



Religious Accommodation Request Form

Wellforce is committed to providing equal employment opportunities without regard to any protected status, including religious beliefs, practices, and/or affiliation. Wellforce prohibits discrimination against employees and applicants for employment based on religious beliefs, practices, and/or affiliation. When requested, Wellforce will provide reasonable accommodations for employees' and applicants' sincerely held religious beliefs or practices unless doing so would impose an undue hardship on Wellforce or pose a direct threat to the health or safety of patients, others in the workplace, and/or to the requesting employee.

To request a religious accommodation, please complete this form and submit it to the Human Resources Department to allow us to work together to address your request. In some cases, Human Resources will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include discussing and/or obtaining documentation about the nature of your religious belief(s), practice(s) and accommodation with/from you, your religion's spiritual leader (if applicable), or others to address your request. Materials related to an employee's religious accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, except as reasonably necessary for business reasons and/or to effectuate the accommodation. Should you have any questions, you may contact the Human Resources Department at HR@wellforce.org.

Part 1: To be completed by Employee (additional pages may be attached):

Name: _____

Title/Position: _____

Employee ID: _____

Work/Cell Phone Number: _____

Email: _____

Department: _____

Manager: _____

Manager Ext. _____

Please specify the sincerely held religious belief, practice or observance obligation that is the basis for your request for an accommodation.

Please specify the work requirement that conflicts with the sincerely held religious belief, practice or observance obligation described above and explain the nature of the conflict.

Please describe the specific accommodation that you are requesting at this time.

Please describe any alternate accommodations that might address your needs.

Please specify the length of time for the accommodation.

I have read and understand the policy on religious accommodations. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that Wellforce will attempt to provide a reasonable accommodation unless it creates an undue hardship on Wellforce and/or poses a direct threat to the safety of others or myself. I understand that in some cases Wellforce will need to obtain additional information and/or documentation about my religious practice(s) or belief(s).

Employee's/ Applicant's Signature

Date

Part 2: To Be Completed by Human Resources/Decision Maker (additional pages may be attached):

Date of Request: _____ Date of Discussion(s) (if any): _____

Was additional information/documentation requested? _____ Yes _____ No _____

Was additional information/documentation provided? _____ Yes _____ No _____

Reasonable accommodation: _____ Approved _____ Denied _____

Date reasonable accommodation effective: _____

Duration period of reasonable accommodation: _____

If accommodation was denied, please explain the reason:

Alternative accommodations offered (and, if applicable, accepted):

1. _____
2. _____
3. _____

Human Resources Signature: _____ Date: _____