**Request for Accommodation of Sincerely-Held Religious Belief**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is committed to complying with all laws protecting employees’ religious beliefs and practices. When requested and as required by applicable law, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide an exemption/reasonable accommodation for employees’ religious beliefs and practices, provided the requested accommodation is reasonable and does not create an undue hardship for the Company.

If you are requesting an accommodation based on your sincerely held religious belief, practice, or observance, please complete this form and return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Employee’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the accommodation(s) you believe are needed to enable you to perform the essential functions of your job:**

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**Please state how your particular sincerely held religious belief, practice or observance specifically relates to your requested accommodation(s), and why you believe such an accommodation is necessary (*if necessary,* *please use additional paper so as to provide a full explanation)*:**

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Since the age of 18, have you received any vaccination(s) (please circle YES or NO only – do not provide any additional information at this time): YES NO

Since the age of 18, have you taken any pharmaceutical(s) (drugs), whether prescription or non-prescription (over-the-counter) (please circle YES or NO only – do not provide any additional information at this time): YES NO

Management reserves its right to request additional information in support of your request for an accommodation, and will comply with all applicable laws in determining whether it is able to accommodate your request without undue hardship to the company.

I hereby certify that the statements and information provided above and in furtherance of my request for accommodation based on my sincerely held religious belief, practice, or observance are true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment.

**Employee signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR HR USE ONLY**

Date of initial request: \_\_\_\_\_\_\_\_\_\_\_\_

Accommodation request:

Approved \_\_\_\_\_\_\_\_\_\_

Describe specific accommodation details:

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Denied \_\_\_\_\_\_\_\_\_\_

Describe why accommodation is denied:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Employee Notification of Determination: \_\_\_\_\_\_\_\_\_\_