

A-2



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: _____

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

Describe the requested accommodation:

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)	<table border="1"><tr><td></td><td>Yes</td><td></td><td>No</td></tr></table>		Yes		No	<table border="1"><tr><td></td><td>Yes</td><td></td><td>No</td></tr></table>		Yes		No	<table border="1"><tr><td></td><td>Yes</td><td></td><td>No</td></tr></table>		Yes		No
	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:

Immediate supervisor: _____ Date: _____

Manager or Department Head: _____ Date: _____

Personnel Officer: _____ Date: _____