



REQUEST FOR RELIGIOUS WORKPLACE ACCOMMODATION

Orange County Public Schools is committed to diversity and inclusiveness of all our employees. A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on District operations. To consider your request for a religious workplace accommodation, please provide the following information:

TO BE COMPLETED BY EMPLOYEE	Employee Name:	Date of Birth:	OCPS Personnel Number:	
	Email Address:	Phone Number:		
	Position:	Work Location:		
	Current Work Schedule:	Religion:		
	Questions Regarding Accommodation			
	1. What is your Reason for this Request (i.e., time to pray, leave for religious observance, religious attire, etc.):			
	2. What is the suggested reasonable accommodation you are requesting?			
	3. Is this a temporary or permanent accommodation (i.e.; annual religious event, daily religious requirement)?			
	4. What are the specific dates you need this accommodation?			
	5. Have you received this accommodation in the past? If so, who granted it? And when was it granted?			
6. If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?				
Yes ____ No ____				
<i>Please Note: In some cases, the District will need to obtain documentation regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.</i>				
Verification and Accuracy				
I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.				
I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.				
Signature: _____ Date: _____				
Print Name: _____				