

## Form 1128 Help Guide: VLTP Leave Recipient Application

**Purpose of this Form:** To apply to become a leave recipient.

**Directions:**

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **checkbox below** as you complete your form.
2. All forms should be the current form from [https://hraccess.tsa.dhs.gov/hraccess/pdf/maria2017/VLTP\\_TSA\\_Form\\_1128\\_FINAL\\_080205\\_Become\\_A\\_Leave\\_Recipient.pdf](https://hraccess.tsa.dhs.gov/hraccess/pdf/maria2017/VLTP_TSA_Form_1128_FINAL_080205_Become_A_Leave_Recipient.pdf)
3. After completing, deliver the form using one of the following options:
  - Paper mail Address to:  
TSA HCAccess HCSC  
6363 Walker Lane, Suite 400,  
Alexandria, VA 22310
  - Email: [helpdesk@hraccess-mailserver.tsa.dhs.gov](mailto:helpdesk@hraccess-mailserver.tsa.dhs.gov)
  - Fax: 1-877-872-7993

Did you remember to fill out the following **mandatory** fields?

- Leave Recipient's Name (full legal name)
- SSN
- Recipient's Phone Number
- Position Title/Pay Band
- First level Supervisor's Name and Phone Number
- Organization
- HR Specialist's Name, Phone Number, and Fax
- Type of Emergency

- Date emergency began
- Date emergency is expected to end
- Who is affected by the medical emergency?
- Describe the nature and severity of the emergency
- Name/Address/Phone Number of Physician
- What are your leave balances as of the end of your last pay period?
- Have you been advanced before?
- Number of Leave Without Pay hours you have used for this emergency
- Estimated number of donated leave hours you will need
- Do you wish to publicize your emergency?
- Did you remember to sign and date the form?
- If applying on behalf of applicant are sections 21a -21c complete?
- Did the HR Liaison provide a recommendation (signature/date)?
- Did the Deciding Official provide a decision (signature/date)?

NOTE: Form submission must be dated within 60 days of the incident/diagnosis.

**IMPORTANT:** Medical documentation is required & must include the nature, severity, clear start & end date of the medical emergency and a physician signature.



**Transportation Security Administration**

**VLTP Leave Recipient Application**

**INSTRUCTIONS:** This form must be completed by all TSA employees applying to become a leave recipient under the TSA Voluntary Leave Transfer Program. With the exception of signatures, all requested information should be printed or typed. Employees should submit completed application forms to their immediate supervisor for submission for processing.

1. Leave Recipient's Name (Last, First, MI)		2. Social Security Number (last 4 digits)	3. Recipient's Phone Number
4. Position Title/Pay Band		5. First level Supervisor's Name and Phone Number	
6. Organization (include airport code if applicable)		7. HR Specialist's Name, Phone Number and FAX	
8. Type of emergency: <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Natural Disaster	9. Date emergency began?  10. Date emergency is expected to end?	11. Who is affected by the medical emergency? <input type="checkbox"/> Employee <input type="checkbox"/> Family Member: _____ <small>Relationship To Employee</small>	
12. Describe the nature and severity of the emergency (Use a separate sheet of paper if additional space is needed.)			
13. Name/Address/Phone number of Physician. For medical emergencies, medical documentation must be attached that includes a diagnosis, prognosis, duration of illness and expected return to work date. Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____		14. What are your leave balances as of the end of your last pay period? Sick Leave _____ Annual Leave _____ Restored Annual Leave _____ Compensatory Time Off _____	
16. Number of Leave Without Pay (LWOP) hours you have used for this emergency.		17. Estimated number of donated leave hours you will need for this emergency.	
18. Do you wish to publicize your emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, your name and a brief description of your emergency will be posted on the TSA Intranet.</small>			
<b>I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE:</b>			
19. Signature of applicant or individual applying on behalf of the applicant		20. Date signed	
21a. Printed name of person applying on behalf of the applicant		21b. Relationship to applicant	21c. Phone number
22. HR Liaison's signature indicates review of the package <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval Signature: _____ Date: _____		23. Deciding Official's signature (VLT Coordinator or designee) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature: _____ Date: _____	

**PRIVACY ACT STATEMENT:** Authority: 49 U.S.C. 114(n). Principle Purpose(s): This information will be used to process your application to receive donated leave. Routine Use(s): This information may be shared with another federal agency in response to its request, in connection with the hiring of an employee or the issuance of a security clearance or for routine uses identified in the applicable system of records notice DHS/TSA 022 National Finance Center Payroll Personnel System (NFC). Disclosure: Voluntary, failure to furnish the requested information may result in an inability to receive donated leave.

*Previous editions of this form are obsolete.*

TSA Form 1128, January 2008

**Questions about this form?**

Please contact the HCAccess Help Desk by phone at 1-877-872-7990, by fax at 1-877-872-7993, or by email at this [link](#). Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal

holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.