



**Religious
Reasonable Accommodation Form
EMPLOYEES AND STUDENTS**

Employees and students complete this form to request a reasonable religious accommodation

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

- 1. Name: _____
- Street Address: _____
- City: _____ State: _____ Zip Code: _____
- Home Phone: _____ Work Phone: _____
- E-mail Address: _____

Employees

Students

- | | |
|--------------------------|-----------------------|
| Employee #: _____ | Student #: _____ |
| Hire Date: _____ | Admission Date: _____ |
| Job Title: _____ | School: _____ |
| Department: _____ | Department: _____ |
| Immediate Manager: _____ | |

- 2. Name of religion: _____

- 3. Please outline the specific religious practices and/or requirements that you feel need reasonable accommodation.

- 4. Describe the current impact and/or limitations imposed by your desire for reasonable religious accommodation.

- 5. Accommodation requested:

- a. Name of religious holiday: _____

Day(s), date(s), and time(s) of religious holiday (e.g., “sundown Monday, September 29, through sundown Tuesday, September 30”):

Describe work shift/schedule affected:* _____

b. Clothing and/or attire. Please explain.

Other. Please explain.

6. Is there any other information that would help us evaluate your request?

7. A recognized professional, (i.e. religious affiliate), who is familiar with your needs and can substantiate your request may need to be contacted. Please provide the following information regarding the religious affiliate:

Name of Professional: _____ Title: _____

Represented Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

AUTHORIZATION:

I hereby give authorization to Oregon Health & Science University ("OHSU") to discuss my circumstances with the recognized professional religious affiliate named above. I authorize my religious affiliate to discuss my need for reasonable accommodation with OHSU.

Signature of person requesting reasonable religious accommodation:

_____ Date: _____

Once completed mail, fax or return this form in person to:

Affirmative Action & Equal Opportunity Department
Oregon Health & Science University
2525 SW Third Avenue, Mail Code: MP240 • Portland, OR 97239
Phone (503) 494-5148 • FAX (503) 494-8810

**A separate form must be submitted for each work shift/schedule affected.*