

# RELIGIOUS ACCOMMODATION REQUEST FORM



## Information and Instructions

A reasonable religious accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in their religious practice or belief without undue hardship on the conduct of the County's business or operation.

## Part 1: To be completed by Employee

**Instructions: Please submit form to local HR department**

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

Position: \_\_\_\_\_ Date of request: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation that would enable you to participate in your religious belief or practice without impacting your ability to meet the required functions of your position (time off, schedule change, dress/appearance code exception, etc.):

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Dates/frequency or length of time of requested accommodation: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:

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Describe any alternate accommodations that might address your needs:

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I have read and understand County's policy on religious accommodation. I understand that the County may request that I submit documentation or other authority to support the need for an accommodation based on my religious practice or belief.

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Part 2: To be completed by the employee's immediate supervisor

Describe the requested accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation of impact (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HUMAN RESOURCES PERSONNEL ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

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

2. \_\_\_\_\_

3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

\_\_\_\_\_

If there is no agreement on an accommodation, provide an explanation:

\_\_\_\_\_

\_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name) (Signature)

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name) (Signature)