



## Equal Employment Opportunity Program

## STATE OF ALASKA

### Employee Religious Accommodation Request Form

#### Overview

A religious accommodation refers to reasonable adjustments made by the State as an employer to accommodate an employee's sincerely held religious beliefs or practices. Examples may include flexible scheduling for religious holidays, adjustments to dress expectations, and shift adjustments or swaps. Under Title VII of the Civil Rights Act of 1964, employers must provide reasonable accommodations unless doing so would create an undue hardship for the employer.

#### Request Process

Employees seeking a religious accommodation are encouraged, but not required, to complete this form and submit it to their supervisor, Human Resource Business Partner, or an Employee Relations Human Resource Consultant in the Division of Personnel. Questions about this form or process may be directed to these contacts as well as the Equal Employment Opportunity Program. Although all requests will be considered promptly, the duration of this process and next steps will vary by case.

#### Part A: Employee Information

Employee Name		Contact Telephone Number	
Job Title	Position Control No.	Department	
Division	Section (Work Unit)	Location (City)	
Supervisor's Name		Supervisor's Work Telephone	

#### Part B: Accommodation Information

*These questions help identify any sincerely held religious observance, practice, or belief (hereinafter "religious beliefs") in conflict with a State requirement, policy, or practice.*

1. What is the State requirement, policy, or practice that conflicts with your religious belief(s)?

**Part B: Accommodation Information (continued)**

2. Please describe the nature of your sincerely held religious belief(s) that conflict with the State requirement, policy, or practice identified above.

3. What is the accommodation or modification you are requesting?

4. List any alternative accommodation(s) that would also eliminate the conflict between the State requirement, policy, or practice and your sincerely held religious belief(s).

**Part C: Signature and Return Information**

*By signing, I authorize that all information is true to the best of my knowledge and further information may be requested from me as needed.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Supervisors, Managers, and Human Resources:** *If providing this form to an employee, please indicate in the space below the preferred contact or address for submitting this form.*

Please return this confidential form to: