



Religious Reasonable Accommodation Form

Employees and students may complete this form and return to the Affirmative Action & Equal Opportunity Department (AAEO) to request a reasonable religious accommodation (see address on page 2).

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Personal Email: _____ Work Email: _____
 Preferred method of contact: _____ Best time of day to contact: _____
 Employee ID # (if applicable): _____ Job Title: _____
 Manager/Supervisor (if applicable): _____
 Department/School/Academic Program, if student: _____
 Shift Hours: _____ Days Off (please circle); M T W Th F Sa Su Rotating Variable

2. Name of religion: _____

3. Please outline the specific religious practices and/or requirements that you feel need reasonable accommodation.

4. Describe the current impact and/or limitations imposed by your desire for reasonable religious accommodation.

5. 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 work shift/schedule affected:*

b. Clothing and/or attire. Please explain.

c. Other. Please explain.

6. Is there any other information that would help us evaluate your request?

7. 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: _____

AUTHORIZATION:

I hereby give authorization to Oregon Health & Science University ("OHSU") to discuss my circumstances with the recognized professional religious affiliate named above. I authorize my religious affiliate to discuss my need for reasonable accommodation with OHSU.

Signature of person requesting reasonable religious accommodation:

_____ **Date:** _____

Once completed email form to aaeo@ohsu.edu, or mail, fax or return this form in person to:

Affirmative Action & Equal Opportunity Department
Oregon Health & Science University
2525 SW Third Avenue, Mail Code: MP240 • Portland, OR 97239
Phone (503) 494-5148 • FAX (503) 494-8810

**A separate form must be submitted for each work shift/schedule affected.*