

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

PERSONAL REPRESENTATIVE DESIGNATION

INSTRUCTIONS: TSA employees may use this form to designate a personal representative in accordance with [TSA MD 1100.63-3, Employee Representation](#), [TSA MD 1100.63-4, Personal Representative During Examination or Investigation](#), and [TSA MD1100.61-7, Official Time for Bargaining Unit Employees](#). The employee designating a personal representative should complete Sections I and II. The employee, representative and management official associated with the representational activity should complete Section III. Submit designations to the management official associated with the representational activity. The management official will provide copies of the completed designation to both the employee and the representative. Representatives who are TSA employees should provide a copy of the designation to his/her supervisor if requesting official time for the representational activity. Place original in the appropriate file for the specific matter in accordance with [TSA Records Disposition Schedule](#). **NOTE:** Either the employee or representative may cancel/terminate the designation at any time by notifying the management official in writing.

SECTION I. Employee Information

Name	Phone No.	E-mail
Duty Location (e.g., terminal/shift, if applicable)		Airport Code or Office Location
Position Title		
Date and Description of Specific Representational Activity		

SECTION II. Personal Representative Information (to be completed by employee)

Name	Phone No.	E-mail
Duty Location (if TSA employee)		Airport Code or Office Location (if TSA employee)
Position Title (if TSA employee)		Union Affiliation (if any)

SECTION III. Acknowledgements and Certifications

I authorize the person named above to serve as my personal representative during the aforementioned matter. This designation will remain in effect for this matter unless/until the matter is closed or I submit a new representative designation.

Employee Signature	Date
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- I acknowledge that I am required to adhere to TSA instructions for the proper handling and safeguarding of Sensitive Security Information (SSI), if applicable, and that I may not disclose SSI to persons without a need-to-know.
- A TSA employee must request approval from his/her supervisor for any absence from duty that is related to the representational activity noted above and must comply with all TSA requirements regarding the activity.

Personal Representative Signature	Date
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- To the best of my knowledge there are no conflicts of interest or position with the requested designation.
 Agree Disagree (explain) _____

Management Official Name	Signature	Date
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SECTION IV. Management Official Use ONLY (select one)

- Grievance and/or Appeal
 EEO Process
 Discipline and/or Adverse Action
 Investigatory Interview
 Other (explain): _____

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114(n) authorizes the collection of this information. **PRINCIPAL PURPOSE(S):** This record will document your designation of personal representative. **ROUTINE USE(S):** The information collected on this form may be disclosed to any individual within DHS who has a need for the information in the performance of their official duties, or for additional routine uses identified in DHS/TSA-009 General Legal Records (GLR), DHS/ALL-018 Grievances, Appeals, and Disciplinary Action Records, and EEOC/GOVT-1 EEO in the Federal Government Complaint and Appeals, and any other applicable system of records notice. **DISCLOSURE:** Disclosure of this information is voluntary; refusing to provide the requested information may result in a delay in the sharing of information with your designated representative.