Code No. 403.7E3

RELIGIOUS ACCOMMODATION REQUEST FORM

Date:	
Employee Name:	
Email Address:	
Position/Job Title:	
Employee Telephone Number:	
Employment Location:	

(1) Please identify the policy requirement or practice that conflicts with your sincerely held religious observance, practice or belief:

(2) Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the policy or practice you have identified above:

(3) What are you requesting an accommodation from?

Item	Yes/No
Vaccination for COVID-19	
Testing for COVID-19	
Use of Face Coverings	

_____ _____

Employee Signature Date

Office Use

This request has been:

_____ _____

Approved Denied

_____ _____

Administrator Date

Approved: 1/4/2022