

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

REQUEST FOR RELIGIOUS ACCOMMODATION

INSTRUCTIONS: All TSA employees requesting religious accommodations in scheduling, dress and appearance or in other areas should complete this form and submit it to your first-level supervisor or manager, who will then forward the form to the Decision-Maker (AA/FSD/RSD/SAC/SAIC) for processing. All applicants should complete and submit this form to their designated contact noted in the vacancy announcement. If the employee or applicant does not submit the request in writing, the Decision-Maker or designee should document the request in writing on this form. Upon receipt, Decision-Makers or designees should promptly record the written request in the agency tracking system. **Upon completion, the Decision-Maker or designee should provide the requesting employee or applicant with a copy of the completed form.**

Section I. Employee Information

Employee/ Applicant Name: *(First, MI, Last)*

Position Title:

Duty Location:

Program Office: *(if HQ employee)*

Email:

Phone Number:

Section II. Request Information

Date of Request Initiated by Employee/ Applicant:

Describe the requested accommodation(s): *(e.g., leave, schedule change, dress and appearance)*

Describe your religious belief, practice or observance and state how it conflicts with your job requirement(s):

Previous editions of this form are obsolete.

SECTION III. Certification	
My statements on this form, and any attachments, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can result in revocation of any approved accommodation and/or administrative action. I also understand that any granted accommodation may be revisited at a later time if it presents an undue hardship to TSA.	
Employee/Applicant Signature	Date
SECTION IV. Decision-Maker Acknowledgement	
I am the Decision-Maker of the requesting employee/applicant named on this form, and I acknowledge receipt of this form.	
Name	Title
Signature	Date
I am the designee of the Decision-Maker, and I acknowledge receipt of this form.	
Name	Title
Signature	Date

PRIVACY ACT STATEMENT: **Authority:** 49 U.S.C. § 114(n) and 42 U.S.C. § 2000e, et seq. **Principal Purpose(s):** This information will be used to evaluate your request for religious accommodation. **Routine Use(s):** This information may be shared in response to a request for discovery or for appearance of a witness, in response to a request for information that is relevant to the subject matter involved in a pending judicial or administrative proceeding, or for routine uses identified in the Office of Personnel Management's system of records, OPM/GOVT-1 General Personnel Records. **Disclosure:** Voluntary; failure to provide the requested information may delay the processing of your religious accommodation request

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