

## **DALLAS COUNTY**

HUMAN RESOURCES/Civil Service 500 Elm Street, Ste. 4100 Dallas, TX 75202

214.653.7538 **2** 214.751.5720 Fax

# EmployeeRelations-HR@dallascounty.org Website: <a href="https://www.dallascounty.org">www.dallascounty.org</a>

The County of Dallas is committed to diversity and inclusiveness of all individuals. This form is to be used when an individual seeks a religious accommodation because of a sincerely held religious belief or practice that conflicts with the work environment.

RELIGIOUS ACCOMMODATION REQUEST FORM

Instructions: Please complete the sections below.

PART 1. Complete this form and submit to your Departmental Human Resources Representative to request a religious accommodation.

CONTACT INFORMATION				
Name:		Date of Request:		
Department/Unit:		Immediate Supervisor:		
Mailing Address:		Phone: Cell Home Work		
Email Address:				
BELIEF AND ACCOMMODATION INFORMATION				
Identify requested accommodation (e.g., time to pray, leave for religious observance, or religious attire)				
Identify your religious beliefs or practices				
Identify duration of accommodation	Temporary (e.g., seasonal)  Permanent (e.g., annual religious event or daily religious requirement)			

#### **RELIGIOUS ACCOMMODATION REQUEST FORM**

DISCLOSURE OF PREVIOU	IS ACCOMODATIONS	
	religious accommodation from The County of Dallas, complete to	able below
ii you previously received a l	cligious accommodation from the obtainty of ballas, complete to	abic below.
Description of accommodation		
previously granted		
Department/Unit		
Supervisor's name		
Date granted		
ADDITIONAL INFORMATIO	N & SUPPLEMENTAL DOCUMENTS	
In some circumstances, The Coureligious practice or belief. This party.	inty of Dallas will require additional information and/or documentation a may include documentation from your religious or spiritual leader or an	bout your other third
If requested, can you provide do	cumentation to support your belief(s) and need for an accommodation?	
YES	NO	
Are you attaching any suppo	ting documentation to this request?	
YES	NO	
If yes, please list the documents	below:	
4		
G		
CERTIFICATION		
misrepresentation contained in this re	omplete and accurate to the best of my knowledge, and I understand that any intention quest may result in disciplinary action. I also understand that my request for an accomme and/or if it creates an undue hardship on my employer.	
Employee Signature:	Date:	
Print Name:		

#### **SUMMARY OF NEXT STEPS**

- 1. This request will be reviewed by the Department and Human Resources.
- 2. You will be notified, in writing, of the decision regarding the request.

### RELIGIOUS ACCOMMODATION REQUEST FORM

#### PART 2. To be completed by Departmental HR Representative

1. DEPARTMENT'S DECISION			
This request of an accommodation is:  Approved Denied			
2. APPROVED  Briefly describe the accommodation granted to the employee.			
bliefly describe the accommodation granted to the employee.			
3. ALTERNATIVE ACCOMMODATION APPROVED			
Briefly explain the reason for the alternative accommodation and why the full accommodation is not granted.			
Alternative accommodations the Department considered:			
Date(s) discussed with employee:			
Accepted by Employee:			
Denied by Employee			
4. DENIED			
Briefly explain the reason for denying this religious accommodation request and describe the information considered			
Date(s) discussed with employee before making			
the decision:			
5. DEPARTMENT HR REPRESENTATIVE CERTIFICATION			
Sign upon completion and review of this form.			
Sign Date			
Dallas County will accommodate you by			
If you agree sign here: Date:			
If you agree sign here: Date: Date: Unfortunately, Dallas County cannot grant the requested accommodation. While efforts to find a mutually			
agreeable resolution have not resulted in a solution, Dallas County remains receptive to further suggestions from			
you. Please contact EmployeeRelations-HR@dallascounty.org to review further.			
Article XII. Religious Accommodation Policy. Sec. 86-1107 through 86-1111.			