

DEPARTMENT OF HOMELAND SECURITY
FEDERAL LAW ENFORCEMENT TRAINING CENTERS
TRANSPORTATION, LODGING AND MEALS ACCOMMODATION OR WAIVER

Class Name:

Class Number:

Arrival Date:

Departure Date:

Student Name:

Form Instructions: Select the applicable student accommodation or waiver type(s) from the list below. If request is due to a medical or psychological impairment, do not include diagnosis or details of the impairment. Submit the completed form to the appropriate contact:

Submit to Glynco: fletc-lodging-mealwaivers@fletc.dhs.gov

Submit to Charleston: Jim.Ferry@fletc.dhs.gov

Submit to Artesia: Ray.Kirkpatrick@fletc.dhs.gov

Submit to Cheltenham: FLETC-EEO@fletc.dhs.gov

LODGING (select one): Per Diem On-Center Lodging Need Off-Center Lodging Need Other No Lodging Waiver or Accommodation Needed

Description/Justification:

MEALS (select one): Per Diem Waiver Dietary Restriction (describe) No Meal Waiver or Accommodation Needed

Description/Justification:

TRANSPORTATION: Transportation Accommodation Needed No Transportation Waiver or Accommodation Needed

Description/Justification:

PO Agency Approving Official Verification

I confirm the student's requested waivers and/or accommodations listed above are approved by the PO agency. The request was vetted through the PO agency's Reasonable Accommodation/Religious Accommodation/Provisional Arrangement or administrative request process, as appropriate. FLETC does not request or review student medical documentation, nor does FLETC make a determination regarding the student's need for or entitlement to a waiver or accommodation. I understand that FLETC will coordinate and implement agency-approved waivers or accommodations, and that some waivers and accommodations may incur a cost that could be charged back to the student and/or agency.

PO Agency Contact Name

PO Agency Contact Email & Phone Number:

PO Representative Signature:

Dated: