



Splendor Independent School District

23419 FM 2090, Splendor, Texas 77372
281-689-3128 • Fax 281-689-7509

Employee Request for Religious Accommodation

Forms can be emailed to bcampbell@splendoraisd.org. Questions about religious accommodations or modifications may be directed to bcampbell@splendoraisd.org

REQUESTOR INFORMATION: To be completed by the requestor and submitted

Name: Last _____ First _____ MI _____

Employee ID _____ Preferred Phone _____ - _____ - _____ Work Location _____

Describe requested accommodation:

Indicate duration of requested accommodation (temporary, permanent; amount of time):

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

- I certify my religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on my employer. I understand I may be asked to provide supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Requestor Signature _____ Date ____/____/____

The below is to be completed by the Executive Director of Human Resources

____ Approved

____ Denied

Signature _____ Date ____/____/____