



RELIGIOUS ACCOMMODATION REQUEST FORM

Name of Employee: _____

Date of Request: _____

Email Address: _____

Telephone Number: _____

Job Title: _____

Department: _____

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:

Describe the nature of your sincerely held belief or observance and state how this accommodation enables you to participate in your religious practice or belief without impacting your ability to meet the required functions of your position:

Employee Signature: _____ Date: _____