



Religious Accommodation Request Form

Date of Request: _____ Employee's Name: _____

E-Mail Address: _____ Telephone Number: _____

Employee's Position: _____ Duty Location: _____

1. Please identify and describe how your scheduled working hours on _____ conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious belief").

2. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the scheduled working hours identified above.

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

4. List any alternative accommodations that also would eliminate the conflict between the scheduled working hours and your sincerely held religious beliefs.

5. Please provide documentation confirming your sincerely held religious beliefs.

Requester Signature: _____ Date: _____