

RELIGIOUS ACCOMMODATION REQUEST FORM

DCSF-2021-31

PART 1: Complete this form and submit it to your agency HR representative to request a religious accommodation.

A. EMPLOYEE INFO		
Last Name	Middle Name	First Name
Agency		Phone Number
Position Title		Email

B. REQUESTED ACCOMMODATION	
Please state your requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):	
Length of time the accommodation is needed:	
Why are you requesting this accommodation?	
An accommodation may be denied if it creates an undue hardship on the agency. For this reason, please describe any alternate accommodations that might address your needs:	

C. EMPLOYEE CERTIFICATION	
<ul style="list-style-type: none"> I attest that the information I am submitting in support of this request is complete and accurate to the best of my knowledge and belief. I attest that I am requesting this accommodation for sincerely held religious beliefs or practices. I understand that additional information may be required to assist in the processing of this application and agree to provide reasonable information or documentation, as may be requested. I understand that providing false or misleading information on this form may result in disciplinary action. 	
Sign	Date

PART 2 ON THE NEXT PAGE TO BE COMPLETED BY AGENCY HR REPRESENTATIVE

RELIGIOUS ACCOMMODATION REQUEST FORM**DCSF-2021-31**

PART 2: To be completed by agency HR Representative.

1. AGENCY DECISIONThis request for an accommodation is: **Approved** **Alternative Accommodation Approved** **Denied**

If you are approving this request, please briefly explain your reasoning. Otherwise, complete the appropriate sections below.

2. ALTERNATIVE ACCOMMODATION APPROVED

Briefly explain why the employee's requested accommodation could not be granted by the agency.

What are some alternative accommodations you considered:

Date(s) discussed with employee:

Alternative accommodation offered:

3. DENIEDWhy are you denying this accommodation request? Check all that apply. Request is based on a political, sociological, or philosophical view or a personal moral code and not a religious belief; or reviewer has reasonable doubt that stated belief is sincerely held All potential accommodations create an undue hardship for the agency The employee failed or refused to provide sufficient information to grant the request

Please explain all of your reasoning for denying this religious accommodation request and describe the information considered.

Date(s) discussed with employee before making your decision:

4. HR Representative Certification**Sign upon completion and review of this form.****Sign****Date****DCHR MUST APPROVE YOUR DECISION BEFORE YOU NOTIFY THE EMPLOYEE OF THE OUTCOME**Upload the completed form via <https://forms.office.com/g/rkC3uVKCCV>