



PART I – APPLICANT DATA			
Date of Request:	_____	Date Application Received	_____
Name:	_____		
Duty Location:	_____	Airport Code:	_____
Current Position:	_____		
<i>Include Occupational Series & Pay Band (e.g., HR Specialist, 0201, I Band)</i>			
Address:	_____		
	<i>Street</i>		
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone Number:	() _____	Email Address:	_____
PART II – EMPLOYMENT STATUS			
<input type="checkbox"/>	Applicant	<input type="checkbox"/>	Permanent
<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Trainee (Initial Training)
PART III – CERTIFICATION			
_____		_____	
<i>Requestor's Signature*</i>		<i>Date</i>	
<p>*If Requestor is not the named employee or applicant, information is required to explain why this request is being made on behalf of the named individual and what relationship you have with the individual. You also must provide your address and telephone number in the space provided below.</p>			
Address:	_____		
	<i>Street</i>		
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone Number:	() _____		

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114(n); 29 U.S.C. § 701; E.O. 13164. **Principal Purpose(s):** This information will be used in order to determine whether an employee should be granted a reasonable accommodation. **Routine Use(s):** This information may be shared with the EEOC or for routine uses identified in the Office of Personnel Management's system of records notice, OPM/GOVT-10 Employee Medical File System Records. **Disclosure:** Voluntary; failure to furnish the requested information may result in an inability to grant your request for a reasonable accommodation.

Reasonable Accommodation Request

PART IV – MEDICAL INFORMATION / REQUESTED ACCOMMODATION

Briefly describe the medical condition requiring accommodation.

Briefly describe the specific accommodation requested.

PART V – ADDITIONAL INFORMATION

Explain how the requested accommodation would assist you in (1) performing the essential duties of your position, (2) using the job application process, or (3) taking advantage of a benefit or privilege offered by TSA.

PART VI – SUPERVISORY ACKNOWLEDGEMENT / CERTIFICATION

I acknowledge that the above noted individual has requested reasonable accommodation under TSA's existing policy. If approved, I understand that the agency will provide such accommodation in accordance with TSA's policy.

Supervisor's Signature

Date