Religious Reasonable Accommodation Form

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.