

SECTION VI. Checkpoint Log Worksheet

Airport Code:

Date	Activity	Total Hours	Base Hourly Rate	Fringe Rate	Total
1	Checkpoint Coverage				\$ -
2	Checkpoint Coverage				\$ -
3	Checkpoint Coverage				\$ -
4	Checkpoint Coverage				\$ -
5	Checkpoint Coverage				\$ -
6	Checkpoint Coverage				\$ -
7	Checkpoint Coverage				\$ -
8	Checkpoint Coverage				\$ -
9	Checkpoint Coverage				\$ -
10	Checkpoint Coverage				\$ -
11	Checkpoint Coverage				\$ -
12	Checkpoint Coverage				\$ -
13	Checkpoint Coverage				\$ -
14	Checkpoint Coverage				\$ -
15	Checkpoint Coverage				\$ -
16	Checkpoint Coverage				\$ -
17	Checkpoint Coverage				\$ -
18	Checkpoint Coverage				\$ -
19	Checkpoint Coverage				\$ -
20	Checkpoint Coverage				\$ -
21	Checkpoint Coverage				\$ -
22	Checkpoint Coverage				\$ -
23	Checkpoint Coverage				\$ -
24	Checkpoint Coverage				\$ -
25	Checkpoint Coverage				\$ -
26	Checkpoint Coverage				\$ -
27	Checkpoint Coverage				\$ -
28	Checkpoint Coverage				\$ -
29	Checkpoint Coverage				\$ -
30	Checkpoint Coverage				\$ -
31					\$ -
		0.00	\$ -	\$ -	\$ -

Please indicate which benefits are included in your average fringe rate. Please also give the percentage or dollar amount for each benefit used.

Fringe Benefits Included:	Yes	No
Social Security		
Retirement		
Disability Insurance		
Workers Compensation		
Healthcare Insurance		
Pension		
Life Insurance		

This field will be automatically generated after you enter hours and pay into the large table above.

SECTION VII. Reimbursement Request

Program Functions/Activities	Amount
Programs Outlays to Date	
Federal Share Amount	
Non-Federal Share Amount	
Federal Payments Received To Date	
Federal Share Now Requesting	\$ -

PAPERWORK REDUCTION ACT STATEMENT: Through this information collection, TSA is gathering information involving the reimbursement of expenses incurred by airport operators for the provision of law enforcement officers (LEOs) to support airport checkpoint screening. The public burden for this collection of information is estimated to be one hour. This is a voluntary collection of information. If you have any comments on the LEO Reimbursement form, you may contact the TSA PRA Officer, 601 S. 12th Street, TSA-901, Arlington, VA 20598-6901-4220. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0063 which expires on 12/31/2018.