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:**

<table>
<thead>
<tr>
<th>Employees</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee #:</td>
<td>Student #:</td>
</tr>
<tr>
<td>Hire Date:</td>
<td>Admission Date:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>School:</td>
</tr>
<tr>
<td>Department:</td>
<td>Department:</td>
</tr>
<tr>
<td>Immediate Manager:</td>
<td></td>
</tr>
</tbody>
</table>

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.*