REQUEST FOR REASONABLE ACCOMMODATION FOR RELIGIOUS PURPOSES

Employee: Please complete Section A and submit to your supervisor, in order to request a reasonable accommodation in accordance with Policy 205: Religious Accommodation.

SECTION A

NAME: _____EMP ID:_____

JOB TITLE:_____

DEPARTMENT:_____

DATE OF REQUEST:_____

Please specify the religious belief, practice or observance that is the basis for your request for accommodation.

Please specify the work requirement (policy, practice, duty, schedule, etc.) that conflicts with the belief, practice or observance.

Please describe any potential accommodations that you are requesting at this time that may resolve the conflict. Be as specific as possible.

Are there any adjustments or accommodations you are able to make to help minimize any disruption to County business or service to the public that may result if your accommodation request is approved?

By my signature below, I acknowledge that I am requesting a reasonable accommodation due to a sincerely held religious belief, and I agree to participate in good faith in an interactive process to resolve any conflict that may exist.

SIGNATURE_____ DATE_____

Department Head, Elected Official, or Designee: Please complete Section B to respond to the employee's request in Section A.

SECTION B

Please provide a brief description of action taken by you or your designees to consider the above request for accommodation. (For example, name and title of person(s) considering the request, policies reviewed,

consultation with HR or County Attorney's Office, meetings/discussions with the requesting employee, etc.)

Is the employee's requested accommodation approved?   YES   NO

If not, what other accommodation was considered and approved?

If an accommodation was not approved due to an undue burden, please explain what burden existed and what, if anything, was done to help the employee resolve the conflict between religion and work?

SIGNATURE_____ DATE_____