

VLTP Leave Recipient Checklist for TSA Form 1128

New Recipient

Extension Request

INSTRUCTIONS: This checklist must be completed by the HR Specialist and submitted with the employee's VLTP Leave Recipients Application (TSA Form 1128). All required line items must be checked. Incomplete applications will be returned unprocessed to the submitting official.

Completed forms should be submitted to the Program Office Liaison, faxed directly to HRAccess at 1-877-872-7993 or emailed (preferred method) to Helpdesk@tsa-hraccess.com.

Recipient Information	
Name (Print):	
FAMS Employee:	YES/NO
Recipient Information Required	
	Completed ✓
Box 1 Name	
Box 2 Social Security Number	
Box 4 Position Title/Pay Band	
Box 5 Organization (airport code if applicable)	
Box 7 HR Specialist Name, Phone, Fax, Email	
Box 8 Type of Emergency Medical Emergency/Natural Disaster (circle one)	
Box 9 Date emergency began	
Box 10 Date emergency is expected to end (must match medical documentation)	
Box 12 Nature and severity of emergency described (must match medical documentation)	
Box 13 Medical Documentation attached (see TSA Form 1128 for documentation requirements)	
Box 17 Estimated number of donated leave hours needed	
Box 18 Do you wish to publicize your emergency	
Box 19 Signature of applicant or representative	
Box 20 Date application signed	
Box 21 Printed name of applicant or representative	
Box 21c Phone number of applicant or representative	
Box 22 Approving Official Decision, Signature and Date	

HR Specialist: _____ Title: _____

Phone Number: _____ Date: _____