



REQUEST FOR RELIGIOUS ACCOMMODATION FORM

REQUEST FOR RELIGIOUS ACCOMMODATION For COVID-19 Requirement(s)

Notice to Employees: The information provided below is confidential and will be maintained in a separate confidential file from your personnel file. The information provided will only be used to determine a potential and appropriate accommodation necessary for you, and access will be limited only to those with a need-to-know basis. Submit this Request for Religious Accommodation form to your Agency/Department Human Resources contact.

A. Employee Information:	
Name (Last, First):	Employee ID:
Classification Title:	Work Phone No.:
Agency/Department:	Work Email:
Immediate Supervisor(s)/Manager(s):	

B. Accommodation Information:
Describe the accommodation requested:
Identify duration and frequency of accommodation (if permanent/indefinite, state so) and explain why:
Describe the religious belief, practice, or observance and explain in detail how that necessitates this request for accommodation (continue on the back of this form or use additional page(s) if necessary):

C. Employee/Worker Signature and Attestation	
By signing below, I affirm and attest that I have provided accurate and truthful responses to each of the questions above. While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements. I understand that the County may need to obtain supporting documentation regarding my religious beliefs, practices, or observances to further evaluate my request for a religious accommodation.	
_____ Employee/Worker Signature	_____ Date

D. For Agency/Department HR Use Only:		
<input type="checkbox"/> Approved as requested.	<input type="checkbox"/> Denied	Date Received: _____
<input type="checkbox"/> Approved alternate accommodation or with changes as follows: _____		Date Discussed with Employee: _____
		Date Approved/Denied: _____
		Date Employee was Notified: _____
If denied or no agreement on an accommodation, provide an explanation: _____		
_____ Print Name	_____ Reviewer Signature	_____ Date

cc: Employee
Confidential Employee File

B. (continued from previous page) Accommodation Information:

Describe the religious belief, practice, or observance and explain in detail how that necessitates this request for accommodation: