

# RELIGIOUS ACCOMMODATION REQUEST FORM

Applicant's or Employee's Name:

Date of Request:

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Email Address:

Telephone Number:

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Employee's Position:

Duty Location:

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Please identify the Company requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

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Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the EEOC requirement, policy, or practice identified above.

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What is the accommodation or modification that you are requesting?

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List any alternative accommodations that also would eliminate the conflict between the EEOC requirement, policy, or practice and your sincerely held religious beliefs.

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Requester Signature:

Date:

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**Accommodation Decision**

- Accommodations:     approved as requested
- approved but different from the original request
- denied

Identify the accommodation provided.

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If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.

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If an alternative accommodation was offered, indicate whether it was:

- accepted
- rejected

If it was rejected, state the basis for rejection.

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If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

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An individual who disagrees with the resolution of the request may ask the Company President to reconsider that decision within 10 business days of receiving this completed form with the decision from the Director of Human Resources.

Director of Human Resources Signature:

Date:

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