



OHSU flameRequest 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**
Office of Civil Rights Investigations and Compliance Department (OCIC)
via email, confidential fax, hand delivery, or U.S. Mail.

Please call OCIC with questions: 503 494-5148.

Email: ocic@ohsu.edu

Fax: 503 346-8037

U.S. Mail: OCIC

Oregon Health & Science University

Mail code PP244b

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: _____ Pronoun(s): _____

Best time of day to contact: _____ Employee ID # (if applicable): _____

Job Title: _____

Manager/Supervisor (if applicable): _____

Department/School/Academic Program, if a student: _____

Shift Hours: _____ Days Off (please check): ☐M ☐T ☐W ☐Th ☐F ☐Sa ☐Su ☐Rotating ☐Variable

2. Name of religion: _____

3. 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 the work shift/schedule affected: _____

- b. Clothing and/or attire. Please explain. _____
- c. 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:** _____