



### RELIGIOUS ACCOMMODATION REQUEST FORM

<b>DHR Form #: DHR-STW-218.1-F</b>	<b>Authority: Title VII of the Civil Rights Act of 1964; 6 Del. C. Chapter 45; 19 Del. C. Chapter 7</b>
<b>Effective Date: January 30, 2023</b>	<b>Supersedes: N/A</b>

The purpose of this form is to determine whether an employee qualifies for a reasonable religious accommodation consistent with Title VII of the Civil Rights Act of 1964 and if so, to identify reasonable accommodation(s) that will allow an employee to participate/observe their sincerely held religious beliefs or practices without undue hardship on the State of Delaware.

#### Part 1: Employee Information

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

**IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED BELOW**

1. Requested accommodation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify your religious belief or practice and state how this request of accommodation enables you to participate in your religious belief or practice without impacting your ability to meet the required essential functions of your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe any alternative accommodation(s) that might address your needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Rev. Date: N/A**

4. Provide the date[s]/frequency of the requested accommodations within the calendar year: \_\_\_\_\_

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My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I verify that the above information is complete and accurate to the best of my knowledge. I understand that the accommodation requested may not be granted but that the State of Delaware will attempt to provide a reasonable accommodation that does not create an undue hardship on the State. I understand that the Department of Human Resources may request additional information in order to fully evaluate my request for religious accommodation.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

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Employee Signature

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Date

**THIS COMPLETED FORM MUST BE SENT TO YOUR HUMAN RESOURCES OFFICE.**

**Part 2: Summary of Next Steps**

1. This request will be reviewed by the Department of Human Resources, in consultation with management as appropriate. Additional information may be requested.
2. After review, you will be notified by your Human Resource representative of the decision regarding your request for religious accommodation.

**Part 3: Agency Human Resources (HR) Only**

Received by (Print Name): \_\_\_\_\_ Date received: \_\_\_\_\_

Did documentation come with the request?  Yes  No

Is more documentation necessary?  Yes  No

Date of interactive discussion(s): \_\_\_\_\_

Reasonable accommodation:  Approved  Denied

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Rev. Date: N/A**

Date reasonable accommodation is approved or denied: \_\_\_\_\_

If accommodation is approved:

Nature of accommodation provided (if any): \_\_\_\_\_

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Date reasonable accommodation is effective: \_\_\_\_\_

Duration period of reasonable accommodation: \_\_\_\_\_

If accommodation is denied, provide the reason(s) for denial: \_\_\_\_\_

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HR Representative Name: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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