RELIGIOUS ACCOMMODATION REQUEST FORM

Applicant's or Employee's Name: Date of Request:

Email Address: Telephone Number:

Employee's Position: Duty Location:

1) Please identify the EEOC requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter “religious beliefs”).

2) Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the EEOC requirement, policy, or practice identified above.

3) What is the accommodation or modification that you are requesting?

4) List any alternative accommodations that also would eliminate the conflict between the EEOC requirement, policy, or practice and your sincerely held religious beliefs.

Requester Signature: Date:

Accommodation Decision

Accommodations:
- ☐ approved as requested
- ☐ approved but different from the original request
- ☐ denied

Identify the accommodation provided.

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.

If an alternative accommodation was offered, indicate whether it was:

☐ accepted
☐ rejected

If it was rejected, state the basis for rejection.

If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

An individual who disagrees with the resolution of the request may ask the Chief Human Capital Officer to reconsider that decision within 10 business days of receiving this completed form with the Deciding Official's decision. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.

If an individual is dissatisfied with the resolution and wishes to pursue administrative, statutory, or collective bargaining rights, they must take the following steps:

- For an EEO complaint pursuant to 29 C.F.R. part 1614, contact an EEO counselor in the Office of Equal Opportunity within 45 days from the date of receipt of this form or a verbal response, whichever comes first.
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the collective bargaining agreement.

- For adverse actions over which the Merit Systems Protection Board has jurisdiction, initiate an appeal to the MSPB within 30 days of an appealable adverse action as defined in 5 C.F.R. § 1201.3

Religious Accommodation Case Number:

Deciding Official Name:

Deciding Official Signature: Date: