

RELIGIOUS ACCOMMODATION REQUEST FORM

The Johns Hopkins Health System is committed to diversity and inclusiveness of all individuals. This form is to be used when an individual is seeking a religious accommodation because their sincerely held religious belief(s) or practice(s) conflict with the work environment. **This form is NOT to be used for religious exceptions to the Mandatory Seasonal Influenza Vaccination Policy, the Mandatory COVID-19 Policy, or for requests not to engage in clinical or patient care activities.**

Instructions: In order for your request to be processed properly, please completely fill out the sections below and, if necessary, use the additional space on Page 2.

CONTACT INFORMATION	
Name:	Date of Request:
Hospital/Entity:	Department/Unit:
Job Title:	Phone Number:
Email Address:	Immediate Supervisor's Name:

BELIEF AND ACCOMMODATION INFORMATION	
Identify requested accommodation (e.g., time to pray, leave for religious observance, religious attire, etc.). <u>Please include exact dates/times.</u>	
Identify your religious beliefs or practices.	
Provide suggestions for possible accommodations. (e.g., willing to work holidays, extra Saturday or Sundays, or extended shifts)	
If you are requesting changes to your schedule, (i) <u>what shift do you work,</u> AND (ii) <u>what are your current weekend requirements?</u>	
Identify duration of accommodation.	<input type="checkbox"/> Temporary (<i>i.e.</i> , seasonal); Explain: _____ <input type="checkbox"/> Permanent (<i>e.g.</i> , annual religious event or daily religious requirement)

ADDITIONAL INFORMATION & SUPPLEMENTAL DOCUMENTS

In some cases your Participating Organization (hospital/entity) may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include documentation from your religious or spiritual leader. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

____ Yes ____ No

Are you attaching any supporting documentation to this request? ____ Yes ____ No

CERTIFICATION

I certify 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 unreasonable and/or if it creates an undue hardship on my employer.

Signature

Date

SUMMARY OF NEXT STEPS

1. This request will be reviewed by Organizational Equity.
2. Organizational Equity will work with [you and] your immediate supervisor to see if they can accommodate your request.
3. You will be notified in writing of the decision regarding the request and asked to sign and return the Decision Form.

SUPPLEMENTAL INFORMATION
