

RELIGIOUS ACCOMMODATION REQUEST FORM

Name	
Email	
Telephone	
Title / Position	
Supervisor's Name / Email	

Specify the policy, practice or schedule for which you are seeking religious accommodation:

Specify how such policy, practice or schedule conflicts with your religious beliefs:

Specify the accommodation or modification you are requesting:

List any other accommodations that would eliminate the conflict:

VERIFICATION

I verify that my religious beliefs and practices, which prompt this request for a religious accommodation, are sincerely held. I understand that the accommodation requested 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.

Date

Signature

DISPOSITION

Request Approved: YES NO*

Specify accommodation provided:

*If request denied, specify reason (i.e., undue hardship, unreasonable, other):

Date

Signature