

Request Form: Religious Reasonable Accommodation



FORM INSTRUCTIONS

Print or type the requested information on the following pages. Leave blank if not applicable or the answer is not known.

Submit your form to the OHSU Affirmative Action and Equal Opportunity Dept. (AAEO) via email, confidential fax, hand delivery, or U.S. Mail. Please call AAEO with questions - 503 494-5148.

Email: aaeo@ohsu.edu

Fax: 503 346-8037

Hand deliver to: Marquam Plaza, 2525 SW 3rd Avenue, Suite 240, Portland, OR 97201

U.S. Mail: AAEO
Oregon Health & Science University
Mail code MP240
3181 SW Sam Jackson Park Road
Portland, OR 97239

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Preferred Phone: _____ Preferred Email: _____
Preferred method of contact: _____ Preferred pronouns: _____
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 check): ☐M ☐T ☐W ☐Th ☐F ☐Sa ☐Su ☐Rotating ☐Variable
2. Name of religion: _____
3. Accommodation requested:
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: _____
Clothing and/or attire. Please explain. _____
Other. Please explain. _____

4. Please outline the specific religious practices and/or requirements that you feel need reasonable accommodation and the impact on your work and/or educational environment.

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

6. 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: _____ Email: _____

AUTHORIZATION:

I authorize Oregon Health & Science University (OHSU) to discuss my circumstances with the professional religious affiliate named above, and I authorize that religious affiliate to discuss my need for reasonable accommodation with OHSU.

Signature of person requesting reasonable religious accommodation:

_____ **Date:** _____