

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

UNION REPRESENTATIVE OFFICIAL TIME REQUEST

INSTRUCTIONS: Union representatives must use this form to request official time. Complete a separate form for each occurrence of official time requested. All information is required unless otherwise indicated. This form should be submitted to the requesting employee's supervisor as far in advance of the activity as possible. Requests for less than eight (8) hours of official time may be approved by the supervisor. Requests for more than eight (8) hours of official time require written justification for FSD or designee approval. Official time is only available for authorized activities that are performed while otherwise in a duty status, unless specific circumstances warrant an exception. Official time may be approved for appropriate activities in accordance with the Administrator's December 29, 2014, Determination on Transportation Security Officers and Collective Bargaining ("[Determination](#)") and/or applicable TSA policy/guidance. Reference: [TSA MD1100.61-7, Official Time for Bargaining Unit Employees.](#)

SECTION I. Union Representative Information

Employee Name:	Airport Code:
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Date of Activity:	Specific or Approximate Time Requested: _____ hours; from _____ to _____ <i>(FSD or designee approval required for requests over eight (8) hours)</i>
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Regular Duty Hours: from _____ to _____	Is official time requested within regularly scheduled duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Location where activity for which official time is requested will take place (e.g., DCA Administrative Office): _____

Is official time requested to provide personal representation? Yes No
Name of Employee Requesting Representation: _____

Nature of Activity:

35 - Union Contract Negotiation

37 - Union/Ongoing LMR (e.g., Formal Discussions, Personal Representation During Investigatory Interviews, Authorized Committees)

38 - Union/Grievance/Appeal/Rep (e.g., Personal Representation During Equal Employment Opportunity, Merit Systems Protection Board, Grievance, Arbitration, or other Unitary Dispute Resolution System processes)

Justification for Official Time Request Over Eight (8) Hours: _____

Employee Acknowledgement
By signing below I certify that the information provided is true and correct.

Employee Name <i>(print)</i> _____	Employee Signature _____	Date and Time _____
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SECTION II. Supervisor Approval

<input type="checkbox"/> Approved - total number of hours authorized: _____ <input type="checkbox"/> Disapproved: <i>(provide reason)</i> _____	Date Request Forwarded to FSD or Designee for Approval: <i>(if necessary)</i> _____
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Supervisor Name <i>(print)</i> _____	Supervisor Signature _____	Date _____
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SECTION III. FSD or Designee Approval *(if more than eight (8) hours requested)*

<input type="checkbox"/> Approved - total number of hours authorized: _____ <input type="checkbox"/> Disapproved: <i>(provide reason)</i> _____	
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FSD or Designee Name/Title <i>(print)</i> _____	FSD or Designee Signature _____	Date _____
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PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114(n). **PRINCIPAL PURPOSE(S):** To obtain information necessary to process your request for official time as a union representative. **ROUTINE USE(S):** This information may be shared with an agency, organization, or individual for the purpose of performing audit or oversight operations as authorized by law, or for other routine uses identified in the Department of Homeland Security's system of records notice, DHS/ALL-019 Department of Homeland Security Payroll, Personnel, and Time and Attendance Records, and TSA system of records notice, DHS/TSA-022, National Finance Center Payroll Personnel System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to process your request for official time.