Religious Accommodation Request Form   20-1868

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SECTION I – TO BE COMPLETED BY EMPLOYEE OR APPLICANT	
EMPLOYEE'S or APPLICANT'S NAME	**RELIGION**
COMPANY NAME (Business Unit & Operating Group)	☐ UNION Local _____ ☐ NON-UNION OR MANAGEMENT
EMPLOYEE or APPLICANT'S WORK LOCATION/ADDRESS	**EMPLOYEE 'S JOB TITLE or JOB TITLE APPLICANT IS APPLYING FOR:** **EMPLOYEE'S or APPLICANT'S PHONE NUMBER:**

RELIGIOUS ACCOMMODATION REQUESTED- Please check the TYPE and the LENGTH, also provide a brief description.

Type:
☐ Schedule
☐ Dress Code
☐ Task Assignment
☐ Other

Length:
☐ Long Term
☐ Short Term

DESCRIBE HOW THIS ACCOMMODATION WILL ENABLE YOU TO COMPLETE THE TESTING/INTERVIEW PROCESS or PERFORM THE FUNCTIONS OF THE JOB:

EMPLOYEE'S or APPLICANT'S SIGNATURE (Or preparer's signature if verbal) I HEREBY DELCARE that my religious beliefs are sincere and that the above-described conflict (s) arise from such beliefs.	**DATE**

SECTION II – TO BE COMPLETED BY SUPERVISOR (FOR EMPLOYEE) OR SELECTION RESEARCH GROUP (FOR APPLICANT) (VERIFY INFORMATION ABOVE)	
SUPERVISOR or SELECTION REP'S NAME	**SUPERVISOR or SELECTION REP'S JOB TITLE**
SUPERVISOR or SELECTION REP'S WORK LOCATION/ADDRESS	**SUPERVISOR or SELECTION REPS PHONE NUMBER**
JOB FUNCTIONS	**IMPACT OF ACCOMMODATION REQUESTED**

RECOMMENDED ACCOMMODATION (S) FOR INTERVIEW/TESTING PROCESS (if applicable) INCLUDE RATIONALE, ESTIMATED COST, SOURCE, ETC.

RECOMMENDED ACCOMMODATION (S) TO PERFORM FUNCTIONS OF THE JOB (if applicable) INCLUDE RATIONALE, ESTIMATED COST, SOURCE, ETC.

SUPERVISOR or SELECTION REP'S SIGNATURE	**DATE**

Distribution: 1) VTHR COMPLIANCE REPRESENTATIVE   2) HR BUSINESS PARTNER

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SECTION III – TO BE COMPLETED BY VTHR COMPLIANCE REPRESENTATIVE	
VTHR REPRESENTATIVE'S NAME	DATE VTHR CONTACTED

PROPOSED ACCOMMODATION (S) INCLUDING RATIONALE

ACCOMMOCATION REQUEST APPROVED:

ESTIMATED COST OF ACCOMMODATION	FINAL COST OF ACCOMMODATION	DATE EMPLOYEE/ APPLICANT NOTIFIED OF DECISION	EMPLOYEE/ APPLICANT NOTIFIED BY

ACCOMMODATION (S) REVIEWED/APPROVED BY: NAME: DATE:

☐ VTHR COMPLIANCE _____
☐ SUPERVISOR/MANAGER _____
☐ HR BUSINESS PARTNER _____
☐ LEGAL _____
☐ OTHER _____

ACCOMMODATION REQUEST DENIED:

DATE LABOR RELATIONS OR HR BUSINESS PARTNER NOTIFIED	DATE STAFFING NOTIFIED	DATE EMPLOYEE/ APPLICANT NOTIFIED OF DENIAL	EMPLOYEE NOTIFIED BY

STATE RATIONALE FOR DECLINING: (Explain in detail, i.e. requested accommodation would not enable employee to perform essential job functions, alternate accommodations are less costly/more effective, etc.)	DENIAL OF ACCOMMODATION REVIEWED/APPROVED BY: DATE: ☐ VTHR COMPLIANCE _____ ☐ SUPERVISOR/MANAGER _____ ☐ HR BUSINESS PARTNER _____ ☐ LEGAL _____ ☐ OTHER _____

NOTES: