non-pay status
 - d Any other reason, if the employee wants to convert insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 2817
 - (2) If it is known that, within 3 calendar days after the insurance terminates, the employee will return to Government service in the same position or another position and he or she will be eligible to reacquire insurance coverage
- 2 In item 4b indicate the retirement system under which the employee is covered. If other than those shown, please specify (see FPM Supplement 870-1, subsection 55-2(b)).
- 3 In item 7, give the date of *Notice of Conversion Privilege* (SF 2819). In case of death where employee had no Option C coverage, leave this item blank.
- 4 In item 9 "effective date of continuous coverage under the FEGLI Program" means the date the employee began FEGLI coverage without a break for any reason, except separation from the Federal service or exclusion by law or regulation. In addition to the effective date of continuous FEGLI coverage indicate the dates of any break in service.
- 5 In item 10b, (and 11b and 12b) "effective date of election" means the date the employee began the optional FEGLI coverage without a break for any reason, except separation from the Federal service or exclusion by law or regulation.
- 6 Appropriate officials must verify that the employee's personnel and payroll records are consistent with the information reported on this form. The two certifications (in items 13 and 14) may not be made by the same official; however, a payroll certification may be made by a personnel officer who has access to payroll records.
- 7 If this certification is prepared for reasons other than separation for retirement, death, or end of 12 months in non-pay status, DO NOT send the SF 2821 to OPM. Give or mail the original and duplicate to the employee with the SF 2819 for conversion purposes.
- 8 IMPORTANT: When a duplicate SF 2821 is issued to replace one which is lost, it must be clearly marked "DUPLICATE".

Disposition of Certification

- 1 Death of Employee
 - a Send duplicate (Part 2) of SF 2821 to the Office of Federal Employees Group Life Insurance, 4 East 24th Street, New York, NY 10010.
 - b Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE 6) when received.
 - c If no claim is received, send original SF 2821 upon request to the Office of Federal Employees Group Life Insurance (OFEGLI).
 - d If the deceased employee has any designation of beneficiary forms (SF 54 or SF 2823) on file, they must be attached to the original SF 2821 when it is sent to OFEGLI.
- 2 Retirement of Employee
 - a If the retiring employee is applying for an immediate annuity and is eligible to continue life insurance into retirement, attach the original SF 2821 (Part 1) all designations of beneficiary (SF 54 or SF 2823) if any, and all life insurance elections (SF 176 or SF 2817) to the Application for Retirement and send these documents to OPM. Give the duplicate (Part 2) of the SF 2821 to the employee. (NOTE: In a disability retirement case where the retirement application has already been sent to OPM, attach the original SF 2821 and other insurance forms to the "final" Individual Retirement Record (SF 2806/SF 3100 or equivalent).)
 - b If the employee is continuing Basic insurance into retirement, have him or her complete SF 2818, *Continuation of Life Insurance Coverage*. Attach the completed SF 2818 to the original SF 2821.
 - c A retiring employee who wants to continue Basic Life insurance but not one or more of the options for which he or she would otherwise be eligible, must complete a SF 2817, *Declining those options*. If the effective date of the change in coverage comes before the separation for retirement, process the SF 2817 as usual and attach the original, with all other life insurance elections, to the Application for Retirement. However, if the effective date of the change in coverage falls after the date of separation for retirement, complete that portion of the SF 2817 designated FOR EMPLOYING OFFICE USE ONLY, give the employee his or her copy, and attach both the original and Part 2 to the SF 2821. The SF 2821 should be completed to reflect the retiring employee's insurance status at the time of separation for retirement and attached to the Application for Retirement.
 - d If the retiring employee wants to continue Basic Life insurance but convert one or more of the options, complete SF 2821 and submit the original (Part 1) with the Application for Retirement, as indicated in item 2a above. The employee should submit the duplicate SF 2821 (Part 2) with a completed SF 2819, indicating which options he or she wishes to convert, to OFEGLI.
 - e If the retiring employee prefers to convert both Basic Life and all optional insurance(s) to an individual policy, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823) if any.
 - f If the retiring employee is not eligible to continue life insurance coverage into retirement, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823) if any.
- 3 Employee Is Receiving Compensation Benefits
 - a Before completing items 10 through 12, contact the district Office of Workers' Compensation if necessary to confirm whether the employee still has any of the optional insurance(s).
 - b If the employee is continuing Basic Life insurance, have him or her complete SF 2818, *Continuation of Life Insurance Coverage*. Attach the completed form to the original SF 2821 (Part 1). Attach all designations of beneficiary (SF 54 or SF 2823) if any, and all Life Insurance Elections (SF 176 and SF 2817) and send them to the Office of Personnel Management, Employee Service and Records Center, Boyers, PA 16017. Give the duplicate copy (Part 2) of the SF 2821 to the employee.
 - c If the employee is continuing Basic Life insurance but converting one or more of the options, have him or her complete SF 2818, *Continuation of Life Insurance Coverage*, attach the completed form to the original SF 2821, and send them to the Office of Personnel Management at the address in item 3b above. The employee should submit the duplicate SF 2821 (Part 2) with a completed SF 2819 to OFEGLI.
 - d If the employee prefers to convert all group insurance to an individual policy, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823) if any.
 - e If the employee is not eligible to continue life insurance as a compensationee, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823) if any.
- 4 All Other Cases
Give or mail the original and duplicate (Parts 1 and 2) to the employee.
- 5 In All Cases
Retain the file copy (Part 3) of the SF 2821 in the employee's Official Personnel Folder or its equivalent.

Prompt Certification Required

The time in which an employee may convert group life insurance to an individual policy is limited. This SF 2821 must be completed and delivered or mailed promptly. See FPM Supplement 870-1.

5.3.6 Survivors' Benefits

The EPA EOCC can supply a copy of EPA's "Survivor Benefits: A Handbook for EPA Headquarters Employees" (Fall 1990), which contains useful information, not only for survivors, but also for EPA employees who are trying to put their financial house in order, whether they are ill or just want to make arrangements. The handbook contains information regarding decisions on planning for financial security and retirement, savings, insurance, unpaid compensation, and how to accommodate changes in the employee's personal situation.

The level and type of survivors' benefits can differ between FERS and CSRC. FERS will not pay a lump sum survivor's payment if the employee had not started disability retirement. CSRC is not affected in this way. Both plans make regular payments to beneficiaries.

Survivors' benefits tend to be paid out at different times, depending on the program. For example, the pay out of an accrued leave may occur within three weeks of submitting a Survivor Application for Benefits. Pension funds may take five to six months. Life insurance benefits may begin within four to six weeks after filing an application.

6. OTHER RESOURCES AVAILABLE TO MANAGERS

This chapter is designed to provide managers and supervisors with a list of resources with information on HIV/AIDS in the workplace. Supervisors may refer their employees to these resources. Resources include other organizations (Section 6.1), references consulted in the preparation of this guide (Section 6.2), and additional materials (Section 6.3).

6.1 Organizations

The National AIDS Clearinghouse warrants special note given the breadth and depth of services it provides. The Clearinghouse is a comprehensive information service for state and local AIDS program managers, public health officials, and others responsible for educating the public about HIV infection and AIDS. The Clearinghouse can provide information on HIV/AIDS-related publications, training, educational materials, and agencies both nationally and locally. Any quest for any information should begin with a call to the Clearinghouse.

National AIDS Clearinghouse
Business Response to AIDS Resource Service
P.O. Box 6003
Rockville, MD 20849-6003
(800) 458-5231 (English)
(800) 243-7012 (TDD/Deaf Access)
(800) 874-2572 (Clinical Trials)

Agency for HIV/AIDS
D.C. Commission of Public Health
717 14th Street, NW
Suite 600
Washington, DC 20005
(202) 727-2500

AIDS Action Committee
131 Clarendon Street
Boston, MA 02116
(617) 437-6200

**AIDS Action Council
1875 Connecticut Avenue, NW
Suite 700
Washington, DC 20009
(202) 986-1300**

**American Bar Association (ABA)
AIDS Coordinating Committee
1800 M Street, NW
Washington, DC 20036
(202) 331-2248**

**American Civil Liberties Union (ACLU) AIDS Project
132 West 43rd Street, 2nd floor
New York, NY 10036
(212) 944-9800**

**American Civil Liberties Union (ACLU)
122 Maryland Avenue, NE
Washington, DC 20002
(202) 544-1681**

**American Federation of State, County, and Municipal Employees
1625 L Street, NW
Washington, DC 20036
(202) 429-1240**

**American Foundation for AIDS Research (AmFAR)
733 3rd Avenue
New York, NY 10017
(212) 682-7400**

**American Foundation for AIDS Research (AmFAR)
Public Policy Office
1828 L St., NW
Washington, DC 20036
(202) 331-8600**

**AFL-CIO Department of Occupational Safety and Health
AIDS in the Workplace Project
815 16th Street, NW
Washington, DC 20006
(202) 637-5331**

**American Red Cross
Office of HIV/AIDS Education
431 18th Street, NW
Washington, DC 20006
(202) 973-6000 (Headquarters)
(202) 728-6471 (DC Chapter)
(301) 588-2515 (MD Chapter)
(703) 527-3010 (VA Chapter)
(703) 549-8300 (Alexandria, VA Chapter)**

**Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, N3718
Washington, DC 20210
(202) 219-8148**

**Equal Employment Opportunity Commission (EEOC)
1801 L Street, NW
Washington, DC 20507
(202) 663-4264**

**Food and Friends
P.O. Box 70601
Washington, DC 20024
(202) 488-8278**

**Gay Men's Health Crisis
Development Office
129 W. 20th Street
New York, NY 10011
(212) 807-6664**

**Health Education Resource Organization (HERO)
101 West Read St., Room 825
Baltimore, MD 21201
(410) 685-1180**

**Hispanic AIDS Forum
121 6th Avenue, Rm. 505
New York, NY 10013
(212) 966-6336**

**Hospice Council of Metropolitan Washington
1377 K St., NW
Washington, D.C. 20005
(202) 828-7777**

**Names Project Headquarters
310 Townsend Street, Suite 310
San Francisco, CA 94107
(415) 882-5500**

**Names Project of the National Capitol Area
1613 K Street, NW
Washington, D.C. 20006
(202) 296-2637**

**National Association of Counties (NACo)
County Health Policy Project
440 First Street, NW
8th floor
Washington, DC 20001
(202) 393-6226**

**National Association of People with AIDS
1413 K Street, NW
Suite 10
Washington, DC 20005
(202) 898-0414**

**The National Coalition of Hispanic Health and Human Services Organizations
(COSSMHO)
1501 16th Street, NW
Washington, DC 20036
(202) 387-5000**

**National Gay and Lesbian Task Force
1734 14th Street, NW
Washington, DC 20009-4039
(202) 332-6483
(202) 332-6219 TDD**

**The National Leadership Coalition on AIDS
1730 M Street, NW, Suite 905
Washington, DC 20036
(202) 429-0930**

National Minority AIDS Council (NMAC)
300 I Street, NE
Suite 400
Washington, DC 20002-4389
(202) 544-1076

Office of National AIDS Policy
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20503
(202) 632-1090

Parents and Friends of Lesbians and Gays (PFLAG)
1012 14th Street, NW
Suite 700
Washington, DC 20005
(202) 628-4200

Planned Parenthood of Metropolitan Washington
Attn: AIDS Coordinator
1108 16th Street, NW
Washington, DC 20036
(202) 347-8500

Project Inform Treatment Hotline
1965 Market Street
San Francisco, CA 94103
(800) 822-7422

The San Francisco AIDS Foundation
Impact AIDS, Inc.
3692 18th Street
San Francisco, CA 94110
(415) 863-2437

Service Employees International Union
AFL-CIO, CLC
Health and Safety Department
1313 L Street NW
Washington, DC 20005
(202) 898-3443

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control (CDC)
National AIDS Hotline
(800) 342-AIDS (English)
(800) 342-7432 (Spanish)
(800) 243-7889 (TDD/Deaf Access)

Whitman-Walker Clinic
AIDS Education Services
1407 S Street, NW
Washington, DC 20009
(202) 797-3560
(202) 332-EXAM (DC HIV Antibody Testing and Counseling Info. Line)

U.S. Department of Health and Human Services

Region I
Regional AIDS Coordinator
U.S. Public Health Service
Boston, MA 02203
(617) 565-4825

Region II
Regional AIDS Coordinator
U.S. Public Health Service
New York, NY 10278
(212) 264-2535

Region III
Regional AIDS Coordinator
U.S. Public Health Service
Gateway Building # 1
3521-35 Market Street
Philadelphia, PA 19101
(215) 596-0488

Region IV
Regional AIDS Coordinator
U.S. Public Health Service
101 Marietta Tower, Suite 1104
Atlanta, GA 30323
(404) 331-2316

Region V
Regional AIDS Coordinator
U.S. Public Health Service
105 West Adams Street, 17th Floor
Chicago, IL 60603
(312) 353-3832

Region VI
Regional AIDS Coordinator
U.S. Public Health Service
1200 Main Tower Building
Room 2360
Dallas, TX 75202
(214) 767-3871

**Region VII
Regional AIDS Coordinator
U.S. Public Health Service
601 East 12th Street
Room 501
Kansas City, MO 64106
(816) 426-3291**

**Region VIII
Regional AIDS Coordinator
U.S. Public Health Service
1185 Federal Building
1961 Stout Street
Denver, CO 80294
(303)844-6163**

**Region IX
Regional AIDS Coordinator
U.S. Public Health Service
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-1138**

**Region X
Regional AIDS Coordinator
U.S. Public Health Service
2201 Sixth Avenue, M.S. RX-20
Seattle, WA 98121
(206) 553-0430**

6.2 References Used in This Resource Guide

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U.S. General Accounting Office, *Coping with AIDS in the GAO Workplace, the Task Force Report*, December 1987.

6.3 Other Written Materials

Managers and supervisors may want to consult these additional resources which provide more detailed background information on HIV/AIDS in the Workplace.

Agency for HIV/AIDS, *Directory of HIV/AIDS-Related Services*, 3rd ed., Commission of Public Health, Washington, DC, 1993.

AIDS Business and Community Partnership, *Understanding AIDS: An Employer's Guide*, United Way Services, Richmond, Virginia, 1991.

AIDS Policy and Law (bi-weekly looseleaf reporter), Buraff Publications, Washington, DC.

Albert, Paul, Eisenberg, Ruth, Hansell, David, and Marcus, Jody, *AIDS Practice Manual*, 3rd ed., The National Lawyers Guild AIDS Network, New York, 1992.

Banta, William, *AIDS in the Workplace: Legal Questions and Practical Answers*, Lexington Books, New York, 1993.

Burris, Scott, *AIDS Law Today: A New Guide for the Public*, Yale University Press, New Haven, CT, 1993.

Centers for Disease Control and Prevention (CDC). Acquired Immunodeficiency Syndrome (AIDS): Precautions for Clinical and Laboratory Staffs. *Mortality and Morbidity Weekly Report* (MMWR). 1982;31:577-580.

CDC. Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus in the Workplace. (MMWR). 1985;34:681-6,691-5.

CDC. Public Health Service (PHS) Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS. (MMWR). 1987;3:509-515.

CDC. *HIV Infection in the United States: A Review of Current Knowledge*, (MMWR) (Supplement). 36, S-6. Dec. 18, 1987.

Environmental Protection Agency. EPA Guide for Infectious Waste Management. Washington, DC: US EPA. May 1986. Pub. # EPA/530-SW-86-014.

Faison, Brenda S. *The AIDS Handbook, A Complete Guide to Education and Awareness*, Loila Maustafav, ed., Designbase Publishing, Durham, North Carolina, 1991.

Hunter, Nan D. and Rubenstein, William B., *AIDS Agenda: Emerging Issues in Civil Rights*, New Press, New York, 1992.

Koch, Jennifer Jo, "Employee Assistance: Wells Fargo's and IBM's HIV Policies Help Protect Employees' Rights," *Personnel Journal*, April 69: 40-48, 1990.

Los Angeles United Way, Inc., *AIDS in the Workplace: A Resource Guide*, United Way, Inc., Los Angeles, CA, 1992.

Malinowsky, H. Robert and Perry, Gerald J., *AIDS Information Sourcebook*, 3d ed., Oryx Press, Phoenix, AZ, 1991-1992.

Office of Training and Development, U.S. Office of Personnel Management (OPM), *AIDS in the Workplace: A Module for Supervisors and Managers*, February 1989.

The National Judicial College, *AIDS Benchbook*, The National Judicial College, Reno, Nevada, 1991. (The 1994 AIDS Benchbook Supplement will be available in the summer of 1994.)

Service Employees International Union, AFL-CIO, CLC, *The HIV/AIDS Book: Information for Workers*, SEIU, Washington, DC, 1991.

Social Security Administration, *A Guide to Social Security and SSI Disability Benefits for People with HIV Infection*, SSA Publication NO. 05-10020, September, 1993.

United States Conference of Mayors, *Local AIDS Services: The National Directory*, Washington, DC, USCM, 1990.

U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National AIDS Information and Education Program, *AIDS and the Workplace: Resources for Workers, Managers, and Employers*, 1990.

Key Legislation and Regulations

The Americans with Disabilities Act (ADA). Pub. L. 101-336, 104 Stat. 327, codified as 42 U.S.C.S. 12101. (1990).

Civil Rights Restoration Act. Pub. L. 100-259, 102 Stat. 28. (1988).

Equal Employment Opportunity Commission and Federal Sector Employment Opportunity. 24 CFR 1614. 1992.

Family and Medical Leave Act. Pub. L. 103-3, 29 USC 2601. (1993).

Federal Rehabilitation Act. Pub. L. 102-569, codified as 29 U.S.C. 794. (1973).

Office of Personnel Management Medical Qualifications Determinations. 5 CFR 339.

Occupational Safety and Health Administration Standard. 29 CFR 1910-1030.

Privacy Act. (year). Codified as 5 CFR Part 339.

7. Instructional Videos and Brochures

7. INSTRUCTIONAL VIDEOS AND BROCHURES

To supplement this resource, managers and supervisors may consult any of several instructional videos or brochures. Consulting outside sources may equip managers and supervisors with more information about how HIV is transmitted, how transmission is prevented, and how testing for HIV works. In the following two sections, descriptions of four videos and six brochures are presented. Also presented is information on obtaining copies of the brochures or videos.

7.1 Summaries of Four Instructional Videos on HIV/AIDS

The following section includes summaries of four instructional videos on HIV/AIDS-related topics. Each covers a different set of issues, but the primary focus is on HIV/AIDS in the workplace. In each summary is a description of contents, presentation techniques, and problems. Problems can include the use of antiquated terms out of date information, or content or images that might be considered graphic or offensive by some persons.

7.1.1 *America at Work: Living with HIV*

VHS video cassette (20 minutes)
Available as part of manager training

The American Red Cross
Nations Capital Chapter
2025 E Street, NW
Washington, D.C. 2006-5099

Contents. Narrated by actor James Earl Jones, this video presents information on a wide range of HIV/AIDS in the workplace issues. The video uses a variety of techniques, including profiles of two employees with HIV/AIDS. The focus of the video's content is on HIV transmission, prevention of HIV transmission, and working with persons with HIV/AIDS. The video is effective in describing how HIV/AIDS is transmitted and how it is not. The profiles feature a Latino male who works for a child advocacy organization (Cid Randal) and a white (Mediterranean) woman who is an administrator of an after school program (Pat Migliori). The individuals are presented as vigorous, in apparent good health, intelligent, articulate, and hard working. Their supervisors and coworkers give testimony to Cid's and Pat's value and their own willingness to make accommodations and provide emotional support. In sum, the profiles show how workers can continue to contribute without being subject to stigma or isolation. There is a relatively extensive discussion of condom use. The endorsement of condoms (and spermicides) is mentioned several times.

Presentation. A variety of video techniques is used, including testimonials by persons with HIV/AIDS and their coworkers, narration over a montage of footage of persons at work, and statements by HIV/AIDS professionals. One statement is offered by the Rev. Joseph Lowry, Director of the Southern Christian Leadership Conference. A wide variety of workplace situations is presented – white collar, pink collar, and blue collar (perhaps with an emphasis on blue collar). Also, a diverse group of speakers and workers is shown – different genders, ages, race/ethnic groups, sexual orientations. One advantage of the video is that much of it was recorded in the Washington, D.C., area. EPA managers and supervisors in the Washington headquarters may recognize Metro, Montgomery Mall, and local businesses, such as Lamda Rising in Dupont Circle.

Problems. There is not much discussion of employee rights, reasonable accommodations, or formal workplace policies. Managers are shown, but the decision making process around accommodations or workplace policies is not shown. There is a brief reference to the *Americans with Disabilities Act* without any details. Two types of persons may feel uncomfortable with the video. First, Gays and Lesbians may feel excluded from the video, because the two featured employees with HIV/AIDS appear to be heterosexual. (The woman is unambiguously heterosexual and contracted HIV from her husband. The man is shown lifting weights, is Hispanic, and there is no discussion of his sexual orientation.) Second, political conservatives may be offended because the video does not present abstinence or monogamy as preventive behaviors.

7.12 *Epidemic of Fear: AIDS in the Workplace*

Video cassette (23 minutes), \$150

Impact AIDS, Inc. (distributor)
3692 18th Street
San Francisco, CA 94110
(415) 621-3951

San Francisco AIDS Foundation (producer)
333 Valencia Street, Fourth Floor
P.O. Box 6182
San Francisco, CA 94101-6182
(415) 861-3397

Contents. The video contains information related to HIV/AIDS awareness; transmission and prevention; and workplace situations and policies. It combines brief comments by health care and personnel management professionals, as well as vignettes on five persons with HIV/AIDS.

Presentation. Produced in 1988, the video features a variety of images and means of presenting information. It uses a number of visual and audio techniques, including testimonials, professional *talking heads*, and exterior and workplace scenes with voice overs. Scenes change quickly, but not chaotically. The individuals featured are articulate and sympathetic, and they reflect

an effort to attain gender and racial diversity. There are frequent subheadings to break up the text. Each section is introduced with a written quotation. The questions and answers section is the longest and covers 24 inquiries that could be directed to managers, supervisors, educators, or trainers.

Problems. There are no fatal flaws in the video; however, there are some limitations. The workplace situations reflect, largely, the private sector and there are references to an outdated term, *ARC* (AIDS related complex).

7.13 *One of Our Own*

VHS video cassette dramatization (20 minutes)
Cost: \$560 per unit

Dartnell Corporation
4660 Ravenswood
Chicago, IL 60640
(800) 621-5463
(312) 561-4031

Contents. The video is a dramatization about an advertising executive with AIDS. The employee, Tom Bramson, is a white male, apparently in his late 30's to early 40's. In his position, Tom has to work closely with other employees. A variety of workplace situations are covered, including:

- Disclosure to a supervisor;
- Development of a company policy on employees with AIDS;
- Legal obligation to non-discrimination against handicapped/disabled employees as long as the firm holds federal contracts;
- Disability and continuation of insurance coverage;
- HIV/AIDS education;
- Non-transmission of HIV in normal workplace situations;
- Disclosure to coworkers;
- Difficulties with coworkers and disruption of work; and
- Ability of persons with HIV/AIDS to perform valuable work.

One of Our Own has high emotional content. Most viewers are visibly moved. Perhaps the greatest attribute of this video is Tom's supervisor's supportive attitude, which comes about gradually as his HIV/AIDS awareness develops and Tom demonstrates his continued value to the company. The story depicts the learning process. Because of the high emotional content, viewers are likely to want to discuss the video.

Presentation. Virtually all of the video is presented in a narrative (story) format. There is, however, a small amount of basic information on HIV/AIDS transmission and prevention presented as a voice over. In general, the acting is good. A broad range of reactions to a coworker with AIDS is delivered well.

Problems. Produced in the late 1980's, the video does contain some out-of-date terms, such as ARC. The term HIV is not used at all. There is little basic information on how HIV is transmitted and on how to prevent transmission. The video does not address a broad range of workplace situations or subjects about which employees may have questions, such as whether HIV is airborne and infectious in enclosed spaces. The video has a few shortcomings. Principally, nearly all of the employees of the fictional small firm are white. All managers are white males. The few blacks and Hispanics shown appear in the background of various scenes. Furthermore, in its attempt to show that HIV/AIDS is not the exclusive domain of homosexuals or injection drug users ("AIDS is not a Gay or junkie disease"), the actors use jarring terms. Another issue may give managers pause. As part of HIV/AIDS education, the company holds a *disclosure meeting*. The video seems to endorse this practice, even though the reaction of Tom's coworkers is generally negative. Widespread disclosure may not fit the style of all organizations.

7.1.4 *The Next Step: HIV in the 90's*

Impact AIDS, Inc. (distributor)
3692 18th Street
San Francisco, CA 94110
(415) 861-3397

The San Francisco AIDS Foundation (producer)
333 Valencia Street, Fourth Floor
P.O. Box 6182
San Francisco, CA 94101-6182
(415) 861-3397

Contents. The video features many corporate managers, health professionals, and persons with HIV/AIDS who provide testimonials. The video is oriented to use by organizational leaders and managers.

Presentation. This is a highly watchable video. The production techniques are varied. The subjects are sympathetic, personable, and credible. The pace is quick, but not hectic. There is an attempt to present a mix of genders and races.

Problems. This material is designed for viewers who have a basic understanding of HIV/AIDS and personnel issues. The three firms profiled (Syntex, DEC, and Modine) are depicted as making positive, proactive efforts and as willing to struggle through the policy development and implementation process. The firms depicted tend to be suburban. Although some of the presentations are prescriptive, the tone is not pedantic. The persons featured reflect gender, age, and racial diversity.

7.2 Summaries of Six Brochures on HIV/AIDS

In this section, the potential uses of six educational brochures on HIV/AIDS-related topics, are discussed. Also discussed are the brochures' relative strengths and weaknesses. In addition to the weaknesses discussed there are a few inaccuracies in the brochures; also some out-of-date terms are used. These inaccuracies and antiquated terms are identified along with aspects of the brochures that may be considered offensive or inconsiderate by various population groups. Also, identified is the use of sexually explicit or other graphic language.

7.2.1 *AIDS in the Workplace: Labor's Concern*

American Federation of Labor and
Congress of Industrial Organizations
815 16th Street, N.W.
Washington, D.C. 20006
202/637-5000
Publication No. R-197-0292-50

Charge for 1-99 copies: \$'50/each
Charge for 100+ copies: \$.35/each
Call 202/637-5041

Potential uses. The brochure begins with a case study of employees concerned about a coworker who has HIV/AIDS. The employees seek to educate themselves about the illness. The brochure proceeds with basic information about how HIV is transmitted, and how transmission is prevented, and about employees rights. The brochure could augment the Managers and Supervisors Resource by discussing the progression of HIV illness. It contains information that is applicable to all employees, particularly those who belong to collective bargaining units and those who work in settings where there is a risk of exposure to blood.

Strengths. The brochure effectively reinforces basic information about HIV infection, vectors (routes) of transmission, and transmission prevention methods. It identifies professions in which there is a risk of an employee coming into contact with blood -- for example, law enforcement, health care, and laboratory work. The discussion of prevention techniques is brief but straightforward.

Weaknesses. The brochure tends to emphasize those relatively few work situations in which there is a risk of infection from bloodborne pathogens. Because of its emphasis on occupations with a risk of exposure to blood, the brochure could be viewed as alarmist. Also, there are deficiencies with respect to the timeline on the progression of HIV illness: (1) it does not contain the most recent information that 50 percent of persons with HIV will develop AIDS within eight to 10 years after infection, and (2) it fails to take advantage of the opportunity to identify the window period during which HIV antibodies multiply to the point at which they can be effectively detected.

Consumer guidance. The timeline presented on pages 10 and 11 does not reflect the most current information available. It indicates that persons with HIV will develop opportunistic infections within five to six years. The most current information (at the time this report was prepared) is that about 50 percent of persons with HIV will develop illnesses that categorize them as having AIDS within eight to 10 years of infection. The brochure uses the word "rubber" for condom (page 7). Although it identifies professions in which there is a risk of exposure to blood, the brochure does not inform employees how to minimize the occupational risk of exposure to bloodborne pathogens. The reader will have to consult the Managers and Supervisors Resource for information on universal precautions and safe clean up of blood spills.

7.2.2 *A Guide to Social Security and SSI Disability Benefits for People with HIV Infection*

U.S. Department of Health and Human Services
Social Security Administration
(800) 772-1213
SSA Publication No. 05-10020
September 1993
ICN 454650

1-99 copies may be obtained at no cost through local Social Security offices

Potential uses. The brochure can provide an effective supplement to the Managers and Supervisors Resource on the subject of eligibility for Supplemental Security Income and Social Security Disability Income. It outlines the types of records to be kept and information necessary to make a claim. It identifies other informational materials and provides a general telephone number for the Social Security Administration (SSA).

Strengths. The brochure begins with a table of contents for easy reference. The text is organized around a question-and-answer format. The print is easy to read and the text is relatively easy to follow.

Weaknesses. The brochure may oversimplify the process, despite SSA's claim of its intent to expedite claim processing for persons with HIV-related disability or illness. Furthermore, the brochure does not clarify to *whom* in the application process the individual must disclose medical information. For example, does SSA require individuals to disclose HIV status to telephone operators or intake clerks? Another weakness of the brochure is that it requires cover-to-cover

reading to give a full view of eligibility and application requirements. Finally, the brochure does not provide the reader with information on how to order publications.

Consumer guidance. Readers should be aware that the brochure tends to oversimplify the application process, especially the procedures for determining and verifying eligibility. Furthermore, the brochure tends to minimize the role of State-level agents who make the determination of eligibility. The brochure does not describe the appeals avenue availability in the event that the claim is denied. Although it mentions the availability of Medicaid reimbursement for health-related services, the brochure does not say much about Medicaid eligibility, the extent of coverage, or the availability of Medicaid waivers to obtain health-related services in a residential setting. Finally, the brochure does not provide any statistics on the length of time it takes to apply for or receive benefits. Nor does it provide any statistics on claim approval or disapproval, or reasons for disapproval.

7.2.3 Preventing HIV and AIDS

America Responds to AIDS
U.S. Department of Health and Human Services
Public Health Services
January 1992
HIV/NAIEP/1-92/013

Available through the National AIDS Clearinghouse at (800)458-5231.

Charge for 50 copies: \$6.50

Charge for 100 copies: \$7.25

Potential uses. This brochure can be used for HIV/AIDS awareness. It encourages community service and action, and provides some ideas for individuals or groups to get involved in organizing or providing services to persons with HIV/AIDS.

Strengths. The brochure has an attractive appearance and is printed on card stock with a contemporary, subtle background pattern. It uses screened images, simple text and lists, and graphic accents. It is organized by topical questions. The brochure introduces a range of outlets for individuals to channel their frustrations, energies, and concerns about HIV/AIDS.

Weaknesses. The brochure provides little detail on how individuals can organize to realize the services or actions identified. The only informational resources it identifies are the Centers for Disease Control and Prevention HIV/AIDS Clearinghouse and Hotline.

Consumer guidance. In the first place, the title suggests that prevention of HIV and AIDS are separate issues. The text separates the words "HIV" and "AIDS" also. While it is true that preventing the transmission of HIV also prevents the development of AIDS, there is currently no sure way to prevent AIDS from developing once a person is infected with HIV (although there may be ways to prolong the period between HIV infection and the development of opportunistic infections). The unexplicit term "risky behavior" is used (page 4). The reader will have to consult

other brochures or the Managers and Supervisors Resource for an outline of behaviors that put persons at risk of exposure to bloodborne pathogens like HIV. In one section of the brochure, one of the ideas designed to increase community awareness is to organize a "rap" song contest. It is not likely that the authors of the brochure intended to restrict song contests to rap music, but some persons may feel excluded when they read the idea (page 6). Rap is, nevertheless, a popular form of music.

7.2.4 *Surgeon General's Report to the American Public on HIV Infection and AIDS*

Centers for Disease Control and Prevention (CDC)
Health Resources and Services Administration
National Institutes of Health
June 1993
U.S. Government Printing Office: 1993-534-369

Available through the National AIDS Clearinghouse at (800)458-5231.
Charge for 50 copies: \$6.50
Charge for 100 copies: \$7.25

Potential uses. This brochure contains basic information about HIV/AIDS, supplementing the Managers and Supervisors Resource. It provides a comprehensive overview of information on HIV transmission – including issues concerning transmission through transfusion, organ and tissue transplant, and artificial insemination; self-assessment of whether an individual is at risk of HIV infection; protection from HIV transmission; and recent epidemiological data on newly reported cases of AIDS.

Strengths. The brochure provides a comprehensive treatment of general HIV/AIDS issues. The text is presented in an attractive format interspersed with photographs and charts. The brochure covers issues not covered in most other brochures (e.g., organ transplants, seroprevalence trends, HIV infection among women). In addition to addressing prevention, the brochure discusses living with HIV. It provides some health advice for persons with HIV.

Weaknesses. The brochure's discussion of HIV antibody testing does not address the importance of pre- and post-test counseling.

Consumer guidance. The reader will have to get a more detailed medical definition of HIV from another source. Likewise, other materials discuss HIV testing and counseling services in greater detail. The brochure contains frank language about sex. Although there is some text recommending "sex with a steady, uninfected partner" and abstinence as means of preventing HIV transmission, the brochure provides a longer and more detailed section on the use of condoms and spermicides. The brochure includes photographs of condoms and the new female condom.

7.2.5 Voluntary HIV Counseling and Testing

America Responds to AIDS
Centers for Disease Control
U.S. Public Health Service
NAIEP 5/93 D545

Available through the National AIDS Clearinghouse at (800) 458-5231. Charge for 100 copies: \$7.25; however, limited to 100 per customer until new supply is received.

Potential uses. This brochure provides an effective supplement to the Managers and Supervisors Resource on the subject of HIV testing and counseling. It can be used by persons to assess whether they should seek HIV testing and counseling. Also, it provides consumer information on the types of services that testing centers should offer. The brochure can help prepare individuals for the experience of HIV testing -- including waiting for test results.

Strengths. The brochure contains an effective summary of advice and consumer information on HIV testing and counseling services. The text is interspersed with photographs which provide a diverse set of images (gender, age, race/ethnicity, and sexual orientation). It makes a strong case for obtaining counseling prior to and after HIV testing. Also, the brochure makes a clear distinction between *confidential* and *anonymous* testing. The text ends with a question-and-answer format that addresses a wide range of issues not covered earlier in the brochure.

Weaknesses. The brochure is over 30 pages long and begins with a table of contents, but there are no page numbers. There is a confusing graphic on the ninth page without a caption or title (or reference to it in the text). The text does not directly address the "window period" for detecting HIV antibodies, and its implications for the effectiveness of testing. The material on transmission by needle sticks gives the impression that needle sticks would always be accidental.

Consumer guidance. The brochure mentions that some services charge a fee for testing, while others do not. Yet the reader will have to consult other sources for information about insurance coverage for testing and actual costs. The brochure does not provide a range of costs that individuals can expect to pay for testing. The reader will have to consult other sources for a description of the actual test procedures (sample taking and laboratory analysis). There is text that states that there is a "small chance" that individuals who receive a negative test result will actually be HIV positive. The reader will have to consult other sources to learn what this "small chance" is and to learn about what types of circumstances might cause an HIV-positive person to test negative.

7.2.6 *Your Job and HIV*

American Red Cross
202/728-6608 (or your local chapter)
ISBN 0-86536-123-1
Stock No. 329502
Rev. March 1992

Charge for 50 copies: \$2.80

Potential uses. This brochure provides a general introduction to basic issues concerning HIV/AIDS in the workplace. It could be read by all employees, not just managers and supervisors.

Strengths. The text is contained in an attractive, fold-out brochure that can fit into a pocket. It emphasizes the need for compassionate and respectful treatment of persons with HIV/AIDS or any life-threatening medical condition. It mentions the importance of preserving the confidentiality of medical information. The brochure offers a fairly comprehensive discussion of practices to prevent the transmission of HIV in workplace situations and during the administration of first aid or rescue breathing.

Weaknesses. The brochure mentions a variety of workplace issues, but does not explore any of them in detail (e.g., accommodations, confidential information).

Consumer guidance. Readers may perceive the brochure's depiction of as patronizing employees with HIV/AIDS. The text may suggest that persons with HIV/AIDS should be allowed to continue to work for reasons related to sympathy and the employee's sense of self-worth rather than as a matter of employee rights.

8. EVALUATION QUESTIONNAIRE

**U.S. Environmental Protection Agency
Office of Pollution, Pesticides, and Toxics**

**MANAGING HIV/AIDS IN THE WORKPLACE - A RESOURCE GUIDE
EVALUATION QUESTIONNAIRE**

We would like to know your opinion of the "Managing HIV/AIDS in the Workplace A Resource for EPA Managers and Supervisors." Please indicate the extent to which you agree or disagree with the following statements about the Resource by circling the appropriate number on the scale.

		Strongly Disagree					Strongly Agree				
		1	2	3	4	5	1	2	3	4	5
1.	The Resource will be useful to me as a manager or supervisor.	1	2	3	4	5					
2.	The accompanying brochures were useful to me as a manager or supervisor.	1	2	3	4	5					
3.	The Resource was easy to understand.	1	2	3	4	5					
4.	The Resource taught me a great deal.	1	2	3	4	5					
5.	The Resource was free of technical errors.	1	2	3	4	5					
6.	The Resource had a professional appearance.	1	2	3	4	5					
7.	The Resource was well organized.	1	2	3	4	5					
8.	The Resource was interesting to read.	1	2	3	4	5					
9.	The Resource presented accurate information.	1	2	3	4	5					
10.	All of my questions about HIV/AIDS in the workplace were covered in the Resource.	1	2	3	4	5					
11.	The Resource made me less fearful about managing or supervising persons with HIV/AIDS.	1	2	3	4	5					
12.	The Resource did not require too much prior knowledge of basic HIV/AIDS information.	1	2	3	4	5					
13.	The Resource did not require too much prior legal knowledge.	1	2	3	4	5					
14.	The Resource did not require too much prior knowledge of EPA procedures on leave, reasonable accommodations, etc.	1	2	3	4	5					

- | | Strongly
Disagree | 1 | 2 | 3 | 4 | Strongly
Agree |
|--|--------------------------|---|---|---|---|-------------------|
| 15. I am likely to seek more information from the sources listed in Chapter 6. | 1 | 2 | 3 | 4 | 5 | |
| 16. The Resource meets my expectations. | 1 | 2 | 3 | 4 | 5 | |
| 17. Overall, I am very satisfied with the Resource. | 1 | 2 | 3 | 4 | 5 | |
| 18. How long have you been in a managerial or supervisory capacity at EPA? (CHECK ONE) | | | | | | |
| Less than 1 year..... | <input type="checkbox"/> | 1 | | | | |
| 1 to 3 years..... | <input type="checkbox"/> | 2 | | | | |
| 4 to 6 years..... | <input type="checkbox"/> | 3 | | | | |
| 6 or more years..... | <input type="checkbox"/> | 4 | | | | |
| 19. How many persons do you currently supervise? | | | | | | |
| Number of Persons | | | | | | |
| 20. Are you male or female? | | | | | | |
| Male | <input type="checkbox"/> | 1 | | | | |
| Female | <input type="checkbox"/> | 2 | | | | |
| 21. What is your age? | | | | | | |
| 18 to 30 | <input type="checkbox"/> | 1 | | | | |
| 31 to 40 | <input type="checkbox"/> | 2 | | | | |
| 41 to 50..... | <input type="checkbox"/> | 3 | | | | |
| 51 to 60 | <input type="checkbox"/> | 4 | | | | |
| 61 and over | <input type="checkbox"/> | 5 | | | | |
| 22. What is your race/ethnicity? | | | | | | |
| African American..... | <input type="checkbox"/> | 1 | | | | |
| Asian/Pacific Islander | <input type="checkbox"/> | 2 | | | | |
| Hispanic | <input type="checkbox"/> | 3 | | | | |
| Native American or Alaskan Native..... | <input type="checkbox"/> | 4 | | | | |
| White, not of Hispanic origin..... | <input type="checkbox"/> | 5 | | | | |
| Other | <input type="checkbox"/> | 6 | | | | |
| Please specify () | | | | | | |

PLEASE RETURN THIS QUESTIONNAIRE TO FRANK FINAMORE, THE EPA HIV/AIDS COORDINATOR. THANK YOU FOR YOUR INPUT AND COOPERATION.

APPENDIX A

COMPRESSED WORKWEEK PROGRAM



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

APR 16 1990

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

MEMORANDUM

SUBJECT: Compressed Workweek Program

FROM: Charles L. Elkins
Director
Office of Toxic Substances

A handwritten signature in cursive script, reading "Charles L. Elkins".

TO: OTS Managers

The Compressed Workweek Program has been in effect for over a year now, and I have been thinking about its impact on our programs. For many OTS employees it has reduced commuting time and expense, and offered greater flexibility in meeting personal or family responsibilities.

On the other hand, there are times when people in OTS can't attend meetings that are important for them to attend because the meetings are scheduled on their compressed day. Since a matrix organization such as OTS requires meetings to get its work done, and since we have too much work to do to allow us to go to a 3 day week for meetings, I believe we need to take advantage of the flexibility allowed in the OTS Compressed Workweek Procedures to adjust to our workload. I think we need to begin interpreting this program in a much more liberal way.

The procedures (attached) offer all supervisors the opportunity for flexible staff scheduling in order to ensure full operation during the ten work days of each pay period. See especially page 2 (2nd and last paragraphs). I therefore encourage you to begin a more flexible implementation of the program in two ways when they are consistent with efficient operations and the wishes of your employees: (1) approve and have your managers approve compressed days other than Monday or Friday on a permanent basis, and (2) make approval by the supervisor to switch days in any pay period as easy as possible administratively.

Attachment



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

JAN 13 1989

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

MEMORANDUM

SUBJECT: Compressed Workweek Program

FROM: *Victor J. Kimm* *Susan F. Velt*
Acting Assistant Administrator
for Pesticides and Toxic Substances

TO: All OPTS Employees

I am pleased to announce that we have received approval to implement a Compressed Workweek Schedule (CWS) Program within OPTS. A copy of the OPTS Workweek Program Procedures are available from your Administrative Officer.

Included in the package is the Compressed Workweek Scheduling Request (form) which you should complete and return to your supervisors for their approval. All employees, even those who do not wish to go on the CWS, are asked to complete the form so that supervisors are knowledgeable of all their employees desired schedules and can then approve schedules that will ensure adequate office coverage. Please return your request to your supervisor NLT January 19, 1989.

Provided you have approval, you may start working under the CWS Program on January 29, 1989.

If you have any questions regarding the CWS, you should discuss them with your supervisor. Any policy questions concerning the OPTS Compressed Workweek Program can be directed to Joyce Ray, 382-7759.

OPTS COMPRESSED WORKWEEK PROGRAM PROCEDURES

INTRODUCTION

This document describes an optional compressed workweek program for OPTS employees. Compressed workweeks will allow employees to work longer daily schedules and get an extra day off every pay period. OPTS plans to implement the 5-4/9 Compressed Workweek Schedule Program that compresses 80 hours of work into nine days each pay period. Under this program, employees will work one five-day week and one four-day week in each pay period. They will work a total of eight nine-hour days, one eight-hour day, and have one day off per pay period.

Any compressed workweek schedule other than the 5-4/9 program may be considered on a individual case-by-case basis where rare, unusual, or extenuating circumstances exist. Such situations will require the approval of the Assistant Administrator for Pesticides and Toxic Substances.

COVERAGE

All OPTS full-time and part-time employees, managers, and supervisors are eligible to participate in the compressed workweek program. Participation is voluntary.

RESPONSIBILITIES

Supervisors

1. Timely approval or disapproval of the employee's request to participate in the CWS program. Approval or disapproval will be based on considerations of work needs and employee's personal needs. Supervisors should discuss any problems related to employees request and work for a schedule satisfactory to both.
2. Providing Timekeepers with copies of all approved requests and ensuring that accurate time and attendance records are maintained for every employee.
3. Ensure that there is adequate office coverage each day.
4. Providing the employee with a copy of the approved CWS request form or a written statement of the grounds for disapproval.

Employees

Adhering to the compressed workweek schedule as approved by their supervisor. Once approved, the schedule will remain in effect until changes are requested by the employee and approved by the supervisor. Changes to on-file schedules are accomplished by submitting a new schedule for supervisory approval at least one pay period in advance of the proposed change.

Under special or unusual circumstances employees and supervisors may agree to a temporary change to another day off within the same pay period. Denial of such a request should not be arbitrary or capricious.

GENERAL PROVISIONS

Work Hours

The Agency's public service hours are from 8:00 a.m. to 4:30 p.m.. These hours constitute that portion of the day when we guarantee a full range of services to the public. The compressed workweek schedule offers an advantage of increased availability to the public. Offices will be open five days a week, Monday through Friday. NFFE bargaining unit employees may request daily work schedules between the hours of 6:00 a.m. and 6:00 p.m. AFGE bargaining unit and all other OPTS employees may request daily work schedules between the hours of 7:00 a.m. and 6:00 p.m. Earlier or later daily schedules may be considered with supervisory approval. Office Directors may limit beginning and ending work hours for their organization or any portions of their organization.

Lunch Period

The normal lunch period will continue to be 30 minutes with the lunch period not counting in the number of daily work hours.

Compressed Day Off

Employees may request that their day off, subject to supervisory approval, be any Monday or Friday during the bi-weekly pay period. Alternate "day off" schedules may be considered on an individual case by case basis by supervisors.

Compressed "Short" Day

It is suggested that the one 8-hour day be scheduled on the opposite Monday or Friday of the approved "day off". However, this is based on mutual consent between the employee and supervisor.

Holidays

When a holiday falls on an employee's regularly scheduled workday, the employee will be credited with the appropriate number of hours he/she was scheduled to work on that day.

When a holiday falls on a full-time employee's "day off", the employee is given an "in lieu of" holiday on either the day preceding or following the scheduled day off. The following applies:

1. If the holiday falls on the Friday that is the employee's scheduled day off then the "in lieu of" holiday is the preceding Thursday.

2. If the holiday falls on the Monday that is the employee's scheduled day off - then the "in lieu of" holiday is the following Tuesday.

Part-time employee's do not get an "in lieu of" holiday when a holiday falls on any of their non-work days. (Per 5 CFR 610.406)

Absence and Leave

Time off during an employee's approved work schedule is charged to the appropriate leave category (i.e. 9-hour workday, 9-hours' leave, 8-hour workday, 8-hours' leave, etc.). Hours worked and/or charged to leave, comp time, or excused absences (late arrival/early departures due to weather conditions, etc.) must total 80 hours for full-time employees and 64 hours or less for part-time employees each pay period.

Overtime

Overtime work may still be ordered and approved subject to applicable overtime regulations. Under the compressed workweek schedule, overtime for 5-4/9 employees is defined as time in excess of 9 hours in a 9-hour day or 8 hours in an 8-hour day or more than 80 hours in a pay period that is authorized in accordance with existing statutes, regulations, and EPA policies. An employee may request compensatory time off in-lieu-of overtime pay as provided in law, regulation, and EPA policies. Any ordered and approved comp time earned as a result of working on the scheduled "Day Off" should be used within the following two pay periods.

Modification of Compressed Workweek Schedules

When an employee who is on a compressed workweek schedule is required to travel, participate in a training course, take military or court leave, or serve where the hours of work are different from the approved schedule, the employee and the supervisor may find it necessary to make adjustments to the bi-weekly schedule. In these kinds of situations, the supervisor will decide on a case by case basis what adjustment, if any, are necessary and notify the employee and the timekeeper.

IMPLEMENTATION

All employees must indicate their interest in participating in the compressed workweek program by completing the attached form. Employees will acknowledge in their request that they have read and will comply with the OPTS Plan. Supervisors will discuss with employees any problems concerning their request and, working for a schedule satisfactory to both, will approve or disapprove the compressed workweek schedules. If the supervisor and employee can not reach a work schedule agreement, the employee may appeal to the next higher level supervisor.

Again, participation in the compressed workweek schedule is voluntary. Any employee who wishes to withdraw from the compressed workweek schedule may do so in writing at least one pay period in advance of returning to the standard 8-hour workday schedule.

CONTINUANCE OF PROGRAM

Every OPTS employee, manager, and supervisor is encouraged to participate. The success of the compressed workweek program requires mutual cooperation on the part of all supervisors and employees.

If, after a trial period, it appears that the efficiency, level of service, or productivity of any organizational work unit is impaired, the supervisor may determine that his/her organization or any subunit should be excluded from the program. If this occurs, the supervisor should make the showing, in writing, to the Assistant Administrator and request that the organization or subunit be exempt from the program and that the employees be returned to the standard 8-hour workday schedule.

*In addition, a supervisor may, at his/her option, cancel an employee's participation in the compressed workweek program, if the individual displays conduct which warrants closer and more hands-on supervision which could not be accomplished under the compressed workweek program. Under these circumstances, the employee would revert to the standard 8-hour workday schedule.

EXPERIMENTAL PERIOD

This compressed workweek plan will be implemented at the earliest practicable date once appropriate Agency and Union approvals are received. The experimental period will run for one full year from the date the program is implemented. An evaluation of the success of this program will determine if the program should be extended, cancelled, or implemented as a permanent program within OPTS.

APPROVED: _____

Victor J. Kimm
Victor J. Kimm
Acting Assistant Administrator
for Pesticides and Toxic
Substances

AS AMENDED ON _____

JAN 13 1989

*This action must be negotiated by the Agency if the employee is in the NEFE Union bargaining unit.

COMPRESSED WORKWEEK SCHEDULING REQUEST

NAME: _____

ORGANIZATION: _____

DATE CWS WILL BEGIN: _____

- ☐ 1. I have read the OPPT Compressed Workweek Schedule Plan and I wish to participate in the program. I request the following pay period schedule.

	Mon.	Tues.	Wed.	Thurs.	Fri.
	a.m.	a.m.	a.m.	a.m.	a.m.
Week 1 of PP	p.m.	p.m.	p.m.	p.m.	p.m.
	a.m.	a.m.	a.m.	a.m.	a.m.
Week 2 of PP	p.m.	p.m.	p.m.	p.m.	p.m.

Enter beginning and ending times of each work day. (Indicate the total hours for each day to include lunch period.) Enter "OFF" on desired Monday or Friday to be your "Compressed Day Off".

- ☐ 2. I have read the OPPT Compressed Workweek Schedule Plan and I do not wish to participate in the program.

Employee Signature* Date

*Signature signifies employee will comply with OPPT CWS Plan.

Approved ☐

Supervisor's Signature Date

Disapproved ☐

Approving/Reviewing Official

(This form will be retained by the employee's Timekeeper.)

APPENDIX B

FLEXIPLACE

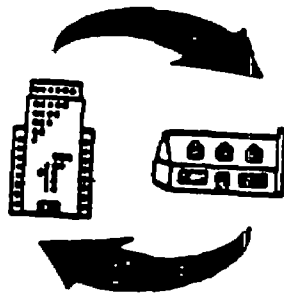
Program Guidance

Work Agreement

Questions and Answers Guide

**EPA Headquarters
The Federal Flexible Workplace
Project**

FLEXIPLACE



PROGRAM GUIDANCE

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
PROGRAM GUIDANCE**

I. BACKGROUND

The Pilot Flexible Workplace Project (Flexiplace) is an innovative management program that provides employees the opportunity to perform their duties at alternative duty stations (e.g., satellite locations, employee's residences) during an agreed upon portion of their work week. Flexiplace, also known as flexible workplace, work-at-home, telecommuting and teleworking refers to paid employment away from the organization's primary traditional worksite.

II. PURPOSE

It is the policy of EPA to schedule and deploy our workforce in the conduct of the public's business and the Agency's mission to achieve optimal productivity, to enhance the spirit, morale, and welfare of employees, and to provide leadership in promoting environmental quality.

EPA must constantly strive to achieve high levels of performance and productivity in conducting the Agency's mission with the limited budgetary resources that are available. The creative application of new technology, new organizational configurations, human resources development, and Total Quality Management are factors in evolving working arrangements that will contribute to higher productivity.

The employees that EPA-Headquarters attracts, trains, retains and rewards are essential to the productive conduct of our work. EPA-Headquarters human resources development program is pursued to enhance the spirit, morale and welfare of all employees.

EPA is expected to be a leader in promoting new methods to reduce risk and prevent pollution. Commute-based traffic congestion and associated air pollution emissions can be reduced by applying alternative work scheduling and worker deployment techniques. EPA-Headquarters can be a leader in demonstrating the air quality benefits that accrue from work scheduling flexibility.

In each of these areas -- productivity, employee welfare and environmental leadership -- the scheduling of the times of work and the deployment of employees to the place of work can measurably improve the conduct of the public's business and Agency's mission.

To this end, EPA-Headquarters will sponsor a one-year pilot project in Flexiplace pursuant to the guidelines set forth by the President's Council on Management Improvement (PCMI).

The Flexiplace project sponsored by PCMI, is designed to test alternatives to the traditional work environment which may afford opportunities to assist the Federal sector in attracting and retaining quality employees. Specifically, Flexiplace will be evaluated for its potential cost reductions and improved work operations by measuring increased employee productivity and positive changes in employee morale, motivation, job satisfaction and reductions in absenteeism. Measurements may also reflect realized savings in lowered requirements for office space, utilities, equipment and parking, and gains to the environment by reducing commuting to a centralized workplace.

This guidance will serve as the foundation for establishing a successful pilot program that will benefit EPA-Headquarters and its employees. Consequently, during this pilot, some refinement and adjustment will occur as the various phases of the project proceed.

III BENEFITS

The flexible workplace environment provides a means of responding to rapidly changing factors that are impacting today's workforce -- demographic, societal and technological -- and has proven effective in reducing employee turnover and absenteeism, improving management techniques, and responding to sociological and environmental issues. Work-at-home programs already exist in both the public and private sectors and are showing positive results.

Flexible workplace arrangements can help put injured employees back to work and take them off the compensation rolls. Organizations may be able to find work that such employees can perform at home or may be able to "restructure" existing work so that some of it may be performed at home.

IV. SCOPE

This guidance will apply to all organizations at EPA-Headquarters which agree to participate in the Pilot Flexible Workplace Project and whose employees and supervisors complete all required training.

V. EFFECTIVE DATE

The EPA-Headquarters Pilot Flexiplace Project will commence on February 11, 1991, and will continue for the duration of the pilot; which is expected to be a one-year period.

VI. POLICY

Participation in the Flexiplace Pilot is voluntary by EPA-Headquarters supervisors. Generally, any occupation/job involving portable work can be considered for inclusion in the Flexiplace project. Management will decide whether a position meets the criteria, including additional cost to the organization. Supervisors and employees participating in the pilot project may withdraw from the program for several reasons -- no longer able to fulfill the agreement, no longer benefits the organization, performance of work assignments, transfer to a different position, etc. Withdrawal from the pilot can occur after providing sufficient advance notice to ensure management and employees adequate time to plan for reversions back to a regular work environment and schedule.

A Flexiplace work agreement will be required for all participants and evaluation questionnaires must be completed by the supervisor and the employee at implementation, after the first six months, and at the end of the pilot program. All participants must attend scheduled focus group meetings throughout the pilot program and attend a one-day mandatory training session for employees and their supervisors. Each organization will provide all equipment within the parameters of governing laws, rules and regulations deemed necessary by the supervisor for work assignments. Participants' assignments may include either work requiring telecommunications capabilities or work that can be performed without technological support.

VII. RESPONSIBILITIES

A. APPROVING OFFICIALS will authorize all participation in the pilot within their organizations and will evaluate the impact of the program on the efficiency and effectiveness of work operations within their organizations. Approving Officials are the Heads of the Organizations (e.g., Assistant Administrators, Associate Administrators) or their designees.

B. SUPERVISORS will: (1) select the employees to participate in the pilot from those individuals within the program areas authorized by the Approving Official; (2) develop or amend performance standards and measurements as needed for work performed away from the official duty station;

(3) assign appropriate work to be performed at the alternate duty station; and (4) maintain productivity records and information to evaluate the pilot project. Supervisor must complete the "Supervisor-Employee Checkout List" (attachment to work agreement) and discuss the items covered on this list with the employee prior to initiating a Pilot Flexible Workplace Project Agreement.

C. EMPLOYEES participating will: (1) complete work agreements; (2) observe agreed-upon hours of work in accordance with established EPA-Headquarters policies; (3) observe policies of requesting leave when leave is to be taken; and (4) use Government equipment only for official purposes. Employees must complete the "Employee Self-Certification of Time and Attendance Report" (attachment to work agreement) and return it to their supervisor on a bi-weekly basis. Employees must also complete the "Employee Self-Certification Safety Checklist" (attachment to work agreement), which identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project Agreement being entered into. Employees who work at home must be willing to give the public and other government/agencies staff their home phone number. They must be immediately accessible.

D. HEADQUARTERS PROJECT COORDINATOR duties will include, but are not limited to: (1) ensuring that all participating supervisors and employees are aware of their responsibilities to accurately measure/report performance and time and attendance, and provide safeguards that the equipment provided is maintained properly and used only for official government use; (2) providing evaluation materials to the participating individuals; and (3) ensuring that evaluation materials are returned to the Office of Personnel Management (OPM) for analysis.

VIII GUIDELINES

A. EMPLOYEE PARTICIPATION. The pilot program is primarily targeted to current employees whose positions could lend themselves to being performed away from the official duty station. Participation is voluntary, with supervisory approval and control.

B. SELECTION CRITERIA. Selection of participants for this pilot program is a key activity from both individual and organizational standpoints. The criteria used to select participants will depend upon a number of interrelating issues namely:

1. Identifying the Employee

- a. The employee's most recent performance appraisal rating of record must be a fully successful or better;
- b. the employee has clearly defined performance standards and measurements;
- c. the employee has received supervisory approval for participation;
- d. the employee is willing to sign and abide by a written work agreement which requires participation in training, focus groups, and evaluations;
- e. the employee must be able to provide an adequate alternative work location with sufficient space and access to a telephone, and without undue interference which could impair productivity;
- f. the employee has demonstrated self-starter characteristics -- can work independently and has demonstrated dependability;
- g. the employee is highly motivated;

- h. the employee can deal with isolation; and
- i. the employee has good time management skills.

2. Identifying the Manager

- a. The manager must volunteer and be a proponent of the project;
- b. managers likely to be more supportive of the program will be those who have connected reasons for using Flexplace with specific work situations;
- c. the manager should be progressive and supportive of the concept and willing to work through any problems or obstacles that may occur;
- d. the manager should be comfortable with evaluating work performance in a manner compatible with Flexplace conditions -- measuring performance by results and without direct observation; and
- e. the manager must be an effective communicator and must be able to clearly define tasks and expectations.

C. APPROPRIATE TELECOMMUTABLE POSITIONS are those with the following characteristics: work activities are portable and can be performed as effectively outside of the office; job tasks are easily quantifiable or primarily project-oriented; essential component of responsibility consists of reading/processing tasks -- e.g., reading proposals and reviews; making funding decisions; conducting research; contact with other employees and serviced clientele is predictable; most work handled is not classified; the technology needed to perform the job is currently available; cyclical work does not present a problem; and security of data including sensitive, non-classified, privacy act concerns, etc. can be adequately assured.

For example, the following types of positions could be telecommutable: investigator, auditor, attorney, analyst, computer programmer, personnel staffing specialist, engineer, scientist, clerk-typist, etc.

D. WORK AGREEMENTS. Each employee must sign a work agreement that covers the terms and conditions of the Pilot Flexible Workplace Project. The work agreement constitutes an agreement by the employee and supervisor to adhere to applicable guidelines and policies. The work agreement covers items such as: the voluntary nature of the arrangement; length of Flexplace assignment; hours and days of duty for each duty station; responsibilities for timekeeping, leave approval and requests for overtime and compensatory time; performance requirements; proper use and safeguards of government property and records; standards of conduct; completion of required pilot evaluation materials, etc.

E. WORK SCHEDULES. Work away from the office will vary depending upon the individual arrangements between employees and their supervisors. However, each work agreement should provide for a minimum number of days at the official duty station. This will ensure that the employee is available in the office during the week for face-to-face meetings, access to facilities, etc. Flexplace work schedules must identify the days and times the employee will work in each work setting. Work schedules can parallel those in the office or be structured to meet the needs of participating employees and their supervisors. Several types of Flexplace scheduling could be available:

- 1. Regular. To minimize isolation and communication problems and facilitate integration of the employees with those in the office, the Flexplace employee will be regularly scheduled to work an established number of days per week outside of the office.

2. Episodic. Recognizing that special projects may be amenable to being performed at home, rather than in an office setting, Flexiplace will be available on an ad hoc or episodic basis for short durations of time to complete all or discrete portions of projects.

a. Episodic Flexiplace is significantly different from Regular Flexiplace. The criteria for eligibility are based primarily upon the nature of the work to be performed, rather than the characteristics of the employees. To participate in Flexiplace on an episodic basis, the work of the employee must be:

- a project, or discrete portion of a project, which is of short duration, with measurable work products
- of an infrequent or occasional nature (as opposed to regular and recurring)

Eligibility will be determined on a case-by-case basis by the employee's immediate supervisor.

3. Medical. EPA-Headquarters has enabled certain employees with serious medical disability and/or life-threatening conditions to work at home on a full or part-time basis. Medical conditions may include, but are not limited to, recovery from serious injury or surgery, recovery from cancer treatments, communicable disease, and AIDS-related situations. EPA-Headquarters management will continue to provide Flexiplace options to enable employees to remain active and productive while in a bona-fide medical condition.

4. Flexitime and Compressed Work Schedules, (e.g., 5-4-9) will continue to be available to employees, where they are currently available, in those organizations who are participating in the Flexiplace program.

F. POSITION AND PERFORMANCE ISSUES

1. Position Descriptions. Changes to position descriptions should not be required, unless the Flexiplace arrangement changes the actual position duties. Minor modifications may be made to reflect the supervisory controls or work environment factors.

2. Performance Standards. Critical elements and performance standards must have clearly defined performance requirements that are measurable and results-oriented. The standards must provide a reasonable basis for measuring performance. Although not required, performance standards with quantitative or qualitative measures are recommended. Explicit and objective "norms" for work output should be based on experience with those required and sustained in the office and monitored through scheduled and required progress reports.

G. TIME AND ATTENDANCE ISSUES

1. Hours of Duty. Employees may work standard schedules or follow alternative work schedules depending upon the agreement between the employee and the supervisor. The work at the alternate duty station day(s) is selected by the supervisor and the employee. Normally, it is recommended that no more than three work-at-home days be allowed per week. Exceptions to this policy may be appropriate in certain instances which provide managers needed flexibility. For example, allowing an individual who for physical reasons, can not work in an office setting for 8 hours a day, working 4 hours

per day in the office and 4 hours per day at an alternate approved location, 5 days per week. Completely unstructured arrangements where employees work at home at will, are not permitted. The tours of duty which may be established are:

a. **Regular** -- five 8-hour days, Monday through Friday, on one of the standard shifts, plus a 30-minute non-paid lunch period.

b. **Flextime** -- five 8-hour days, Monday through Friday, with a fixed beginning and ending time. Each workday must include a non-paid lunch period of 30 minutes.

c. **Compressed** -- eight 9-hour days and one 8-hour day, excluding Saturdays and Sundays (unless the employee's current assigned tour of duty includes these days), in a single two-week pay period, with established starting and ending times. Each work day must have a pre-determined non-paid lunch period of 30 minutes.

Within established EPA-Headquarters policy, and supervisory approval, organizations may establish "core" hours that the employee is to be available during the work-at-home day(s). Typically, the core time is from 9:00 a.m. to 3:00 p.m. (with one-half hour for a non-paid lunch period). Within this schedule, the employee could vary both starting and ending times, as long as the employee is available during the core hours.

2. **Leave.** The policies for requesting annual leave, sick leave, or leave without pay remain unchanged. Employees are responsible for requesting leave in advance from the supervisor and keeping the timekeeper informed of leave usage.

3. **Certification and Control of Time and Attendance (T&A).** Proper monitoring and certification of employee work time is crucial to the success of the program. Supervisors must report time and attendance to ensure that employees are paid only for work performed and the absences from scheduled tours of duty are accounted for. Federal policy and procedures governing certification of time and attendance require agencies with employees working at remote sites to provide reasonable assurance that they are working when scheduled. Reasonable assurance may include occasional supervisory telephone calls, occasional visits by the supervisor to the employee's worksite, and determining reasonableness of work output for the time spent. Employees must complete the "Employee Self-Certification of Time and Attendance Report" (attachment to work agreement) and return it to their supervisor on a bi-weekly basis.

4. **Administrative Leave, Dismissals, Emergency Closings.** Although a variety of circumstances may affect individual situations, the principles governing administrative leave, dismissals, and closing remain unchanged. The ability to conduct work (and the nature of the impediments), whether at home or at the office, determines when an employee may be excused from duty.

H. **FAIR LABOR STANDARDS ACT (FLSA).** The existing rules in Title 5, U.S.C. and in the Fair Labor Standards Act governing overtime also apply to Flexible Workplace arrangements. Overtime is time worked at official duties in excess of the scheduled tour of duty that is ordered and approved. It is the responsibility of the supervisor to regulate and control the use of overtime. Employees are responsible for requesting, in advance, approval to work in excess of their normal hours of duty. This is particularly important when employees are working at home without direct supervisory oversight. Any employee who works overtime without advance supervisory approval should be immediately removed from the Flexplace pilot.

I. **WORKERS' COMPENSATION.** Flexplace employees are covered by the Federal Employees Compensation Act (FECA) and can qualify for continuation of pay or workers' compensation for on-the-job injury or occupational illness, if injured in the course of actually performing official duties.

at the official or alternate duty station. Supervisors must ensure that claims of this type are brought to the attention of the Headquarters Human Resources Management Office. Any accident or injury occurring at the alternate duty station must be brought to the immediate attention of the supervisor. Because an employment-related accident sustained by an employee participating in the Pilot Flexible Workplace Project could occur outside of the premises of the official duty station, the supervisor must investigate all reports immediately following notification. Employees must complete the "Employee Self-Certification Safety Checklist" (attachment to work agreement), which identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project Agreement being entered into.

I. PAY ISSUES

1. **Duty Station.** For pay purposes, the "official duty station" is the employee's Federal office.

2. **Special Salary Rates.** The employee's official duty station serves as the basis for determining special salary rates.

3. **Premium Pay.** The normal rules apply for night differentials, and Sunday and holiday pay whether work is accomplished at the conventional or alternate duty station. Official work schedules determine the entitlement to premium pay.

K. FACILITIES ISSUES

1. **Home Office Space.** Employees participating in the Flexible Workplace Project should have a designated work space or work station for performance of their work-at-home duties. Requirements will vary depending on the nature of the work and the equipment needed to perform the work. At a minimum, an employee should be able to easily communicate by telephone with their supervisor and organization during the work-at-home day.

2. **Home Utility Expenses.** Home utility costs associated with working at home are not paid by the Agency. Potential savings to the employee resulting from reduced commuting, meals, etc., may offset any incidental increase in utility expenses. Exceptions apply only where the personal expense directly benefits the Government (e.g., business-related long distance calls on the employee's personal phone).

L. TELECOMMUNICATIONS AND EQUIPMENT

1. **Telephones.** Federal agencies are permitted to use appropriated funds to pay for telephone installation and basic service in private residences. (Public Law 101509 allows Federal agencies participating in the Flexplace pilot study to allocate funds for the installation of phone lines into employees homes, provided adequate safeguards against misuse exist.)

2. **Computers, Government-owned Equipment, etc.** Government-owned property including computers and other telecommunications equipment may be removed from the Agency and used by employees in their private residences provided the equipment is used only for official business. Strict adherence to regulations concerning the safeguarding and removal of all equipment is essential. Prior approval must be obtained before any property is removed from the Agency.

M. OTHER ISSUES

1. **Privacy Act, Sensitive or Classified Data.** Decisions regarding the proper use and handling of classified and sensitive data, as well as records subject to the Privacy Act, are delegated to individual supervisors who permit their employees to work-at-home. Off-site access to classified or sensitive data may be permitted provided ADP/Security officials certify the adequacy of the security of such access.

2. **Liability.** Advice and assistance regarding official matters involving legal claims or liabilities should be referred to the Office of General Counsel. Generally, Flexiplace employees are covered and may file claims under the Federal Employees Compensation Act, the Military Personnel and Civilian Employees Claims Act, and the Federal Tort Claims Act for personal injury, property loss/damage, or Federal employee negligence issues. No additional liability for loss/damage of government property/equipment will be placed upon employees under this program beyond existing requirements.

3. **Tax Benefits.** Generally, no expenses are allowed for home office or work space unless used exclusively on a regular basis as a principle place of business. Employees who believe they may be entitled to tax deductions based on home office or work space, depreciation of employee-owned personal computers and related equipment, etc., should consult their tax advisor or the Internal Revenue Service for information on tax laws and interpretations.

N. TRAINING AND EVALUATION

1. **Training.** Specific training has been developed for employees and supervisors participating in the Flexible Workplace Pilot. Training will cover Flexiplace policies and guidelines, as well as personal and occupational aspects of Flexiplace arrangements.

a. **Employee Topics May Include** -- expectations on personal responsibility, accountability, time management and self-discipline; communicating with supervisors, progress reporting, deadlines, contracts and meetings with co-workers, and support personnel; and ways to avoid isolation, family issues, finding the best home and office work schedule, image and self-esteem.

b. **Supervisory Topics May Include** -- managing for results, establishing quality and quantity norms, planning, scheduling and tracking assignments, and milestones; administration of work schedules, time and attendance and leave; and supervisory expectations and communicating with the work-at-home employee.

2. **Focus Groups.** Experience has shown that periodic meetings of focus groups are very helpful for successful adjustment to Flexiplace arrangements. All Flexiplace participants and their supervisors will meet to discuss and share their experience with Flexiplace. Arrangements will be made to accommodate any employee with a handicapping condition to participate in the focus group meetings (e.g., other locations, telephone conference, etc.).

All parties to this agreement will receive copies of focus group reports.

3. **Evaluation.** Evaluation of this pilot program is critical to determine the feasibility and desirability of Flexiplace as an alternative work arrangement. Surveys have been developed and will be administered by the Office of Personnel Management (OPM), under the guidance of the President's Council on Management Improvement (PCMI), prior to project implementation, after the first six-month period, and overall at the completion of the pilot. Employees and supervisors will be surveyed to evaluate their perceptions of the impact of the Flexiplace arrangement. We anticipate evaluating the effectiveness of, and costs associated with, Flexiplace at the conclusion of the one-year pilot project.

Whenever such transfers or position changes occur, the following actions should be taken:

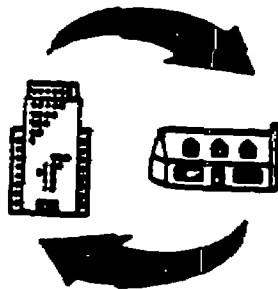
1. If the change results in a new supervisor for the Flexplace employee and the employee is continuing Flexplace participation -- the new supervisor should be provided orientation/training, scheduled for focus group attendance, and given any relevant information/materials associated with progress of the project; and the Agency Coordinator should be notified.

2. If the change results in participation termination for one or more Flexplace employees, termination procedures, discussed in the previous section, should be followed for each employee affected.

All parties to this agreement will receive copies of changes made as a result of job position changes (transfers).

**EPA Headquarters
The Federal Flexible Workplace
Project**

FLEXIPLACE



WORK AGREEMENT

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
WORK AGREEMENT**

The following constitutes an agreement between:

(Agency) _____ (Employee) _____

of the terms and conditions of the
Pilot Flexible Workplace Project

1. Employee participates in the one year experimental pilot testing phase of the project and agrees to adhere to the applicable guidelines and policies. Agency concurs with employee participation and agrees to adhere to the applicable guidelines and policies.
2. Employee agrees to participate in the project for a period beginning _____ and ending _____
3. Employee's official tour of duty and location, are as listed below:

Pay Period Work Week	Day	Hours		Duty Station	
		From	To	Official	Alternate
#1	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
#2	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

(including a one-half hour non-paid lunch period)(above schedule allows for compressed workweek)

Management reserves the right to alter the employee's established work schedule to accommodate peak workload office demands or for any other office purpose with advance notification.

4. Employee's official duty station is _____. The alternate duty station (the location in which the employee is designated to work while not at the official duty station) is _____. Describe the alternate duty station in detail _____. All pay, special salary rates, leave and travel entitlements will be based on the employee's official duty station.

5. Employee's timekeeper will have a copy of the employee's Pilot Flexible Workplace Project schedule. Employee's time and attendance will be recorded as performing official duties at the official duty station. Employee's supervisor will certify bi-weekly time and attendance for hours worked. Employees must complete the "Employee Self-Certification Time and Attendance Report" (Attachment 1) and return it to their supervisor on a bi-weekly basis.

6. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this agreement employee agrees to follow established procedures for requesting and obtaining approval of leave.

7. Employee will continue to work in pay status while working at his/her alternate duty station. An employee who works overtime, which has been ordered and approved in advance, will be compensated in accordance with applicable laws, regulations and FPM guidance. By signing this agreement, employee agrees to obtain proper approval for overtime work. Failure to adhere to proper approval for overtime work may result in the employee's removal from the Pilot Flexible Workplace Project or other appropriate action (e.g., disciplinary, etc.).

8. An employee who borrows Government equipment, will protect the Government equipment in accordance with the procedures established in FIRM Bulletin 30 dated October 15, 1985. Government-owned equipment will be installed, serviced and maintained by the Government. An employee who provides his/her own equipment is responsible for installing, servicing and maintaining it. No additional liability for loss/damage of government property/equipment will be placed upon employees under this program beyond existing requirements.

9. Provided the employee is given at least 24 hours advance notice, the employee agrees to permit periodic home inspections by the Government of the alternate duty station during the employee's normal working hours to ensure proper maintenance of Government-owned equipment and duty station conformance with safety standards.

10. The Government is not liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's alternate duty station, except to the extent the Government is liable under the Federal Tort Claims Act or under the Military Personnel and Civilian Employees Claims Act.

11. The Government is not responsible for operating costs, home maintenance or any other incidental costs (e.g., utilities) whatsoever associated with the use of the employee's alternate duty station (e.g., home residence). The Government can pay for installation, monthly or local use charges for telephone service. The Government will provide all necessary office supplies (such as paper, pens, printer ribbons, diskettes, envelopes, tape, staples, etc.). By participating in the Pilot Flexible Workplace Project, the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and implementing regulations. This includes pre-approved long distance business-related telephone calls.

12. Employee is covered under the Federal Employee's Compensation Act if injured in the course of actually performing official duties at the official or alternate duty station.

Any accident or injury occurring at the alternate duty station must be brought to the immediate attention of the supervisor. Because an employment-related accident sustained by an employee participating in the Pilot Flexible Workplace Project could occur outside of the premises of the official duty station, the supervisor must investigate all reports immediately following notification.

Employees must complete the "Employee Self-Certification Safety Checklist" (Attachment 2), which

identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project agreement being entered into.

13. *Employee will communicate with the supervisor to receive assignments and have completed work reviewed in accordance with the supervisor's instructions.*

14. *Employee will complete all assigned work in accordance with the supervisor's instructions.*

15. *Supervisor will evaluate employee's job performance against performance standards and measures established in the employee's performance agreement.*

16. *Regular and required progress reporting, as defined by the supervisor, by the employee will be used by the supervisor in his/her assessment of employee's job performance.*

17. *At intervals specified in the Pilot Flexible Workplace Project (e.g., beginning of pilot, 6-month interval and end of pilot), the supervisor and the employee will complete surveys which summarize the impact of the Pilot Flexible Workplace Project on the office, the employee, the supervisor and other organizational components.*

18. *To participate in the Pilot Flexible Workplace Project, an employee's most recent performance rating of record must be fully successful or better. This does not apply to employees who are statutorily exempt from performance ratings (e.g., Administrative Law Judges).*

19. *To participate in the Pilot Flexible Workplace Project, an employee's current performance agreement must contain performance standards and measures covering work completed at the official duty station as well as work completed at the alternate duty station.*

20. *Employee agrees to use approved safeguards to protect Government records from unauthorized disclosure or damage and to comply with the requirements set forth in the Privacy Act of 1974, as amended, 5 U.S.C. 552a.*

21. *Employee and supervisor agree to complete and submit Pilot Flexible Workplace Project evaluation materials and to attend periodic (e.g., monthly, bi-monthly) focus group meetings as required by the project guidance. Arrangements will be made to accommodate any employee with a handicapping condition to participate in the focus group meetings (e.g., other locations, telephone conference, etc.).*

22. *Employee may terminate participation in the Pilot Flexible Workplace Project at any time. Management has the right to remove the employee from the Project if the employee's performance declines or if the Project fails to meet the needs of the organization, as defined by the supervisor.*

23. *Employee agrees to perform his/her officially assigned duties at either the official duty station or the alternate duty station. Failure to comply with this provision may result in charge of leave, loss of pay, termination of participation in the Project, or disciplinary action, as warranted, based on the situation.*

24. *Employee agrees not to conduct unauthorized personal business while in official duty status at the official or alternate duty station (e.g., childcare, eldercare, home repairs, real estate, etc.).*

25. Supervisor must complete the "Supervisor-Employee Checkout List" (Attachment 3) and discuss the items covered on this list with the employee prior to initiating a Pilot Flexible Workplace Project agreement.

Employee

Date

Supervisor

Date _____

Approving Official

Date _____

Headquarters Project Coordinator

Date _____

Please return a copy of this agreement to:

- (1) **Headquarters Flexible Workplace Project Coordinator**
Attention: Rosanna Tucker (PM-212)
401 M Street, S.W. (Room 3906M)
Washington, D.C. 20460
- (2) **Your Personnel Service Manager**

Attachment (1)

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
EMPLOYEE SELF-CERTIFICATION TIME AND ATTENDANCE REPORT**

EMPLOYEE NAME _____

BEGINNING _____

ENDING _____

	FROM	TO	HOURS WORKED	A/L	S/L	OT/
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
TOTAL						

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR
(SUPERVISOR MUST MAINTAIN THROUGHOUT PILOT)

REMARKS: _____

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
EMPLOYEE SELF-CERTIFICATION SAFETY CHECKLIST**

NAME: _____ CODE NUMBER: _____
 AGENCY: _____ HEADQUARTERS SUBCOMPONENT: _____
 ADDRESS: _____ CITY AND STATE: _____
 BUSINESS TELEPHONE: _____ HEADQUARTERS COORDINATOR: _____

Dear Pilot Flexible Workplace Project Participant:

The following checklist is designed to assess the overall safety of the alternate duty station. Each participant should read and complete the self-certification safety checklist. Upon completion the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate duty station is _____
 Describe the designated work area in the alternate duty station _____

1. Is the space free of asbestos containing materials? Yes___ No___
2. If asbestos containing material is present, is it undamaged and in good condition?
 * Only check if applicable Yes___ No___
3. Is the space free of indoor air quality problems? Yes___ No___
24. Is the space free of noise hazards (in excess of 85 decibels)? Yes___ No___
5. Is there a potable (drinkable) water supply? Yes___ No___
6. Is adequate ventilation present for the desired occupancy? Yes___ No___
7. Are laboratories available with hot and cold running water? Yes___ No___

8. Are all stairs with 4 or more steps equipped with handrails? Yes___ No___
9. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes___ No___
10. Do circuit breakers clearly indicate if they are in the open or closed position? Yes___ No___
11. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? Yes___ No___
12. Will the building's electrical system permit the grounding of electrical equipment? Yes___ No___
13. Are aisles, doorways and corners free of obstructions to permit visibility and movement? Yes___ No___
14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes___ No___
15. Do chairs have any loose casters (wheels)? Yes___ No___
Are the rungs and legs of chairs sturdy? Yes___ No___
16. Is the office overly furnished? Yes___ No___
17. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes___ No___
18. Is the office space neat, clean and free of excessive amounts of combustibles? Yes___ No___
19. Are floor surfaces clean, dry, level and free of worn or frayed seams? Yes___ No___

20. Are carpets well secured to the floor and free of frayed or worn seams? Yes____ No____

Employee Signature

Date

Immediate Supervisor's Signature
(approved/disapproved)

Date

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON-SITE INSPECTION FOR ANY EMPLOYEE CHECKING FIVE OR MORE NO ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE.

Please return a copy of this form to:

- (1) Headquarters Flexible Workplace Project Coordinator
Attention: Rosanna Tucker (PM-212)
401 M Street, S.W. (Room 3906M)
Washington, D.C. 20460
- (2) Your Personnel Service Manager

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
SUPERVISOR-EMPLOYEE CHECKOUT LIST**

The following checklist is designed to ensure that your Pilot Flexible Workplace Project employee is properly oriented to the policies and procedures of the Project. Questions 4, 5 and 6 may not be applicable to your Pilot Flexible Workplace Project employee. If this is the case, simply state not-applicable or N/A.

NAME OF PILOT FLEXIBLE WORKPLACE PROJECT EMPLOYEE: _____

NAME OF IMMEDIATE SUPERVISOR: _____

**Date
Completed**

1. Employee has read PCMI and EPA project guidance outlining policies and procedures of the pilot program. _____
2. Employee has been provided with a schedule of duty hours and location to be conducted. _____
3. Employee has been issued/has not been issued equipment. _____
4. Equipment issued by the agency is documented. _____

Check as applicable: Yes No

--- Computer ---

--- Books ---

--- Furniture ---

--- Other ---

5. Policies and procedures for care of equipment issued by the agency have been explained and are clearly understood. _____
6. Policies and procedures covering classified, secure or privacy act data have been discussed, and are clearly understood. _____
7. Requirements for an adequate and safe alternate duty station have been discussed, and the employee certifies those requirements are met. _____
8. Performance expectations have been discussed and are clearly understood. _____

9. Employee understands that the supervisor may terminate employee participation at any time, in accordance with established administrative procedures and union negotiated agreements. _____
10. Employee has participated in the OPM training. _____

Employee Signature

Date

Immediate Supervisor Signature

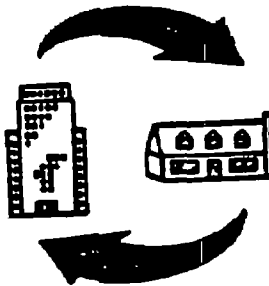
Date

Please return a copy of this form to:

- (1) Headquarters Flexible Workplace Project Coordinator
Attention: Rosanna Tucker (PM-212)
401 M Street, S.W. (Room J906M)
Washington, D.C. 20460
- (2) Your Personnel Service Manager

**EPA Headquarters
The Federal Flexible Workplace
Project**

FLEXIPLACE



QUESTIONS & ANSWERS GUIDE

**EPA HEADQUARTERS
THE FEDERAL FLEXIBLE WORKPLACE PROJECT
FLEXIPLACE**

QUESTIONS AND ANSWERS

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EXPLANATION OF FLEXIPLACE

1. WHAT IS FLEXIBLE WORKPLACE?

Flexible workplace means working somewhere other than in the traditional office, often using a computer and a modem to transmit data or information electronically. Flexiplace may include the following:

- * Home-based -- working in a space specifically set aside as an office and/or an area in the employee's residence.*
- * Satellite facility -- working from an office not at the official worksite, such as another government agency, contractor, etc.*

2. WHAT TYPES OF JOBS ARE ADAPTABLE TO A FLEXIBLE WORKPLACE PROGRAM?

- * Easily quantifiable tasks (data/word processing)*
- * Project-oriented tasks (those that primarily require one to think or write)*
- * Reading/processing tasks (reading proposals and reviews, making funding decisions, conducting research)*
- * Specific examples include -- Management and Program Analyst, Computer Programmer, Personnel Specialist, Claims Examiner, Clerk-Typist, Engineer, Scientist, Environmental Protection Specialist, etc.*

3. WHAT IF AN EMPLOYEE NEEDS TO WORK AT HOME ONLY ONCE IN A WHILE, DOES THE FLEXIBLE WORKPLACE PILOT PROGRAM ALLOW FOR THIS?

Yes. Short-term infrequent periods of work at home can currently be approved under existing supervisory authorities. Some situations where temporary flexiplace arrangements may work well include the following:

- * During the convalescence of a short term injury or illness.*

- *When the work office itself is not useable, e.g., during office renovation.*
- *Maternity or paternity reasons.*
- *Special projects of short duration or of an infrequent or occasional nature.*

4. WHAT ABOUT THE FLEXIBLE WORKPLACE PROJECT AS A MEANS TO ATTRACT DISABLED PERSONS?

The flexible workplace program is an excellent way to attract individuals who are mobility-limited. Technological advances enable us to support the disabled person with equipment that accommodates the individual's impairment.

5. WHY SHOULD EPA HEADQUARTERS TRY FLEXIPLACE?

Reasons include, but are not limited to: increased ability to attract and retain employees in critical occupations and positions; targeting labor markets such as handicapped individuals; reducing space and associated costs; or enabling offices to more efficiently conduct their work by allowing increased flexibility in the location of the work site; and, most important to show a continuing support of one of our most significant programs -- the reduction of air pollution.

Flexiplace is designed to solve problems. As the nature of this program requires voluntary participation of EPA-Headquarters employees, from senior managers through individual workers, there has to be a driving reason for establishing the program in an organization.

6. WILL EPA-HEADQUARTERS RESOURCES BE MADE AVAILABLE FOR THE PROGRAM OFFICES?

EPA-Headquarters is unable to provide additional funding, therefore, either program office resources or those already owned by the employee (such as computers) must be used. Identify tools the employee will need while working at the alternative workplace. Ensure that the employee has access to necessary reference sources and other materials.

7. IF I WORK AT HOME CAN I PROVIDE ALL OF MY OWN CHILD CARE OR ELDER CARE SERVICES?

Probably not. Flexiplace arrangements can provide valuable assistance in the management of work/family schedules, but it is not a substitute for child/elder care. Based on

experience in both the private and public sector, the care of young children is likely to disrupt work. Flexiplace employees must have appropriate child/elder care available.

8. ARE THERE ANY LOCAL GOVERNMENT CONCERNS THAT MIGHT AFFECT TELECOMMUTERS?

Zoning regulations are administered locally by the city, county or other political entity. Restrictions vary widely. Zoning restrictions in most areas should not pose an obstacle to Flexiplace arrangements. Typical provisions in zoning ordinances are:

- work at home is allowed under most ordinances;*
- zoning ordinances are aimed at jobs that affect the character of neighborhoods with noise, odors, extra traffic, extra demands on municipal services, signs;*
- zoning authorities are generally unconcerned with work at home until neighbors complain, whereupon authorities may act against the home office workers; and*
- the newness of the work at home trend has caught many local planning officials unprepared. There is considerable confusion over whether telecommuting is regulated "home occupation." Some persons engaged in "home occupations" must have license, pay a fee, and are subject to specific restrictions. Flexiplace employees are obligated to review local ordinances through their community association, landlord, or local authorities.*

9. IS THERE A DOCUMENT THAT CLARIFIES EMPLOYEE AND MANAGEMENT ROLES AND RESPONSIBILITIES IN FLEXIPLACE?

Flexiplace managers and employees will sign work agreements to ensure they fully comprehend what is expected.

BENEFITS

1. SPECIFICALLY, WHAT ARE THE BENEFITS OF A FLEXIBLE WORKPLACE PROGRAM:

Many benefits have been identified from flexible workplace programs. Typical benefits found in the private sector are:

Management Benefits

- *Improvements in employee effectiveness and morale.*
- *Reduction in office space, parking facilities and transportation costs.*
- *Improvement of communications between supervisor and employee.*
- *Attraction and retention of skilled employees and reduction in employee turnover rates.*
- *Expands labor pool, provides access to disabled.*
- *Decline of absenteeism.*
- *Accommodation of trained employees with health problems while they are still able and want to work.*
- *Carry over of benefits of management-by-results to other parts of the organization.*
- *Provides forward-looking corporate image.*

Employee Benefits

- *Reduced commuting time.*
- *Increased flexibility to coordinate work schedules with personal and family priorities.*
- *Ability of employees to capitalize on peak productivity periods.*

- *More employee control over his/her life.*
- *Reduction in costs for transportation, food and clothing.*
- *Improvement of communications between supervisor and employee.*

Societal Benefits

- *Reduction in commute trips and traffic congestion.*
- *Reduction in air pollution and conservation of transportation fuels (energy conservation).*
- *Improved employment opportunities for the disabled and mobility-restricted.*
- *Reduction in problems associated with elder care and "latch-key" children.*

2. WON'T PRODUCTIVITY GO DOWN IF AN INDIVIDUAL IS NOT BEING OBSERVED AT WORK?

Private industry has found that productivity is often increased when an individual works off site, partly because of fewer interruptions and partly because the individual typically has a strong incentive to prove the benefits to the employer of off-site work.

PARTICIPATION IN THE PILOT

1. WHY WOULD MANAGERS WANT TO PARTICIPATE?

Flexiplace is a management program that may increase productivity, improve morale, and that provides greater flexibility as well as a retention tool.

2. WHY WOULD EMPLOYEES WANT TO PARTICIPATE?

If employees commute two hours one-way, they may be interested in the possible reduction in car insurance and the ability to be more in control of their lives. If there is too little space in the office, with many distractions, flexiplace may enable the employee to be more productive. The employee may find family and home management is facilitated.

3. DOES AN EMPLOYEE HAVE A RIGHT TO WORK AT HOME?

No. Participation in the flexible workplace project is not a right. Management is responsible for deciding if the position is one that is appropriate for off-site work and for examining both the content of the work and the performance of the employee. Participation in the program is not expected to be routine. Because this is a management work option, there is no automatic right of the employee to continue participation.

4. CAN A SUPERVISOR REQUIRE AN EMPLOYEE TO WORK AT HOME?

No. Participation in the flexible workplace program is entirely voluntary on the part of the employee.

5. CAN EMPLOYEES VOLUNTARILY WORK EXCLUSIVELY AT HOME?

This is discouraged. However, it is not prohibited. Successful programs have shown that employees need to spend at least part of the week in the office to minimize isolation and communication problems, facilitate integration of the employee with those in the office, and to ease supervisors' adjustment. Flexiplace employees should be scheduled to work no more than one to three days per week outside of the office. This will allow for face-to-face meetings, provide access to facilities not available at the alternative workplace, and, equally important will counter feelings of isolation.

6. DOES WORK AT HOME MEAN EMPLOYEES CAN SET THEIR OWN SCHEDULE?

Yes and no. The process of establishing work schedules permits periodic adjustments, as needed, to achieve an optimal schedule suiting employee and organizational requirements. Developing fixed times during the day for supervisor/employee telephone conversations may be

helpful to ensure optimum communication.

7. MUST EMPLOYEE BE COMPUTER LITERATE TO PARTICIPATE?

No. This is not a computer-based program. The selection criteria are broad enough to include employees who do not work with computers.

8. ARE THERE WAYS TO REDUCE EMPLOYEE ISOLATION?

The telecommuter will be an employee whom a supervisor considers worthy of trust. These workers should be made to feel they are a part of the team. They need to be aware of what's going on in the office while they're off-site; staff meetings should be held on days when they are scheduled to be in the office and these employees should be considered equally with other non-participants in selection, performance, or any other employee/employer matters.

9. CAN A SUPERVISOR PARTICIPATE IN THE FLEXIBLE WORKPLACE PROGRAM?

Possibly. Generally, the nature of supervisory positions makes use of the program by supervisors impractical if more than one work day at home is scheduled.

10. WHO CAN PARTICIPATE?

Management will identify participants from among employees in their organization. Supervisory agreement and concurrence is a must, as is support from higher management.

11. WHY CAN'T EVERYBODY PARTICIPATE?

As with any new endeavor it is wise to start slowly with a small contingent of employees at the test locations. There may be pressures to grow larger early within the program as non-participants begin to see how the program is working. Managers interested in participating in the program after the test period begins need to contact the Headquarters Program Coordinator.

12. THE EPA-HEADQUARTERS POLICY STATEMENT SETS NO SPECIFIC LIMITS FOR THE FREQUENCY OF WORK AT HOME, THE PERFORMANCE LEVEL OF EMPLOYEE, OR THE LENGTH OF TIME THE INDIVIDUAL HAS BEEN EMPLOYED. ARE THERE GUIDELINES IN THESE AREAS?

Management has decided that there is enough diversity in the Agency that these decisions should be left to individual managers. For example, a disabled individual might be hired specifically to work at home, and might not have worked on site at EPA at all. However, we can offer some guidance based on private sector experience for more typical situations.

- **Length of Service.** *Work at home is probably best undertaken by an individual who "knows" the Agency in the sense of understanding its rules and regulations and its culture – the way it functions in addition to formal rules and regulations. For example, it is probably better to allow a current employee to work off site than someone who has never been at the Agency.*
- **Frequency of Work at Home.** *Private sector experience indicates that full-time work at home is generally not a good idea over an extended period of time. The employee and employer lose contact with each other in both formal and informal ways. Typical frequencies found in the private sector are one or two days per week.*
- **Performance Level of the Individual.** *Almost all studies of off-site work suggest that individuals who are successful at such work are highly motivated and self-starters. Their guidance and standards for accomplishment come as much from within as from their supervisors. Such individuals tend to be above-average employees, and a fully successful performance rating is required.*

IDENTIFICATION OF JOB TASKS/EMPLOYEES

1. WHAT TYPES OF JOBS ARE ADAPTABLE TO A FLEXIBLE WORKPLACE PROGRAM?

- ° *Easily quantifiable tasks -- e.g., data processing, word processing.*
- ° *Project oriented tasks -- e.g., reading proposals and reviews, making funding decisions, conducting research*
- ° *Specific examples include -- Management and Program Analyst; Computer Programmer; Personnel Staffing Specialist; Technical Writer; Attorney, etc.*

2. WHAT ABOUT FLEXIBLE WORKPLACE PROGRAMS AS A MEANS TO ATTRACT AND RETAIN QUALIFIED DISABLED PERSONS?

The flexible workplace program is an excellent way to attract individuals who are mobility-limited. Technological advances enable managers to support the disabled person with equipment that accommodates the individual's impairment. Federal Information Resource Management Bulletin (FIRMR) Bulletin 56 establishes guidelines for the acquisition of automatic data processing equipment that provides electronic equipment accessibility for disabled Federal employees and access to public information resources.

3. CAN EMPLOYEES WORKING AT HOME PROVIDE ALL OF THEIR OWN CHILD OR ELDER CARE SERVICES?

Probably not. Flexiplace arrangements can provide valuable assistance in the management of work/family schedules, but it is not a substitute for child/elder care. Based on experience in both the private and public sector, the care of young children is likely to disrupt work. Flexiplace employees must have appropriate child/elder care available.

4. IS THERE A DOCUMENT THAT CLARIFIES EMPLOYEE AND MANAGEMENT ROLES AND RESPONSIBILITIES IN FLEXIPLACE?

Flexiplace supervisors and employees will sign work agreements to ensure they fully comprehend what is expected.

COST FACTORS

1. WHAT ARE THE COST FACTORS FOR SETTING UP A FLEXIPLACE ARRANGEMENT?

For some employees the up-front costs can be minimal or nonexistent. More commonly, the employee will need access to a variety of equipment and/or will use the telephone extensively on flexiplace days. The following types of up-front and ongoing expenses may be incurred by the agency.

- Long distance charges*
- Telephone installation and usage charges (other than long distance)*
- Computer or typewriter assigned to the employee's home*
- Computer software*
- Modem and possible additional computer usage charges*
- Modifications to the central computer to allow employees to dial in*
- Equipment maintenance and repair charges*
- Remote technical assistance*
- Replacement of damaged or lost equipment*
- Fax machine*

The costs to establish and maintain a satellite facility are similar to those for any field office: remodeling, rent, telecommunications lines and equipment, utilities, computer equipment, photocopier and other office machines, furniture, and so forth.

2. WILL THE EMPLOYEE BE REIMBURSED FOR UTILITY AND OTHER EXPENSES ASSOCIATED WITH OFF-SITE WORK?

Generally, no. The Government assumes no responsibility for participating employee's expenses related to heating, electricity, water, and space usage. The rationale is that the benefits of working at home offset incidental increases in utility expenses. The exception is for

the use of the employee's personal phone for business-related long-distance phone calls. Current GSA FPM regulation (CFR 41, 101-7i) allows for local travel reimbursement for pre-approved long distance telephone calls.

3. CAN THE EMPLOYEE BE REIMBURSED FOR TELEPHONE INSTALLATION COSTS?

Yes, Public Law 101509 allows Federal agencies participating in the Flexiplace pilot study to allocate funds for the installation of phone lines into employees' homes, provided that adequate safeguards against misuse exist. Specifically:

"Notwithstanding any provisions of this Act or any other Act, during the fiscal year ending September 30, 1991, any department, division, bureau, or office participating in the Federal Flexiplace Project may use funds appropriated in this or any other Act to install telephone lines, necessary equipment, and pay monthly charges, in any private residence or private apartment, provided that the head of the department, division, bureau, or office certifies that adequate safeguards against private misuse exist, and that the service is necessary for direct support of the agency's mission."

SUPERVISORY RESPONSIBILITIES

1. HOW DO I SCREEN POTENTIAL EMPLOYEES FOR CONSIDERATION FOR THE PILOT PROGRAM?

Employees who would be considered successful candidates for flexiplace generally have a number of work-related characteristics in common, including such qualities as:

- *A history of reliable and responsible discharge of work duties*
- *A full understanding of the operations of the organization*
- *Trust of his/her supervisor*
- *Ability to establish priorities and manage his/her own time*
- *A proven track record of personal motivation which is reflected in past performance ratings*

2. AS A MANAGER, WHAT DO I NEED TO CONSIDER BEFORE AGREEING TO A WORK AT HOME ARRANGEMENT?

Before a manager can consider a flexiplace request seriously, the manager and worker must examine the job requirements. While some jobs can be performed almost 100% off-site, most jobs require a certain amount of time at the main office. For example, one component of a "flexiplace" job may be processing of information. Does a worker's job require the researching, processing, and dispensing of information? If a job has a large information component to it, chances are that a certain percentage of the job can be done off-site.

Obviously, jobs that require the worker to perform a hands-on service for others, such as supervision, mail room service, supplies delivery, reproduction/printing, etc., are not adaptable to flexiplace.

After deciding that a certain job has flexiplace possibilities, other criteria must be explored.

- **Knowledge Requirements:** *Does the employee have all the knowledge needed to work at home? Does the employee need close supervision or input from others that is only available at the office?*

- **Contact Requirements:** *What percentage of the job is devoted to "face-to-face" contact with other employees or agencies, the public or internal agency staff? Can contact be readjusted to allow for telephone communications or can such contact be conducted when the employee is at the conventional office?*
- **Reference Materials Requirements:** *What percentage of the job requires resources located in the main office? Can these resources be easily removed and taken home for a day or two? Are these resources available through other - means such as a computer-accessible library service?*
- **Special Equipment Requirements:** *What percentage of the job relies upon access to photocopiers, telefax machines, or other specialized equipment? Can access needs be grouped and scheduled for days when the employee is in the conventional office?*
- **Travel Requirements:** *Does the job involve field work? Can trips begin or end at the home office rather than the main office? Can paperwork be done at home?*
- **Information Security Requirements:** *Can tasks which are completed at home (i.e., which don't violate security procedures) be grouped and scheduled for flexiplace days?*

3. *HOW CAN I MONITOR WORK WHEN THE INDIVIDUAL IS NOT PHYSICALLY PRESENT AT EPA-HEADQUARTERS?*

With quantifiable tasks, it is a fairly simple matter to measure output, and this should be done, both as to quantity and quality, as it is now being done in the office. For non-quantifiable or project-oriented tasks, measurement is less direct, but no different from their measurement now. Normally, this would involve:

- *Establishing the nature and objective of the task.*
- *Setting a deadline or due date.*
- *Setting status report/meeting periods (e.g., weekly).*

Measuring the employee's output with his/her prior on-site work history and/or similar tasks that are being done by on-site workers should enable the supervisor to judge the productivity of a participant in the flexible workplace program. A flexible workplace program needs both good planning and good management to be effective.

4. WHAT ABOUT THE IMPACT ON THE OFFICE WHEN SOME EMPLOYEES ARE WORKING OFF SITE?

Before an employee begins to work off-site, certain guidelines must be established to minimize adverse impact on other staff members. The overall interests of the office must take precedence over working off-site. A supervisor may require an employee to be on-site on a regular off-site day if the needs of the office require this. In addition, one person's off-site work should not adversely affect the performance of other employees. Flexiplace should not put a burden on staff remaining in the office. Not only should an equitable distribution of workload be maintained, but methods should be instituted to ensure that office employees do not have to handle the employee's work.

5. WHAT IS THE EMPLOYEE'S OFFICIAL DUTY STATION, SINCE PART OF THEIR WORK WEEK WILL BE IN ANOTHER LOCATION?

The official duty station for purposes of the flexiplace pilot program is the traditional office. All pay, special salary rates, leave, travel entitlements are based on the official duty station.

6. WHAT IF A MANAGER BELIEVES THE ARRANGEMENT WITH AN EMPLOYEE IS NOT WORKING OUT?

Management has the right to end participation of an employee in the program. Flexible workplace arrangements are not a right or condition of employment. Because this is a management work option, there is no automatic right of the employee to continue participation. Management may end an employee's participation in the program when the employee's performance declines or if the project fails to benefit organizational needs. Whenever feasible, the agency should provide sufficient notice prior to the cancellation of the program.

Cancellation of an employee's participation for cause may be immediate and does not require any advance written notice. The employee may also request to end participation, without cause, at anytime. In this situation, management will make arrangements for the employee to begin working at the main office as quickly as possible.

7. DOES AN EMPLOYEE HAVE A RIGHT TO WORK AT HOME?

No. Participation in the flexible workplace program is not a right. The manager is responsible for deciding if the position is one that is appropriate for off-site work, examining both the content of the work and the performance of the employee. Participation in the program is not expected to be routine.

8. CAN A SUPERVISOR REQUIRE AN EMPLOYEE TO WORK AT HOME?

No. Participation in the flexible workplace program is entirely voluntary on the part of the employee.

9. WHAT ABOUT THE FLEXIBLE WORKPLACE PROGRAM AS A MEANS TO ATTRACT DISABLED PERSONS TO EPA?

The flexible workplace program is an excellent avenue for attracting individuals who are mobility limited. Technological advances enable us to support the disabled person with equipment that accommodates the individual's impairment. FIRM Bulletin 56 establishes guidelines for the acquisition of automatic data processing equipment that provides electronic equipment accessibility for disabled Federal employees and access to public information resources. OHRM will be happy to assist managers who may want to examine prospects for employing disabled individuals to work at home.

10. WON'T PRODUCTIVITY DECLINE IF AN INDIVIDUAL IS NOT BEING SUPERVISED ON-SITE?

Private industry has found that productivity is often increased when an individual works off-site, partly because of fewer interruptions, distractions, and partly because the individual typically has a strong incentive to prove the benefits to the employer of off-site work.

11. SHOULD A SPECIFIC SCHEDULE BE SET FOR THE OFF-SITE WORK?

Yes. All work schedules are discretionary and require management approval. Any work schedule (e.g., flextime, 5-4-9, etc.) may be approved for a flexiplace employee. The work schedule must be consistent with requirements of the employee's work group and provisions of the employee's collective bargaining agreement. A fixed and pre-set schedule of off-site work hours must be established by the supervisor prior to the employee working off-site. During off-site hours, the employee must perform work at a pre-determined and agency-approved site (e.g., home, satellite facility). Absences from the off-site work site (e.g., visits on official business to attend meetings) must be coordinated with the supervisor at the earliest time practicable.

Temporary flexiplace assignments or changes in work schedules may be made at management's discretion to meet management needs or to accommodate an employee's request.

INFORMATION SECURITY AND PRIVACY ACT REQUIREMENTS

1. ARE THERE SOME RECORDS THAT CANT BE TAKEN HOME?

Yes. Official, unreplaceable documents and permanent records will not be taken home. Since these records exist mainly in hard copy, they are typically inaccessible through electronic means, and should be xeroxed if appropriate for work at home. No classified records may be removed from the official worksite and maintained at the Flexiplace work station.

2. WHAT ARE THE PRIVACY ACT CONSIDERATIONS?

Care must be taken to ensure that records subject to the Privacy Act and sensitive non-classified data are not disclosed to anyone except to those who are authorized access to such information in order to perform their duties. Organizations allowing employees to access records subject to the Privacy Act from a remote work site must maintain appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of the records. When records subject to the Privacy Act are maintained or used by employees working at home or at other remote locations, installations should revise the appropriate record system notices to indicate that the off-site system location is authorized.

PERFORMANCE MANAGEMENT AND POSITION DESCRIPTIONS

1. IS MANAGING A TELECOMMUTER DIFFERENT THAN AN OFFICE-BOUND WORKER?

Yes, in some ways. The performance plan should be similar to the current one. Managers of telecommuters must be able to communicate well with their employees and measure performance by results (not just observation). Managers must compensate for the lack of daily face-to-face assessment and feedback by clearly defining tasks and expectations. Actual work performance should be measurable against quantity or quality norms in order that managers may certify time and attendance records.

Managers who are not comfortable managing by results, and who need to observe actual employee performance, should not participate.

Management has the right to remove individual employees from the program when performance declines or the program no longer benefits organizational needs.

2. DO PERFORMANCE ELEMENTS AND STANDARDS NEED TO BE REWRITTEN?

Normally not. Critical elements and performance standards should generally mirror those already in place, with adjustments for unique circumstances. Generally, measures of work output for Flexiplace employees should be based on experience in the traditional office. If this is not possible, establish measures in terms of quantity and quality norms developed jointly by the supervisor and the employee and monitored through scheduled and required progress reporting.

3. DO POSITION DESCRIPTIONS NEED TO BE REWRITTEN?

Probably not. Basic duties should not change, however the factors of supervisory controls or work environment may change.

TIME AND ATTENDANCE

1. ARE FLEXTIME SCHEDULES PERMISSABLE UNDER FLEXIPLACE?

Yes. A regular schedules makes it easier to stay in touch with colleagues and to be available to clients. Care must be taken not to approve any schedule that is inconsistent with currently available work schedules. Employees working under such schedules can, depending on the degree of flexibility permitted by their supervisors, tailor their work hours within the parameters permitted by the organization. However, completely unstructured arrangements are unacceptable. Supervisors must approve flexitime schedules in advance to ensure that employees' time and attendance can be properly certified and to preclude any liability for premium or overtime pay.

2. SHOULD A SPECIFIC SCHEDULE BE SET FOR THE OFF-SITE WORK?

Yes. All work schedules are discretionary and require management approval. Any work schedule (e.g., flexitime, 5-4-9, etc.) may be approved for a flexiplace employee. The work schedule must be consistent with requirements of the employee's work group and provisions of the employee's collective bargaining agreement. A fixed and pre-set schedule of off-site work hours must be established by the supervisor prior to the employee working off-site. During off-site hours, the employee must perform work at a pre-determined and agency-approved site (e.g., home, satellite facility). Absences from the alternative work site (e.g., visits on official business to attend meetings) must be coordinated with the supervisor at the earliest time practicable.

3. ARE THERE ANY FAIR LABOR STANDARDS ACT (FLSA) CONSIDERATIONS UNIQUE TO TELECOMMUTERS?

No. FLSA entitlements are the same whether at home or at work. Managers should avoid the potential liability for "suffered or permitted" overtime under FLSA. Scheduling work to avoid unnecessary overtime is a long standing public policy.

4. WHAT IS MANAGEMENT'S RESPONSIBILITY IN FLSA ADMINISTRATION?

Management must ensure that only the work for which it intends to make payment is performed. Since the supervisor is not on the scene, FLSA overtime (or potential liability for FLSA overtime) could be hard to control if clear directions are not provided to participating employees. Supervisors must communicate work rules and monitor work activity. Non-exempt Flexiplace employees who work in excess of the hours approved by management to receive compensation should be removed from the program.

5. CAN AN EMPLOYEE EXTEND WORK HOURS TO ACCRUE RELIGIOUS COMPENSATORY TIME?

Yes, if the employee requests supervisory approval first and the work schedule is appropriate given the nature of the work being performed and the level of interaction with the office that is required. Employees must also fulfill all of the requirements for eligibility for religious compensatory time identified in FPM Chapter 550.

6. WHAT IS THE EMPLOYEE'S OFFICIAL DUTY STATION, SINCE PART OF THE WORK WEEK WILL BE IN ANOTHER LOCATION?

The official duty station for purposes of the flexiplace pilot program is the traditional office. All pay, special salary rates, leave, travel entitlements are based on the official duty station.

7. WHAT HAPPENS TO THE TELECOMMUTER IN AN EMERGENCY SITUATION THAT NORMALLY WOULD RESULT IN THE AGENCY CLOSING?

If the employee is working at home, and the main office closes, normally the Flexiplace employee will continue working at home. However, if for example, the employee's electricity fails while working at home, the supervisor may grant administrative leave. When an employee knows in advance of a situation that would preclude working at home, either time in the office or leave should be scheduled.

8. SINCE AN EMPLOYEE IS ALREADY AT HOME, DO THEY STILL NEED TO APPLY FOR LEAVE IN THE SAME MANNER?

Yes. The rules and procedures for leave administration apply the same regardless of the work site.

9. IS REPORTING TIME AND ATTENDANCE HANDLED ANY DIFFERENTLY?

No. The only requirement is that employees complete the "Self-Certification of Time and Attendance" form on a bi-weekly basis and turn it into their supervisor.

10. WHAT HAPPENS IF THE EMPLOYEE IS UNABLE TO PERFORM IN THE OFF-SITE LOCATION?

The Flexiplace arrangement should be terminated.

11. HOW CAN SUPERVISORS BE ASSURED THAT THE EMPLOYEE IS WORKING AT HOME?

(How do supervisors know the employee is working in the office?) The employee's completed work product is the indicator that he/she is working. All supervisors evaluate work based on results. This judgement won't change with Flexiplace. Flexiplace employees are dependable, self-motivated, and highly productive. Those considerations are the basis for employee participation in the pilot. Phone calls can ensure that employees are actually on duty when scheduled to work. Written agreements should specify times employees must be available. If home visits are called for, they should be done in accordance with the written agreement and in a manner that preserves trust and respect.

LIABILITY AND WORKERS' COMPENSATION

1. WHAT ABOUT LIABILITY FOR INJURIES AT HOME? HOW CAN A SUPERVISOR CERTIFY AN EMPLOYEE'S CLAIM FOR INJURY?

The Government is self-insured. Any Government exposure to liability would be covered under the Federal Tort Claims Act or the Federal Employees Compensation Act (workers' compensation). The Supervisor's signature on the request for compensation attests only to what the supervisor can reasonably know, whether the event occurred at a conventional work site or at an alternative work site (e.g., home) during official duty. Under normal circumstances, supervisors are often not present when an employee sustains an injury. Employees, in all situations, bear responsibility for informing their immediate supervisor of an injury at the earliest time possible. They must also provide details to the Department of Labor when filing a claim. The Federal equivalent of workers' compensation limits recovery by an employee injured while on duty to reasonable amounts.

It is also essential for a supervisor to require the employee to designate one area in the home as the official work station. The government's potential exposure to liability would then be restricted to that one area.

2. CAN FLEXIPLACE BE USED TO HELP PUT INJURED EMPLOYEES BACK TO WORK?

Yes. Flexible workplace arrangements can help to put injured employees back to work and off the compensation rolls. Organizations may wish to determine which employees currently on the compensation rolls might be able to perform some portion of their work at home. Accommodations of special equipment or restructuring assignments may enable an employee to resume work and terminate workers' compensation.

FACILITIES

1. HOW DO SUPERVISORS ENSURE THAT THE ALTERNATE WORK AT HOME ARRANGEMENT IS SAFE?

Each participating employee should sign a "Self-Certification Safety Checklist" that proclaims the home safe. Employees are responsible for ensure that their homes comply with these health and safety requirements. Home offices must be clean and free of obstructions. The home must be in compliance with all building codes and free of hazardous materials. A supervisor may deny an employee the opportunity to participate or may rescind a flexiplace agreement based on safety problems in the home or suspected hazardous materials in the home. The supervisor may also have the home office inspected for compliance with safety requirements when deemed appropriate. Inspections will be by appointment only.

If an employee is injured while working at home, workers' compensation law and rules apply. Employees must notify their supervisors immediately and complete all necessary documents regarding the injury. Because an injury or illness sustained by a flexiplace employee will be outside the conventional work site, the supervisor must investigate, to the extent consistent with current practice, all reports immediately following notification.

2. WILL PROGRAM OFFICE RESOURCES BE MADE AVAILABLE FOR THE PROGRAM?

Decisions on this issue must be made by each participating organization depending on budget constraints. Components must identify tools the employee will need while working at the alternative workplace and ensure that the participating employee has access to the necessary reference sources and other materials.

3. WILL THE EMPLOYEE BE REIMBURSED FOR UTILITY AND OTHER EXPENSES ASSOCIATED WITH OFF-SITE WORK?

Generally no. The government assumes no responsibility for participating employees' expenses related to heating, electricity, water, and space usage. The rationale is that the benefits of working at home offset incidental increases in utility expenses. The agency can pay for long distance telephone calls made in the course of official business and approved by an appropriate agency official.

4. DOES THE HOME WORK STATION NEED TO BE INSPECTED?

Not necessarily. Offices in the home require adequate work space, light, telephone service, power, and climate. Requirements vary depending on the nature of the work and equipment needed to perform that work. All flexiplace arrangements should require employees

to have a specific room or area which is adequate for the performance of official duties. In addition, telecommuters must have a telephone to facilitate communication with their supervisor and organizations.

5. DO EMPLOYEES NEED TO NOTIFY THEIR LANDLORDS THAT THEY WILL BE WORKING AT HOME?

Yes. Landlords may have legitimate concerns such as cost factors associated with the use of utilities.

6. SHOULD MANAGEMENT'S RIGHT TO PERFORM A HOME OFFICE INSPECTION BE INCLUDED IN THE WORK AGREEMENT?

Yes. The work agreement, signed by the employee and his/her supervisor should allow the Agency to inspect the in-home work space, both at the time of installation of any EPA-owned equipment and at periodic intervals. Such inspections should be conducted at reasonable times and only as needed to protect EPA interests. Flexiplace requires that employees work only in their approved alternative workplace (whether home, satellite office or elsewhere).

7. ARE THERE FINANCIAL BENEFITS TO THE TELECOMMUTER?

Yes. There are potential savings to the employee resulting from reduced commuting costs (insurance, repairs, gas, etc.), older child or elder care savings, meals and clothing expenses.

8. WHAT EMPLOYEE COSTS ARE REIMBURSABLE?

Very few. EPA may not use appropriated funds to pay for items of personal expenses unless there is specific statutory authority. Most private sector Flexiplace programs do not pay any portion of employee utility expenses. EPA will not pay for utility expenses.

9. CAN EMPLOYEES BE REIMBURSED FOR OFFICIAL LONG-DISTANCE PHONE CALLS?

Yes. Consideration should be given to placing calls through the installation telephone operator, however, reimbursement may be made by using a local travel claim form and providing a copy of the employee's monthly telephone bill with official calls highlighted.

TELECOMMUNICATIONS AND EQUIPMENT

1. WHAT ARE THE COST FACTORS FOR SETTING UP A FLEXIPLACE ARRANGEMENT?

For some employees the up-front costs will be minimal or non-existent. More commonly, the employee will need access to a variety of equipment and/or will use the telephone extensively on flexiplace days. The following types of up-front and ongoing expenses may be incurred by the agency.:

- *Long distance charges*
- *Telephone usage charges (other than long distance)*
- *Computer or typewriter assigned to the employee's home*
- *Computer software*
- *Modem and possible additional computer usage charges*
- *Modifications to the central computer to allow employees to dial in*
- *Equipment maintenance and repair charges*
- *Remote technical assistance*
- *Replacement of damaged or lost equipment*
- *Fax machine*

2. WHAT EQUIPMENT WILL THE EMPLOYEE NEED?

Some employees may do their work at home or in the office with pen and paper. Other employees may require computers, modems, or dedicated terminals to communicate with people and access the information needed to do their jobs. An important consideration is compatibility of equipment used at home with that of central office equipment. Compatible equipment facilitates a more efficient work at home arrangement. Typewriters, modems, telephones, or specialized office equipment may also be necessary.

3. CAN ORGANIZATIONS PROVIDE COMPUTERS FOR EMPLOYEES' USE OFF-SITE?

Each program office must establish its own policy on purchase and/or installation of equipment. Some program offices may agree to purchase or install equipment, while others, due to budget constraints or other management reasons, may choose not to. Program offices may choose to make this decision on a case-by-case basis considering such factors as the nature of the work, availability of existing equipment, etc. In some instances, participation in the program may be contingent on equipment costs.

The Government may place computers and other ADP and telecommunications equipment in the homes of employees while retaining ownership and control of hardware, software and data. In these situations, the Government is responsible for maintenance, repair and replacement of such equipment. It is important that employees understand that any Government-owned equipment used at home only be used for official purposes. Employees on flexiplace must adhere to all rules, regulations, and procedures relating to security and confidentiality for work that is sensitive or covered by the Privacy Act, and any other information handled in the course of work.

4. WHO IS RESPONSIBLE FOR TRANSPORTING EQUIPMENT (E.G., COMPUTER, MODEMS, PRINTERS, ETC.) TO AND FROM OFF-SITE LOCATIONS?

Transfer of computers, printers, modems and other data processing equipment to and from the office to the home residence is determined by the program office. Normally, organizations will make it the responsibility of the individual.

5. HOW DO I ARRANGE FOR EQUIPMENT REPAIR?

Maintenance, repair, and replacement of Government-owned equipment issued to the employees is the responsibility of the agency. The employee must notify his/her supervisor immediately, following a malfunction to EPA-owned equipment. If repairs are extensive, the employee may be asked to report to the main office until equipment is usable.

Employees are responsible for repair and maintenance of personally-owned equipment.

6. ARE THERE ANY OTHER COMPUTER-RELATED CONCERNS?

EPA may place computers and telecommunications equipment in employees' homes while retaining ownership and control of hardware, software, and data. All EPA-provided equipment is for official business; employees are prohibited from using such equipment for private purposes. EPA is responsible for maintaining and repairing such equipment.

7. IS REMOTE ELECTRONIC ACCESSIBILITY ACCEPTABLE?

Flexiplace employees may need frequent access to records, regulations, handbooks, manuals, and files normally maintained at the office site. While it may not always be possible to duplicate paper records or maintain a library in the home or satellite office, personal computers with modems will allow employees to communicate with the office from any location and access records stored electronically.

Electronic records are in many forms: operating data bases, on-line research data bases, files on personal computers, etc. Some examples are payroll and personnel data bases. For

Privacy Act and security reasons, such data bases are not accessible through dial (off-site) lines. It may be possible, however, to transfer some data to disc and subsequently use the data off-site.

8. ARE THERE SOME RECORDS THAT CAN NOT BE TAKEN HOME?

Yes. Official, unreplaceable documents and permanent records will not be taken home. Correspondence files and historical records are likely to be one-of-a-kind and may not be taken home. Since these records exist mainly in hard copy, they are typically inaccessible through electronic means. Only unclassified records will be maintained at the Flexiplace work station.

9. WHAT ARE THE PRIVACY ACT CONSIDERATIONS?

Care must be taken to ensure that records subject to the Privacy Act and sensitive unclassified data are not disclosed to anyone except to those who are authorized access to information in order to perform their duties. Organizations allowing employees to access records subject to the Privacy Act from a remote work site must maintain appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of the records. When records subject to the Privacy Act are maintained or used by employees working at home or other remote locations, organizations should revise the appropriate record system notices to indicate that the off-site system location is authorized.

10. CAN FLEXIPLACE ACCOMMODATE HANDICAPPED EMPLOYEES?

Yes. Current employment efforts which focus on accommodating handicapped employees in the regular office environment will continue, but such efforts can be supplemented by Flexiplace. Some severely disabled individuals can not commute to work or work for long periods without rest. Special computer technology and telecommunications can enable them to be valuable home workers.

CHILDCARE AND TAXES

1. WILL THE FLEXIBLE WORKPLACE PROGRAM REDUCE CHILDCARE COSTS?

Generally, no. Studies show that work at home and childcare are generally not compatible. Young children create too many distractions for the parents working at home. Flexiplace is not intended to serve as a substitute for child care. However, flexiplace may reduce child care costs by reducing the number of hours of care necessary due to time saved commuting. In some cases, it could eliminate the need for before and after school daycare.

The opportunity to participate in the program is offered only with the understanding that it is the responsibility of the employee to ensure that a proper work environment is maintained (e.g., dependent care arrangements are made so as to not interfere with the work, personal disruptions such as non-business telephone calls and visitors are kept to a minimum, etc.). The employee and his/her family should understand that the home office is just that, a space set aside for the employee to work. Family responsibilities must not interfere with work time at home.

2. DOES AN EMPLOYEE WHO USES A PORTION OF HIS OR HER HOME QUALIFY FOR ANY FEDERAL TAX DEDUCTIONS?

Generally, no. However, employees should consult their tax advisors or the Internal Revenue Service for information on tax laws and interpretations that address their specific circumstances.

FOCUS GROUPS

1. WHAT ARE FOCUS GROUPS AND WHAT BENEFIT DO THEY SERVE?

Flexiplace focus groups consist of 5 to 15 participants (employees and supervisors may wish to meet in separate groups) to discuss and share their experience with Flexiplace. Experience has shown that these meetings will help ease participants through adjustment difficulties; provide information, ideas, and techniques for future Flexiplace program planning; and enhance work-related personal contacts. They also provide a source of spontaneous evaluation information on the Flexiplace program.

2 WHAT IS THE ROLE OF A FACILITATOR?

The Flexiplace Coordinator should arrange for facilitators and facilities for focus groups. A facilitator should give participants time to describe experiences and problems. The facilitator should encourage constructive solutions. The facilitators should be individuals with training, teaching, discussion-leader, or related experience, who are leading group discussions, are interested in facilitating these groups, and have no other commitments. It is recommended that participating employees or supervisors not be present. Immediately upon completion of each focus group meeting, the facilitator should take their notes and prepare a brief summary which should be forwarded to the Flexiplace Coordinator.

3. WHAT TOPICS SHOULD BE ADDRESSED AT FOCUS GROUP MEETINGS?

The following topics should be included:

- notable incidents/experiences*
- successes, positive aspects encountered*
- surprises/problems encountered*
- solutions tried/results*
- group's recommendations*
- actions planned/taken*
- ways to improve the usefulness of focus groups*

4. WHAT IS REQUIRED IN THE MEETING REPORT?

The report format should be as follows:

- facilitator name, organization name*
- meeting date and length*
- attendance*
- summary/overview of any highlights*
- specific discussion points as related to topic outline*
- other points/facilitator comments*

PITFALLS TO AVOID

Many of the common pitfalls and traps that new flexiplace employees and their supervisors may encounter have already been identified. Fortunately, ways to avoid these situations have also been developed. Much of the training for employees and their supervisors addresses how to get started correctly and how to deal with problem situations as they arise. The following are examples of some of the common pitfalls and traps to avoid:

- *Managers plan important meetings during scheduled work at home days.*

Alternative: Set up a conference call.

- *Co-workers don't know when the employee will be in the office. There is a general sense that the employee is "never around."*

Alternative: Post a schedule when each employee is in the office and when they are out (either at home or on approved leave).

- *Managers and employees do not have a clear understanding of work expectations.*

Alternative: Define work expectations in advance to avoid misunderstanding.

- *Co-workers are not able to contact the employee (and are sometimes actively discouraged). Clerical staff are unclear on how or when to contact the employee. There is a reluctance to call employees at home on their flexiplace days.*

Alternative: Provide staff with flexiplace phone number. Encourage staff to call employees on flexiplace days. Supervisors should set an example by calling employees on their home work days and insisting that others continue to transact business with employees working at home.

- *Employees are reluctant to leave the phone on their flexiplace days, even to use the restroom or take a break, because someone who called might think they are not working.*

Alternative: Use an answering machine to take messages during your absences. Follow up with people immediately upon your return.

- *Employees run into technical problems with their computers and no one is available to assist them.*

Alternative: Establish procedures for call-in trouble shooting.

- *Flexiplace is joked about as "goofing off." Flexiplace days are referred to by co-workers as days off.*

Alternative: Explain or distribute benefits of flexiplace to other staff members. Make visible the work products that the flexiplace employee produces while working at home.

- *Employee feels a sense of isolation and loss of interaction with co-workers.*

Alternative: Establish arrangements where the employee reports to the office a minimum of two days a week.

Encourage active communication via e-mail, voice mail, and telephone between telecommuters and the office staff.

- *Home/work boundaries are blurred.*

Alternative: Keep your office separate from your living area by placing it in a separate room as far removed from the living area as possible. Keep a definite schedule of work time and personal time and stick to it.

- *The organization incurs additional expenses associated with the provision of equipment and services such as telephone charges for computer connections and long-distance calls.*

Alternative: Weigh additional costs against current and projected organizational needs. Factor in office space savings, potential recruitment savings, savings in training funds, and other "bottom line" savings to the organization.

APPENDIX C

FLEXTIME

**ENVIRONMENTAL
PROTECTION
AGENCY**

NOTICE

No. H 78-5

August 17, 1978

PERSONNEL

HEADQUARTERS FLEXTIME PROGRAM

On July 19, 1978, Agency management concurred in the recommendation of the Headquarters Flexitime Committee to adopt Flexitime on a permanent basis for all of Headquarters. This adoption comes after a successful experiment in the alternative work pattern. We implemented the Headquarters Flexitime Program in November 1976 with a pledge of periodic program evaluation, and the Program has met with favorable managerial and employee reception. Many EPA field facilities and other Federal agencies experimenting with work hours have used our program as a role model. Prior to this permanent adoption, the Headquarters Flexitime Committee, composed of representatives of the various administrative functions and a representative of the local union, conducted two evaluations—one in June of 1977 and one in late March of 1978. Your responses to both of these inquiries were overwhelmingly positive. On the basis of these evaluations and the subsequent recommendations of the headquarters Flexitime Committee, the Agency has made its decision to adopt Flexitime permanently in Headquarters.

To summarize the results of the latest survey, to which almost half of Headquarters employees responded, 91.3 percent of the employees favored continuation of the program; 4.6 percent opposed it; and 4.1 percent were undecided. Of the supervisors responding, over four-fifths felt Flexitime has had a positive effect on the overall operation of the headquarters facility, with 44.9 percent indicating a decrease in overtime expenses and over half indicating an increase in productivity. Employees also cited significant reductions in annual and sick leave usage as well as commuting time, along with increases in job satisfaction, individual productivity, and additional time for recreational, educational, family, and other activities.

To reiterate the basics of the Flexitime Program, all full-time employees must work or otherwise account for eight hours per day plus the lunch time. Our core period, which is the period of time during which all full-time employees must be on the job, consists of the hours 9:30 a.m. - 3:30 p.m. Our flexible bands, which are those periods of time during which employees may request their times of arrival and departure, are 7:00 - 9:30 a.m. and 3:30 - 6:00 p.m. Our

Dist: All Headquarters Employees

Initiated by
PM-212

customer band, which is the portion of the day during which we guarantee a full range of services, is 8:00 a.m. - 4:30 p.m. Employees desiring new Flexitime schedules must complete EPA Form 3160-3, Request for Flexible Hours, and submit it to their supervisor for approval. Schedules are to be compatible with the employing organization's needs and must not interfere with the efficiency or effectiveness of job performance.

For additional Program details, see "Flexitime in EPA: A Handbook for Supervisors and Employees," issued at the Program's inception in October 1976. This Handbook remains as the basis for the Headquarters Flexitime Program, with the exception of the provisions for time accounting, detailed on pages four and five. As revised in 1977, the Headquarters Flexitime Program no longer imposes such extra reporting requirements. Managers electing to impose the extra requirement must impose the time accounting requirement on a uniform basis, with all employees in their organizations subject to it. This authority—to require additional reporting or not—lies with individual staff office heads and division directors and may not be reassigned.

Additional copies of the Headquarters Flexitime Handbook are available in Room 3910, Waterside Mall. Address questions on the program to Agency Flexitime Coordinator (Ms. Laurie May) on 755-2620.



William J. Benoit
Acting Deputy Assistant
Administrator for Administration

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

SUBJECT: Flexitime in EPA Headquarters

DATE OCT 22 1976

FROM: Alvin L. Alm
Assistant Administrator
for Planning and Management

AA

TO: All Headquarters Employees

I am pleased to announce that Flexitime will be adopted in EPA Headquarters for a one year test period beginning November 15, 1976. The program will begin upon your office's implementation of the Flexitime procedures. If you are not ready to implement the program by November 15, it will then commence at a subsequent pay period.

To provide Headquarters personnel with a reference on the Flexitime program, we have developed the attached "Flexitime in EPA: A Handbook for Supervisors and Employees." Employees meetings will be held on Flexitime in late October and early November. Also, Personnel Management Division staff can be reached on 755-2630 to answer any questions on Flexitime. Your supervisor should also serve as a source of Flexitime guidance to you as you plan a schedule compatible with your organization's needs.

We want to emphasize the importance of your full cooperation in making Flexitime work in EPA. You should have a thorough understanding of how the program operates and realize that the use of Flexitime cannot in any way interfere with the efficiency and effectiveness of your job performance.

Attachment

FLEXITIME IN EPA

A HANDBOOK FOR
SUPERVISORS AND EMPLOYEES



PURPOSE

This handbook has three major objectives:

1. To acquaint all EPA-Headquarters employees with the concept of flexible work hours (Flexitime) and its benefits.
2. To describe the EPA-HQ model - the degree of flexibility possible and the limitations.
3. To provide supervisors and employees with a quick and authoritative reference, which will provide information and answer questions on all major aspects of the work environment which might be affected by the introduction of Flexitime.

THE CONCEPT

What is Flexitime? The concept is simple. Fixed times of arrival and departure are replaced by a working day composed of two different types of times: core time and flexible time.

Core time is the period of hours designated during which all employees must be on the job. Flexible time is all the time designated as part of the schedule of work hours within which employees may choose times of arrival and departure from the office. The two requirements of Flexitime in EPA-HQ are, therefore: (1) that each full-time employee must be on the job during core time and (2) each full-time employee must work or otherwise account for 8 hours plus lunch each day of the five-day work week.

Because of specific job requirements in some offices the same degree of personal choice may not be possible for all employees. As a result, there will be variations in the degree of flexibility possible from office-to-office.

Why implement Flexitime? It is hoped that the introduction of Flexitime will have benefits for EPA-HQ as a whole as well as for individual employees. Flexitime is being implemented with three major objectives in mind:

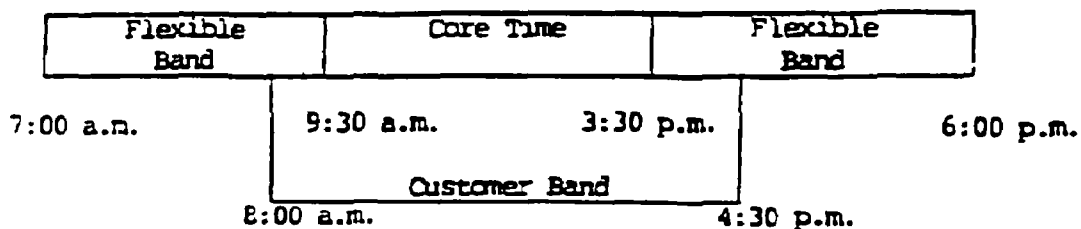
1. To improve the quality of life for employees. Flexible work hours will give an employee a new measure of freedom and control over his or her personal and working life. The opportunity to select and to vary starting and departure time, within limits, should improve the lives of employees in many ways. Personal pace setting will allow an employee to choose the hours which best suit his/her particular situation. Flexitime will allow some employees to travel to and from work at other than peak rush periods. For others, it may mean the opportunity to enroll in courses which could not be accommodated under our fixed work schedule. Finally, employees should enjoy a greater opportunity to participate in community, family, and leisure activities.
2. To improve productivity. Factors which may contribute to increases in work quality and/or quantity in EPA-HQ include: the elimination of

tardiness by providing most employees with the flexibility to select a personal starting time; quieter hours which may be possible at either the beginning or the end of the day; and an increase in job rather than time-orientation as time becomes an element which each individual can control.

3. To increase service. The working hours of other Federal agencies in the Washington area are already staggered and therefore certain agencies are operating at times when EPA-HQ is not. Headquarters, located in the Eastern time zone, has previously been closed for business (4:30 p.m.) when the time on the West Coast is only 1:30 p.m. Therefore, across the country, as well as in our own Washington area, service may be increased. Likewise, Flexitime should result in increased service to the public.

THE EPA PROGRAM

The EPA-HQ Flexitime experiment will run for one year, with periodic evaluations scheduled to assure that the program is supportive of the Agency mission, and will be continued if deemed successful. The EPA-Headquarters Flexitime program will consist of 11 operation hours with a six hour core time. All full-time employees must work or otherwise account for 8 hours each day plus the lunch period. The following diagram illustrates the flexible and customer bands and the core times established for EPA-HQ.



Our core period — that period of time during which all employees must be on the job — will consist of the hours 9:30 a.m. - 3:30 p.m.

Our flexible bands — those periods during which employees may select times of arrival and departure — are 7:00 - 9:30 a.m. and 3:30 - 6:00 p.m.

Our customer band — that portion of the day during which we guarantee a full range of services to the public — will remain 8:00 - 4:30.

Employees will, via written application, request of their supervisors approval of their preferred work schedule. The approved schedule must be firm and uniform, i.e. the same starting and departure time daily, with the following exceptions:

- Individuals whose supervisors agree may wish to schedule their arrivals for different times on the various days of the week, e.g. regular Monday arrival at 9:00 a.m. and regular Tuesday through Friday arrival at 7:00 a.m.
- Single incidents of pre-approved change will be allowed, e.g. for an early morning doctors's appointment or household errand requiring an extra hour's free time.

- Employees will be allowed to deviate on either side of their approved schedules by up to 15 minutes as long as they work their full eight hours.

Each employee must take the normally scheduled half-hour lunch period during core time. Full-time employees working an eight-hour day will end their workday 8½ hours after arrival at the office. A supervisor may not schedule an employee's lunch period during the first hour (9:30 a.m. - 10:30 a.m.) or the last hour (2:30 p.m. - 3:30 p.m.) of the core period.

With office hours beginning at 7:00 a.m. and ending at 6:00 p.m., the earliest possible departure will occur at 3:30 p.m. for those employees arriving at 7:00 a.m. For those selecting the latest possible arrival at 9:30 a.m., completion of the 8-hour work day will be at 6:00 p.m. (Night shift differential pay would be required for GS employees on duty after 6:00 p.m.)

PARTICIPATION

Although it is the intent of this plan to allow flexible hours to the extent consistent with effective completion of the Agency mission, it is important that all employees understand that there are a number of unique situations where use of flexible hours may not be practical or where they may not be able to obtain the precise arrival and departure times of their choice. For example:

- Flexible hours may not be usable in offices where there are rotating shifts or for certain "production line" or "team" positions where the total work of a group depends on the presence of all members of the group.
- Flextime may not be appropriate during a period of adjustment for new employees, or for employees participating in particular training programs.
- Because of the need to coordinate hours to assure office coverage, supervisors may not always be able to allow individual employees the flexible schedules of their choice.

All EPA-HQ employees will be allowed to flex except those recommended by Division Directors and equivalents and designated by AA's, DAA's and Staff Office Heads as key designees. Key designees are those employees whose duties require responsiveness at particular hours of the day to other EPA employees, to other Federal officials, or to the public. Employees so designated will have individually determined schedules allowing the maximum practical amount of flexibility consistent with the duties of their positions. Key designations, to be made in writing by an authorized official, will be kept to an absolute minimum.

It is important that all participants understand that the flexible hours plan is not a right given to employees; rather, it is a privilege granted to employees which may be withdrawn if abuses or negative impact upon the Agency mission develop.

PROCEDURES

General

Procedures for implementing Flexitime in EPA-HQ will include:

- o Written request by the employee to the supervisor for approval of Flexitime, via EPA Form 3160-3 (Attachment No. 1).
- o Supervisory review and determination of specific schedules, with Division Director or equivalent determination of overall organizational Flexitime plan.
- o Should a negative determination be made either at the initial supervisory level or at the Division Director or equivalent level, the official responsible for the decision must provide through channels a written statement describing the reason to the review level.
- o This review level is defined as DAA or Staff Office Head for determinations made at the division or equivalent level. Reviews of decisions made at higher organizational levels should be made by officials at the next echelon of management. When an authorized review authority concurs in the determination that use of flexible hours would impair the ability of a unit to function properly, the use of flexible hours may be denied to appropriate individuals or groups. Any significant reduction in the ability of a group or an individual to perform required duties, resulting from the use of flexible hours, will be sufficient reason for the suspension or termination of flexible hours. However, full understanding of the reasons for not using flexible hours is desirable, and except in emergency situations, the reasons should be made known in writing to the affected individuals or groups.

Changes

Employees may change their schedule by following the initial procedure outlined above. The procedure for requesting a change is thus to submit a new EPA Form 3160-3 to your immediate supervisor. Single incidents of pre-approved changes will be allowed without submission of this EPA Form. The form is required only where an employee wishes to change a weekly schedule, i.e. a change comprising more than a single incident. Employees are cautioned not to abuse this rescheduling option through overuse.

Time Accounting

Flexible scheduling of work requires that employees and supervisors become more acutely aware of arrival and departure times and of total hours worked. Such being the case, two alternative methods of time accounting are available within EPA-HQ for meeting this increased responsibility. Organization heads may select one of the methods detailed below or a combination thereof:

- 1) Honor System. Employees maintain their own daily record of time of arrival and departure and of total hours worked on a standardized

Form #2560-19. They submit, on a biweekly basis, this signed summary (Attachment No. 2) to their timekeeper. Such a report would in no way replace current Agencywide timekeeping procedures or responsibilities, i.e. timecards, etc.

- 2) Sign In/Sign Out Sheets. These may be used independently or in conjunction with the honor system, as defined above. Neither method replaces current Agencywide timekeeping procedures or responsibilities, i.e. timecards, etc.

General Services

For the convenience and ready reference of EPA-HQ employees who may, under Flexitime, be working either earlier or later than at present, the following information has been gathered.

Communications Management

- The Communications Center will be staffed to service Headquarters offices from 7:30 a.m. to 5:30 p.m. Teleticketing, facsimile, and teletypewriting services will be available.
- The Telephone Installation and Modification Service will be staffed for your convenience from 7:00 a.m. to 4:30 p.m.
- The Telephone Locator Service will be staffed to serve you from 8:00 a.m. to 4:30 p.m.

Administrative Operations

- The Mail and Messenger Unit will be staffed from 8:00 a.m. to 4:30 p.m. Outgoing official mail may be deposited in the mail drop at door 3712 WSM after 4:30 p.m.
- The Parking and Transportation Office will be staffed from 8:00 a.m. to 4:30 p.m. Employees seeking assistance in the formation of new carpools or in altering existing ones, call 755-2820.
- The Office Services Unit, handling job order work, such as the moving of partitions or wall painting, and laboring service, will be staffed from 8:00 a.m. to 4:30 p.m.
- The Trouble Desk will be staffed from 8:00 a.m. to 4:30 p.m. A Code-a-Phone has been installed to accept any routine trouble calls outside these hours. Emergency calls involving damage to Government property, life, or limb will be advised to call the Security Guard number. The Trouble Desk number is 755-2794.

Lighting

Employees are asked to help minimize our electrical usage during Flexitime by turning out their lights upon leaving their offices.

Heating and Cooling

Services will be provided for office facilities throughout the 7:00 a.m. to 6:00 p.m. day.

All WSM and Crystal Mall #2 Building Entrances and Exits will open at 6:30 a.m. and close at 6:30 p.m. so that employees on Flexitime will be fully accommodated. Access will be limited but available during surrounding time periods, when signing in and out will be required.

Employees at our Beltsville facility have unlimited building access. EPA employees at the South Agriculture building will be required to sign in if arriving prior to 7:00 a.m.

Garage-Waterside Mall

Parking attendants will be on duty from 6:30 a.m. to 7:00 p.m. Employees desiring guard escort service to their cars during non-peak departure hours may call 755-1164. This service is available until 10:30 p.m.

Supervisors or employees requiring additional clarification of any feature of the Flexitime program may call the Personnel Management Division's FLEXTIME HOTLINE, 755-2630 for further information.

Attachments

REQUEST FOR FLEXIBLE HOURS

To: Supervisor

I request that under Flexitime the following work hours be established for me daily. Include arrival and departure times.

Employee Signature

Approved

Disapproved

Immediate Supervisor

If Disapproved:

Concurred

Nonconcurrent

DAA, Staff Office Head, or Higher Level Official

Copies of completed requests are to be returned to initiating employees, with timekeepers receiving copies of all approved schedules.

EPA Form 3160-3 (draft)

EMPLOYEE'S PAY PERIOD FLEETIME REPORT*

	ARRIVE (A)	DEPART (D)	TOTAL HRS. WORKED (A to D)	AL	SL	OTHER
Su						
M						
T						
W						
TH						
F						
Sa						
Su						
M						
T						
W						
Th						
F						
Sa						
TOTAL						

 Signature of Employee

*Hours worked beyond normal tours of duty must be approved in advance for overtime compensation/credit for compensatory time.

Appendix D

Universal Precautions

APPENDIX D

UNIVERSAL PRECAUTIONS

Occupational Exposure to Bloodborne

Pathogens; Final Rule

**Final
Proposed
Regulations**

**Friday
December 6, 1991**

Part II (Excerpts)

Pages 64175 thru 64182

Department of Labor

**Occupational Safety and Health
Administration**

29 CFR Part 1910.1030

**Occupational Exposure to Bloodborne
Pathogens; Final Rule**

XI. The Standard**General Industry**

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]**Subpart Z—[Amended]**

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (38 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable, and 29 CFR part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply: *Assistant Secretary* means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove,

inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled, trauma victims; clients of drug and alcohol treatment facilities, residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure control—(1) Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to

eliminate or minimize employee exposure

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2).

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure.

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance—(1)*

General—Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. *This exemption only applies while such specimens/containers remain within the facility.* Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal protective equipment—(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious

materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or

droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping. (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.

such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;

(ii) Puncture resistant;

(iii) Leakproof on sides and bottom; and

(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable.

(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment. (1) Regulated waste shall be placed in containers which are:

(i) Closable.

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it

shall be placed in a second container. The second container shall be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) *HIV and HBV Research Laboratories and Production Facilities*
(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs

These requirements apply in addition to the other requirements of the standard

(2) Research laboratories and production facilities shall meet the following criteria

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place.

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional, and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and

after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status:

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service:

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation.

(B) A description of the exposed employee's duties as they relate to the exposure incident.

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available, and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's

written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees—(1) Labels and signs.* (i) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

BIOHAZARD

(C) These labels shall be fluorescent orange-red or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other

clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) *Signs.* (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



BIOHAZARD

BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training.* (i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard, and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment.

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D)

(iii) *Confidentiality.* The employer shall ensure that employee medical records required by paragraph (h)(1) are

(A) Kept confidential, and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) *Training Records.* (i) *Training records shall include the following information.*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability.* (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) *Dates—(1) Effective Date.* The standard shall become effective on March 8, 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and

Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declaration (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis

B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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APPENDIX E

GLOSSARY

GLOSSARY

Acquired Immune Deficiency Syndrome (AIDS): AIDS is caused by the Human Immunodeficiency Virus (HIV), and actually represents the final stage in a continuum of infection resulting from HIV. A person must have specific diseases to be diagnosed officially as having AIDS and to be reported to the Centers for Disease Control (CDC). These diseases generally include unusual forms of bacterial, fungal, and viral infections, as well as rare cancers. At this time, AIDS is believed to be universally fatal.

Americans with Disabilities Act (ADA): Landmark legislation enacted in July 1990 which extends federal civil rights protections to persons with disabilities, including those who have (or are perceived to have) HIV infection.

Anonymous testing: At anonymous testing sites, names are not used to track test results. The individual being tested is the only one who can identify his or her own test result. Anonymous testing is not available in all states.

Antibody: A special protein developed by the body's immune system in response to exposure to specific foreign agents (or antigens). A given antibody matches a specific antigen that causes an infection, much like a key matches a lock; the antibody then helps to destroy the infectious agent.

Antibody positive: A term used to describe the result of a test or series of tests that detect the presence of antibodies in the blood. Positive results mean that antibodies are present and therefore the individual has been exposed to a specific foreign agent or antigen.

Antigen: A substance that, as a result of coming into contact with appropriate tissues of an animal body, induces sensitivity, resistance to infection or to a toxic substance. Antigens include viruses such as HIV, influenza, allergens such as ragweed and pollen, blood groups such as A, B, O, and Rh.

Antiviral drug: A drug that can interfere with the life cycle of a virus. AZT, ddI, ddC, are examples of drugs designed to fight HIV.

Asymptomatic HIV infection: A state or condition where a person is infected with HIV but has no subjective or objective signs of illness.

Azidothymidine (AZT): The first FDA-approved drug used to treat AIDS, it acts by preventing formation of some of the proteins HIV needs to reproduce.

Bloodborne pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus and HIV.

Body fluids: Fluids that the body makes; i.e. saliva, semen, blood, vaginal secretions, and breast milk.

Casual contact: Close, but nonsexual interaction, such as handshakes, hugging or kissing; sharing a workspace, or kitchen or bathroom facilities; sharing towels, eating or drinking utensils; and exposure to sneezing or coughing.

Category I Exposure: Tasks that involve exposure to blood, body fluids, or tissues.

Category II Exposure: Tasks that involve no exposure to blood, body fluids, or tissues, but in which exposure or potential exposure may be required as a condition of employment.

Centers for Disease Control and Prevention (CDC): A federal health agency that is a branch of the U.S. Department of Health and Human Services. The CDC provides national health and safety guidelines and statistical data on immunization, AIDS, and other diseases such as polio, and influenza.

Condom: Sheath or cover for the penis, for the use in the prevention of pregnancy or infection.

Confidential testing: The confidential testing site links each test result to the name of the person being tested. The record will not be disclosed to anybody other than the person being tested and medical personnel. In some states, the test result will be released to the state health department.

Dental dam: A square of latex originally used by dentists to isolate a tooth during surgery. Dental dams also can be used during oral sex to prevent the transmission of HIV.

Disclosure: The report of confidential information, including that related to medical conditions such as HIV/AIDS. The disclosure of HIV/AIDS status is a matter of choice left entirely to the person with HIV/AIDS. There is no health or legal justification for requiring disclosure from an HIV-positive employee.

ECAP (Employee Counseling and Assistance Program): As the name suggests, this program provides a number of support services that may be helpful to people with HIV/AIDS and their families, including counseling and referrals. An employee need not have HIV/AIDS to avail himself/herself of the services available through the EPA ECAP, which serves headquarters staff. Field offices may be served by other employee assistance programs.

EOCC (Employee Outreach and Counseling Center): At EPA headquarters, EOCC provides information and guidance on employee benefits and reasonable accommodations. Part of the Office of Human Resources Management, EOCC can assist employees and their supervisors or managers. Office of Human Resources Counselors perform the same functions in EPA field offices.

ELISA (Enzyme Linked Immunoabsorbent Assay): A simple, rapid, sensitive blood test that measures antibodies to foreign antigens (including HIV). As a blood screening test, the ELISA is highly sensitive and produces a small number of "false positive" and "false negative" test results. Because false positives are produced, and the virus is thought to have a long incubation period, ELISAs are usually repeated if the first test is positive. If the individual tests positive a second time, then a more specific test, such as the Western Blot, is performed to confirm the results.

Equal Employment Opportunity Commission (EEOC): The federal agency set up to process administrative complaints and appeals of employment discrimination filed by Federal employees and applicants for Federal employment. EEOC regulations apply to the enforcement of the *Federal Rehabilitation Act* (See "*Federal Rehabilitation Act of 1973*".)

Exposure: The act or condition of coming in contact with, but not necessarily being infected by, a disease-causing agent.

False negative: Incorrect test result indicating that no antibody to a specific antigen is present when it actually exists.

False positive: Incorrect test result indicating that an antibody to a specific antigen is present when it actually is not.

Family and Medical Leave Act of 1993: This Act does not extend coverage to federal government employees. It allows other employees to take reasonable leave for medical reasons, including the care of a child, spouse, or parent who has a leave for medical reasons, including the care of a child, spouse, or parent who has a serious health condition. The Act requires that employers provide 12 weeks of leave for child, spousal, or parental care in the event of a serious health condition. The 12 weeks also can apply to the employee's own serious health conditions.

Federal Rehabilitation Act of 1973: This act prohibits discrimination on the basis of a handicap against an otherwise qualified individual in any program or activity that received Federal funding.

Hepatitis B (HBV): An inflammation of the liver caused by a specific virus, in this case, HBV. The effects of the disease on the liver can range from mild, even inapparent, to severe or fatal. It is transmitted by infected blood and blood products, contaminated injection equipment, and sexual contact.

High-risk behavior: A term that describes certain activities that increase the risk of disease or injury to oneself or others. In the case of HIV transmission, these activities include unprotected sexual intercourse, and sharing injection equipment.

HIV/AIDS: A term which has evolved to encompass the full spectrum of HIV-related conditions, illness, disability, needs rights and responsibilities. This term does not distinguish between symptomatic and asymptomatic HIV infection, HIV-related symptoms, or the class of conditions labeled AIDS by the U.S. Centers for Disease Control and Prevention.

Human immunodeficiency virus (HIV): The virus that causes AIDS. This specific retrovirus has been identified as destroying the body's immune system, making it susceptible to life-threatening opportunistic infections or rare cancers. HIV is particularly resistant to treatment, as the HIV genetic material is incorporated into the healthy genetic material of the blood cells and is reproduced. Because the HIV genetic material is reproduced, individuals who are infected with the virus remain carriers for the rest of their lives. The virus has a long incubation period; thus, it may be a long time between the point when a person is infected and when the antibodies can be detected (anywhere from two weeks to six months or longer). It may also take up to five years or more before the disease becomes apparent and is diagnosed.

HIV antibody positive: A test result indicating that HIV antibodies are found.

HIV antibody screening test: A blood test that reveals the presence of antibodies to HIV. The ELISA test is used for screening for HIV.

HIV disease: The term used to describe the spectrum of HIV infection, chronologically described as a progression from asymptomatic seropositive to AIDS.

HIV infection: Infection with the human immunodeficiency virus. HIV infection is determined by a test for the antibody to HIV and/or other clinical diagnostic procedures.

HIV-related illness: Any clinical illness that may result from or be associated with HIV infection.

HIV-related information: Any information that is likely to identify, directly or indirectly, someone as having been tested for or actually having HIV infection, antibodies to HIV, AIDS, or related infections or illnesses, or someone suspected of having HIV as a result of high risk activities. All HIV-related information is confidential.

HIV-related test: Any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to indicate the presence of HIV.

Immune status: The state of the body's immune system. Factors affecting immune status include heredity, age, diet, physical and mental health, and exposure to certain antigens or foreign agents.

Immune system: A complex network of organs, cells, and proteins such as immunoglobulins that allows the body to defend itself against infections and substances which are foreign to the body.

Incubation period: The time period between infection and appearance of disease symptoms or clinical signs. Based on current data, the incubation period for HIV is estimated to range up to five or ten years. (See also "latency period".)

Infection: A condition or state of the body in which a disease-causing agent has entered it.

Infectious disease: An illness that results from the entry, development or multiplication of a disease-causing organism. Not all infectious diseases are highly contagious or easily communicable to other people. Although HIV is infectious, it is not easily or casually transmitted.

Informed consent: When it is documented that a person has been counseled by trained counselors about the positive as well as negative implications of undergoing a procedure and the patient agrees, in writing or verbally, to undergo that procedure.

Injection equipment: Materials used during the injection of drugs, including the syringe, needle, rinse water, cooker, and cotton.

Latency period: The time period of apparent inactivity between the time the stimulus appears and when the body responds with symptoms or ill effects. (See also "asymptomatic HIV infection".)

Medical record: Any medical documentation or other information relating to an employee's health. Such information may be disclosed only to persons who need to know the information for an appropriate management purpose. Managers or supervisors with access to this information must strictly observe any privacy and confidentiality requirements.

Modes of HIV transmission: Circumstances that permit HIV to enter the body through mucous membranes or non-intact skin and involve direct contact with significant risk body substances pose a significant risk for infection. These circumstances include unprotected anal, vaginal, and oral sexual intercourse; the sharing of needles, syringes, or other injection equipment; the gestation, birthing or breast feeding of an infant; transfusion, transplantation, or insemination of blood, organs, or other tissues or fluids; contact of blood with mucous membranes or non-intact skin.

Need to know: A term used to describe the situation of individuals who require confidential information in order to make a management decision -- for example, to process an application for disability retirement.

Opportunistic infection: A type of infection that is usually warded off by a healthy immune system. If the immune system is not strong and effective, this type of infection "takes the opportunity" to harm the body.

PCR (Polymerase chain reaction) test: A test that measures the amount of HIV directly by amplifying the DNA or RNA in infected cells to detectable levels. This test is considered to be experimental and has not been approved by the FDA for diagnostic purposes.

Perinatal: Happening during or pertaining to the periods before, during, or after the time of birth, specifically from the 28th week of gestation/pregnancy through the first seven (7) days after delivery.

Person with AIDS (PWA): A term for a person diagnosed with AIDS.

Prevalence: The number of people in a given population who have a disease, usually measured at a specific point in time.

Reasonable accommodations: Measure taken by employers to allow people with disabilities to apply for work, become new employees, or remain at work as long as reasonably possible. Reasonable accommodation may include, but are not limited to the following: providing flexible hours, changing from full-time to part-time status, allowing employees to work at home.

Risk factors: Any personal characteristic or behavior that increases the likelihood that a person will be affected by a given condition. Among the risk factors believed to increase the chances of transmitting HIV include engaging in intimate sexual contact (in particular, vaginal or anal intercourse) without a condom, sharing needles, and other activities which involve the exchange of infected body fluids. Co-factors are additional characteristics or other conditions that work with other risk factors to increase the chances of getting a disease. For instance, having a diagnosed sexually transmissible disease or already weakened immune system are believed to be co-factors or increase the chances of being infected with HIV or progressing to AIDS.

Safer sex: Sexual practices that involve no exchange of blood, semen, or vaginal secretion. (See "condom" and "dental dam".)

Seroconvert: When the status of a person's blood changes from being seronegative to seropositive. Because it may take from two weeks to six months for HIV antibodies to appear, and thus for a person to seroconvert, it may be necessary to retest some people whose behaviors place them at high risk for HIV infection who originally test negative after this period of time.

Seropositive: A condition in which the blood/serum contains antibodies of a specific type. A positive reaction to a blood test. The presence of antibodies indicates that a person has been exposed to the agent.

Seronegative: The status of a person's blood when it is tested and the results cannot confirm that antibodies to a disease-causing agent are present. Generally, a person is considered to be seronegative for HIV if: (1) the initial ELISA is negative; (2) the initial ELISA is positive and the repeat ELISA is negative; or (3) both ELISAs are positive and the Western blot is negative.

Seroprevalence: The relative frequency or number of individuals in a given population or community whose blood tests positive for an infection, in this case for HIV infection.

Sexually transmissible disease (STD): A term used to describe any disease acquired primarily through sexual contact. These can be caused by bacteria, viruses, tiny insects or parasites. Among the most common STDs are chlamydia, gonorrhea, genital warts, genital herpes, syphilis, scabies, and HIV/AIDS.

Sharps: Sharps include needles, syringes, lancets, and other sharp health care objects. They are considered medical waste and if not properly discarded, may spread disease (including TB, hepatitis, and HIV). Sharps should be disposed of in puncture-proof, hard plastic containers that can't be seen through (such as plastic laundry detergent bottles), or metal containers with lids reinforced with tape (e.g., coffee cans). Lids that screw on tightly are best. Sharps and the containers used to hold them should never be recycled. They should always be placed with trash, preferably marked with a "Do Not Recycle" sticker.

Significant risk exposure: Any activity, circumstance, or situation which places an individual in jeopardy of contracting or transmitting any type of infection, including influenza, HIV, or other contagious diseases.

Significant risk body substances: Not all body substances pose the same degree of risk of HIV transmission, or any risk at all. Blood and semen are the most infectious body fluids followed by vaginal secretions and breast milk are the only body substances epidemiologically linked to HIV transmission. The internal body fluids that surround the heart, lungs, abdominal cavity, brain, joints and a fetus are known to contain significant amounts of HIV (in an HIV positive person) and are therefore regarded as significant risk body substances.

Symptomatic HIV infection: Formerly referred to as AIDS-related Complex (ARC), during this stage, individuals have various clinical signs, including chronically swollen lymph nodes, weight loss, fever, diarrhea, thrush, general malaise, skin tumors and other conditions. In women, other symptoms and infections may signal HIV, such as the presence of sexually transmissible diseases (STDs), chronic vaginitis, vaginal warts, cancers in the cervix, vagina, vulva adjacent areas, and abnormal pap smears. In children, there also may be unusual pulmonary infections which signal HIV; however, vague, general symptoms are more likely, including failure to thrive, developmental delays or loss of previous developmental achievements, diarrhea, and recurrent bacterial infections.

Syndrome: A collection of signs and symptoms that occur together.

T-cell: Also called a CD4 cell, a T-cell is a type of white blood cell that is vital to the proper functioning of the immune system. T-cells are the target of HIV. The virus encodes itself into the genetic information of the T-cell and later can use the machinery of the cell to create new viral particles. Because HIV tends to reduce the number of T-cells, decreasing T-cell counts are one indicator of the progression of HIV infection.

Transmission: The way in which a disease can be transferred from one person to another or the way in which a person is exposed to the disease.

Universal Precautions: Universal precautions, by definition, are precautions which are implemented regardless of the known or perceived risk that the source person carries HIV or any other infectious disease. (Refer to Universal Precautions in Appendix D, OSHA's *Occupational Exposure to Bloodborne Pathogens; Final Rule*.)

Virus: A microorganism that causes infectious diseases. It can reproduce only in living cells, which it invades and then destroys as it multiplies.

Western Blot: A highly sensitive blood test that is able to identify and measure most, if not all, of the HIV antibodies in a blood sample. This test, which is more expensive than the ELISA, uses viral proteins separated by size that attach to the HIV antibodies in the person's serum. It is used to confirm previously positive ELISAs; when persons test positive on the Western Blot, it is assumed that they have HIV antibodies. However, there is no guarantee that the virus can actually be isolated from the blood and, therefore, it is not always clear how infectious an antibody positive person actually is or if he or she will progress to AIDS. In addition, laboratories using different chemical compounds or less stringent criteria when performing the Western Blot may produce more false-positive results.

Window period: The time period during which the HIV-antibody test becomes effective is estimated to be two to six months after exposure to the virus. It is recommended that persons interested in HIV testing refrain from behaviors associated with HIV exposure for at least two to six months before testing. In general, a window period is the time period of apparent inactivity between the time of exposure and the time when the body responds. In the case of HIV, the estimated time is two weeks to six months or longer for the body to respond with antibodies to the virus that can be detected with an HIV-antibody test. (See also "latency period".)

APPENDIX F

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