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| **Religious Accommodation Request Form** |
| To request religious exemption, please complete Section 1 below and have your immediate supervisor complete Section 2 before returning this form to the human resources department. |
| **Section 1: Completed by the Employee** |
| **Name:** | **Date:** |
| **Department:** | **Position:** |
| **Immediate Supervisor:** | **Work/Cell Phone:** |
| Requested Accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):Length of time the accommodation is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe the religious belief or practice that necessitates this request for accommodation:Describe any alternate accommodations that might address your needs: |
| I have read and understand [Company Name]’s policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that [Company Name] may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. |
| **Employee Signature:** | **Date:** |
| **Section 2: Completed by Immediate Supervisor** |
| Describe the requested accommodation:Evaluation of impact (if any):Accommodation request is: □ Approved □ DeniedIf the requested accommodation is denied, what are some alternative accommodations (list in order of preference): |
| Date discussed with employee: | Final accommodation agreed upon: |
| If no agreement on an accommodation, explain: |
| **Immediate Supervisor Signature:** | **Date:** |
| **Manager of Immediate Supervisor Signature:** | **Date:** |
| **Human Resources Director:** | **Date:** |