

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

REASONABLE ACCOMMODATION REQUEST

INSTRUCTIONS: This form is completed by an employee or an applicant requesting reasonable accommodation or by a third party making a request for reasonable accommodation on behalf of an employee or applicant, and submitted to the receiving official, in accordance with TSA MD 1100.73-4, Reasonable Accommodation Program, and the associated Handbook. For employees, the receiving officials are the RAPM, Disability Program Manager (DPM), and supervisors/managers in the employee's chain of command, typically the first level supervisor. For applicants, the receiving officials are any TSA official with whom the applicant has had contact during the application or hiring process. Requests for reasonable accommodation can be made orally or in writing; if an employee makes the request orally, the request should be followed up with TSA Form 1133. Upon receipt, the receiving official signs the form, and forwards the signed form to the RAPM, or ReasonableAccommodation@tsa.dhs.gov, if the receiving official to whom the request was made is not the RAPM.

SECTION I. APPLICANT DATA

Date of Request:	Date Application Received:
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Name: _____

Duty Location:	Airport Code:
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Current Position: _____
Include Occupational Series & Pay Band (e.g., HR Specialist, 0201, I Band)

Address:

Street

City *State* *Zip Code*

Phone Number:	Email Address:
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SECTION II. EMPLOYMENT STATUS

Applicant	Permanent	Temporary	Trainee (Initial Training)
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SECTION III. CERTIFICATION

<i>Requestor's Signature*</i>	<i>Date</i>
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***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.**

Address:

Street

City *State* *Zip Code*

Phone Number: _____

SECTION IV. MEDICAL INFORMATION / REQUESTED ACCOMMODATION

Briefly describe the medical condition requiring accommodation:

Briefly describe the specific accommodation requested:

SECTION 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:

SECTION 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*

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.