City of Madison
Religious Accommodation

Employee Name _____

Request Date _____ Department _____

Supervisor/Manager _____ Job Title _____

EMPLOYEE CERTIFICATION

1. Requested accommodation: (schedule change, uniform exception, job change, etc.)

2. Length of time the accommodation is needed:

3. Describe the religious belief or practice that leads to the request for an accommodation:

4. Describe any alternate accommodations that might address your needs:

5. I have held this belief(s) system, or practiced and observed this religion since (enter date or year): _____

6. If requested, I can provide a written statement, an affidavit, or other documents from a religious leader or other person describing my beliefs and practices, including information regarding when I embraced the belief or practice, as well as when, where, and how I adhered to the belief, practice or observance. ☐ Yes ☐ No

I have read and understand City of Madison's policy on religious accommodation. 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 will attempt to provide an accommodation that does not create an undue hardship on the City. I understand that the City of Madison may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

_____ _____

Employee Signature **Date**

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

FOR HR USE ONLY:

Date received: _____/_____/_____ Received ☐ Yes ☐ No

Date supporting documents received: _____/_____/_____