

RELIGIOUS ACCOMMODATION REQUEST FORM

Employee Name: _____
Email Address: _____
Job Title: _____

Date of Request: _____
Telephone Number: _____
Work Location: _____

1. Please identify the EEOC requirement, policy, or practice that conflicts with your sincerely held religious observance practice or belief (hereinafter “religious beliefs”).
2. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflicts with the EEOC requirement, policy, or practice identified above?
3. What accommodation or modification are you requesting?
4. List any alternative accommodations that also would eliminate the conflict between the EEOC requirement, policy, or practice and your sincerely held religious beliefs?

Requestor Signature: _____

Date: _____