

RELIGIOUS ACCOMMODATION REQUEST FORM

Part 1: To Be Completed by Employee

Name: _____

Department: _____

Date of Request: _____

Immediate Supervisor: _____

You have the right to request a reasonable accommodation to a requirement, policy, or practice (“Requirement”) of Employer that conflicts with your sincerely held religious belief. Objections based on personal, scientific, or political views are not protected. Please complete this form if you wish to apply for a religious exemption to a Requirement. Your answers do not need to be limited to the spaces below, and you can feel free to attach supplemental answers or information.

1. Please identify the Requirement that conflicts your sincerely held religious observance, practice, or belief?

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2. Please describe the nature of your sincerely held religious belief, practice, or observance and explain why it conflicts with the Requirement identified above?

3. What is the accommodation or modification you are requesting?

Length of time the accommodation is needed: _____

4. List any alternative accommodations that would eliminate the conflict between the Requirement and your sincerely held religious belief:

I have read and understand my Employer's policy on religious accommodations, and I understand that personal, scientific, or political views are not protected. By signing below, I promise that my beliefs and practices, which serve as the basis for this request for a religious accommodation, are religious in nature and sincerely held and are not personal, scientific, or political in nature. I understand that my Employer may need to obtain supporting documentation or additional information regarding my religious practice, observance, or belief to further evaluate my request for a religious accommodation. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I understand that the accommodation requested above may not be granted by my Employer if there is no reasonable accommodation and/or the request creates an undue hardship on my Employer. I understand that even if my accommodation is granted, it may be conditioned upon my compliance with other requirements or alternative accommodations, and my failure to so comply will result in a revocation of my religious exemption. Finally, I understand that my Employer at all times reserves the right to revoke or modify any religious exemption granted if the legal standards change and/or if my Employer determines that the alternative accommodations can no longer be supported either for financial or safety reasons.

Employee Signature: _____

Date: _____

Part 2: To Be Completed By Employer/Employee's Immediate Supervisor

Accommodation Request:

Approved: _____

If granted, describe specific accommodation details or alternative requirements:

Denied: _____

If not granted, explanation of why:

Date Communicated to Employee: _____

Immediate Supervisor: _____

Date: _____

Administrator: _____

Date: _____