

**Request for Religious Accommodation**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Unit: \_\_\_\_\_ Division: \_\_\_\_\_

Central Office:    Yes        No        District: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

I am requesting a religious accommodation under Title VII of the Civil Rights Act of 1964:

Please indicate religion:

\_\_\_\_\_

How long have you practiced this religion?

\_\_\_\_\_

Please describe accommodation requested and why it is needed:

\_\_\_\_\_

\_\_\_\_\_

Please note that additional information from your religious leader may be requested to evaluate your accommodation request.

I CERTIFY THAT THE ABOVE-INFORMATION IS TRUE AND CORRECT AND ACCURATELY REFLECTS MY RELIGIOUS AFFILIATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

Date received: \_\_\_\_\_ Signature: \_\_\_\_\_

Return form or fax to:  
Office of Equal Opportunity  
(614) 887-4073