



# School District of the City of Pontiac

Human Resources Office | Y'londa Kellum, Assistant Superintendent of Human Resources

## RELIGIOUS ACCOMMODATION REQUEST FORM

### Part 1: To be completed by employee

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please identify the Pontiac School District requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the Pontiac School District requirement, policy, or practice identified above.

What is the accommodation or modification that you are requesting?

List any alternative accommodations that also would eliminate the conflict between the Pontiac School District requirement, policy, or practice and your sincerely held religious beliefs.

I certify that 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 district will attempt to provide a reasonable accommodation that does not create an undue hardship on the district. I understand that the district may need to obtain supporting 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 employer

Date discussed with employee: \_\_\_\_\_

Accommodations:  approved as requested  
 approved but different from the original request  
 denied

Identify the accommodation provided:

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request:

If an alternate accommodation was offered, indicate whether it was:

accepted  rejected

If it was rejected, state the basis for rejection:

If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An individual who disagrees with the resolution of the request may ask the Director of Human Resources to reconsider that decision within ten (10) business days of receiving this completed form with the Deciding Official's decision. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.

If an individual is dissatisfied with the resolution and wishes to pursue administrative, statutory, or collective bargaining rights, they must take the following steps:

For an EEO complaint pursuant to 29 C.F.R. part 1614, contact an EEO counselor in the Office of Equal Opportunity within 45 days from the date of receipt of this form or a verbal response, whichever comes first.

For a collective bargaining claim, file a written grievance in accordance with the provisions of the collective bargaining agreement.