

## RELIGIOUS ACCOMMODATION REQUEST FORM

This form is to be used when an individual is seeking a religious accommodation because their sincerely held religious belief(s) or practice(s) conflict with the work environment. **This form is NOT to be used for religious exceptions to any vaccines or patient care activities.**

**Instructions:** In order for your request to be processed properly, please completely fill out the sections below and, if necessary, use the additional space on Page 2.

CONTACT INFORMATION	
Name:	Date of Request:
Hospital/Entity:	Department/Unit:
Job Title:	Phone Number:
Email Address:	Immediate Supervisor's Name:

BELIEF AND ACCOMMODATION INFORMATION	
<b>1</b>	<b>What is your request?</b> (Be specific about what accommodation/modification you are requesting, such as, time to pray, leave for religious observance, religious attire, etc.). <b><u>Please include exact dates/times.</u></b>
<b>2</b>	<b>Identify your sincerely held religious beliefs.</b>
<b>3</b>	<b>Provide suggestions for possible alternatives.</b> <i>(willing to work holidays, extra Saturday or Sundays, or extended shifts)</i>
<b>4</b>	If you are requesting changes to your schedule, (i) <b><u>what shift do you work</u></b> , AND (ii) <b><u>what are your current weekend requirements?</u></b>
<b>5</b>	<b>Identify duration of accommodation.</b>  <input type="checkbox"/> Temporary ( <i>i.e.</i> , seasonal); Explain:  <input type="checkbox"/> Permanent ( <i>e.g.</i> , annual religious event or daily religious requirement)

CERTIFICATION	
I certify 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 unreasonable and/or if it creates an undue hardship on my employer.	
_____ Signature	_____ Date

