



REQUEST FOR RELIGIOUS ACCOMMODATION

Employee/Applicant

Employee/Applicant's Name:

Position:

Address:

City/State:

Zip Code:

Work Location:

Work Telephone:

Name of Judiciary Representative:

Date(s) Accommodation is Needed:

Accommodation Request

Please print or type. Be as specific as possible. If required, attach additional pages.

Employee/Applicant's Signature: _____

Date: _____

For Judiciary Representative Use Only

Date Request Received: _____

Action Taken: _____

Judiciary Representative's Signature: _____

Date: _____

Copy to: Fair Practices Officer