

**EMPLOYEE REQUEST FOR RELIGIOUS ACCOMMODATION**

**PART 1: TO BE COMPLETED BY EMPLOYEE**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

1. Nature of accommodation request (e.g. change in job duties, schedule change, time-off, modification of dress/appearance policy):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, describe documentation provided (or requested) in support of accommodation request:

\_\_\_\_\_  
\_\_\_\_\_

3. Length of time accommodation is needed: \_\_\_\_\_

**Employee Acknowledgment**

I have read and understand the Company’s policy on accommodation of religious practices or beliefs. I hereby verify that my religious beliefs and practices, which are the basis for this request for a religious accommodation, are sincerely held. I understand that the Company may not grant my requested accommodation, but that the Company will engage in a good faith interactive process consultation with me to review my requested accommodation and determine its ability to grant the requested accommodation, provided it does not pose an undue hardship on the Company’s business operations.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE**

Employee’s requested accommodation:

\_\_\_\_\_

Alternative accommodations discussed (list in order of preference):

1. \_\_\_\_\_

- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Date of interactive process consultation to discuss employee's accommodation request: \_\_\_\_\_

Accommodation: \_\_\_\_\_ Granted: \_\_\_\_\_ Denied

Specific accommodation agreed upon:  
\_\_\_\_\_

Length of time accommodation will remain in place: \_\_\_\_\_

If accommodation is denied, provide reason for denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Employee's Supervisor/Manager  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Human Resources Director  
Date: \_\_\_\_\_