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AM 207-3-1

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Religious Accommodation Form

Section I: Contact Information

Name: _____ Date: _____
Agency: _____
Address: _____
Email Address: _____ Phone Number: _____
Immediate Supervisor: _____ Phone Number: _____

Section II: Request Information

Identify your religious beliefs or practices (Religion includes traditional, organized religions as well as religious beliefs that are new, uncommon, not part of a church set, or only held by a small number of people). Please indicate your proposed religious accommodation request (i.e., frequency per day/week, facility accommodation, dress code, attendance/exclusion from ceremonies, schedule changes, job reassignment, etc.)

Section III: Accommodation Review Process

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This request will be reviewed by your Agency Head or designee and Director of DHR or designee. You will be notified, in writing, of the decision regarding the request within 10 days of receipt of your submitted request.

Once your Agency has been made aware of your request for a religious accommodation, your Agency HR Practitioner must engage in an interactive process with you to help determine what accommodations might be appropriate. Your Agency does not have to provide the exact accommodation you are requesting but must have meaningful discussions with you about what will work and what is reasonable. Your Agency must make reasonable efforts to determine the appropriate accommodation for you by consulting with you and giving primary consideration to your preference. Your Agency may, however, select a less expensive alternative as long as it is appropriate and meets your needs.

Employee's Signature: _____ **Date:** _____

Agency HR Practitioner: _____ **Date:** _____

This request has been reviewed by [inset Agency Name] and is [approved/denied]

Section IV: Agency Recommendation

because:

Section V: DHR Recommendation

This request has been reviewed by DHR and is [approved/denied] because:

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DHR INTERNAL USE ONLY:
Rec'd by: _____