Religious Reasonable Accommodation Form

Employees and students may complete this form and return to the Affirmative Action & Equal Opportunity Department (AAEO) to request a reasonable religious accommodation (see address on page 2).

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: ____________________________________________
   Mailing Address: ____________________________________________
   City: ___________________________ State: ___________ Zip Code: ___________
   Home Phone: ___________ Cell Phone: _________ Work Phone: ___________
   Personal Email: ___________________________ Work Email: ________________
   Preferred method of contact: ___________ Best time of day to contact: ___________
   Employee ID # (if applicable): ___________ Job Title: ____________________________
   Manager/Supervisor (if applicable): ____________________________________________
   Department/School/Academic Program, if student: ____________________________
   Shift Hours: _______________ Days Off (please circle): M T W Th F Sa Su Rotating Variable

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.
   
   _________________________________________________________________
   _________________________________________________________________
   
   c. ☐ 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 email form to aaeo@ohsu.edu, or 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.*