



HR-47
Religious Accommodation Request Form

Arkansas Hospice is an equal employment opportunity employer and makes all employment decisions without regard to race, color, religion, genetic information, gender, age, national origin, disability, veteran status, or any other characteristic protected by applicable federal or state law. All requests for accommodations are evaluated on a case-by-case basis.

Name: _____ **Supervisor:** _____

Position: _____

Address: _____

Description of Accommodation Requested: _____

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

Describe any alternate accommodations that might address your needs: _____

I have read and understand Arkansas Hospice’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 Arkansas Hospice will attempt to provide a reasonable accommodation that does not create an undue hardship on Arkansas Hospice. I understand that Arkansas Hospice may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. By signing below, I certify that the information provided herein is true and accurate to the best of my knowledge, information, and belief.

Employee Signature: _____ **Date:** _____