



DEPARTMENT OF EMPLOYEE RELATIONS

Issued: August 24, 2021

**Religious Accommodation Request Form**

**Part 1: To be completed by employee and submitted to Personnel Officer with supporting documentation that verifies the need for the requested accommodation.**

Name: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Date of request: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Requested accommodation (time off/schedule change, task assignment/job change, breaks, dress/appearance code exception, vaccination exemption, etc.): \_\_\_\_\_

Specific Accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_

Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any alternate accommodations that might address your needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the City of Milwaukee will attempt to provide a reasonable accommodation that does not create an undue hardship on the City. I understand that the City may need to obtain additional documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the employee's personnel officer**

Describe the requested accommodation:

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Describe the impact of any suggested accommodation requests:

	Accommodation Request:	Accommodation Request:	Accommodation Request:
Financial Impact			
Safety Impact			
Efficiency Impact			
Other Impact (describe)			
Causes Undue Hardship to Employer (Circle One)	Yes      No	Yes      No	Yes      No

Interactive Discussion Date(s) if applicable: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied due to Undue Hardship: \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

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Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager or Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Officer: \_\_\_\_\_ Date: \_\_\_\_\_