



Request for Religious Workplace Accommodation

Johns Hopkins Health System Corporation/The Johns Hopkins Hospital is committed to diversity and inclusiveness of all our employees. A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on the conduct of JHHSC/JHH's business or operation. To consider your request for a religious workplace accommodation, please provide the following information:

Part 1 – To Be Completed by Employee (additional sheets may be used, if necessary)

Name: _____ Date of Request: _____

Department: _____ Immediate Supervisor: _____

Reason for Request (i.e., time to pray, leave for religious observance, religious attire, etc.): _____

Suggested reasonable accommodation to meet your requirements or limitations: _____

Is this a temporary or permanent accommodation (i.e., annual religious event, daily religious requirement)?

Length of Time: _____

Days: _____ Shifts: _____

If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request: _____

Religion Tenet(s) Documentation

In some cases, JHHSC/JHH will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

Yes _____ No _____

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

Print Name: _____

Summary of Next Steps

- 1. This request will be reviewed with you and acknowledged by your supervisor.**
- 2. Your supervisor will then submit your request to the appropriate Human Resources representative for consideration.**
- 3. You will be notified of the decision and/or the proposed accommodation.**
- 4. If you disagree with the decision or proposed accommodation, please contact the Department of Human Resources, Office of Equal Employment Opportunity for assistance at 410-955-3516.**

Part 2 – To be completed by immediate supervisor (and additional managers, if applicable)

Interactive Discussion Date: _____

Employee's Suggested Accommodation: _____

Results of Interactive Discussion: _____

Evaluation of Impact (if any): _____

Accepted: _____ **Not Accepted:** _____

If Not Accepted, Why?: _____

Alternative Accommodations (list in order of preference):

1. _____
2. _____
3. _____

Effective Date of Accommodation: _____

Duration Period of Accommodation: _____

Document reason denying request for a reasonable accommodation: _____

Immediate Supervisor's Signature: _____ **Date:** _____

Department Head's Signature: _____ **Date:** _____

HR, EEO Officer or Designee: _____ **Date:** _____

CC: Employee

Department of Human Resources, Office of Equal Employment Opportunity – Phipps 481