Religious Accommodation Request Form

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

_____

_____

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

_____

_____

_____

Describe any alternate accommodations that might address your needs:

_____

_____

_____

I have read and understand Edenwald's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that Edenwald may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: _____ Date: _____

Part 2: To be completed by the employee's immediate supervisor

Describe the requested accommodation:

_____

_____

Evaluation of impact (if any): _____

_____

_____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

    1. _____

    2. _____

    3. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

_____

_____

Immediate supervisor: _____ Date: _____

Manager of immediate supervisor: _____ Date: _____

Human resources director: _____ Date: _____