



# REQUEST FOR REASONABLE ACCOMMODATION (RELIGIOUS)

A verbal request for a religious accommodation from an employee or applicant, or their representative, is sufficient to begin the accommodation process. Individuals receiving a verbal request for religious accommodation must document the request by completing this document. All requests for a religious accommodation must be submitted to the servicing Local Reasonable Accommodation Coordinator (LRAC).

## CONTACT INFORMATION

Date: \_\_\_\_\_

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Email

\_\_\_\_\_

Phone No.

\_\_\_\_\_

Job Title

\_\_\_\_\_

Pay Plan/Series/Grade

\_\_\_\_\_

Supervisor's Name

\_\_\_\_\_

Supervisor's Email

\_\_\_\_\_

Supervisor's Phone No.

\_\_\_\_\_

Identify the name and location of the applicable Servicing Human Resources Office or Shared Service Center

## PLEASE COMPLETE EACH OF THE FOLLOWING

- 1) Specify the religious belief, practice, or observance that is the basis for your request for accommodation.

2) What specific workplace accommodation are you requesting (e.g., leave, compensatory time, scheduling change)?

3) Describe any alternate accommodations that would address your needs.

4) Please provide information about the timing/duration/frequency of the requested accommodation (e.g., one day on an annual basis, daily at a specific time). Provide any additional information you wish to offer regarding the requested accommodation.

## ADDITIONAL INFORMATION/SUPPLEMENTAL DOCUMENTS

In some cases, the U.S. Department of Energy will need to obtain additional information or documentation about your religious practice(s) or belief(s), which may include documentation from your religious or spiritual leader. If requested, can you obtain and provide documentation to support your request for an accommodation?

YES  NO

Are you attaching any supporting documentation to this request?

YES  NO

If yes, please list the documents below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### CERTIFICATION

I, \_\_\_\_\_, certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in the withdrawal of any religious accommodation granted. I also understand that the contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

PRIVACY ACT STATEMENT

**AUTHORITY:** The Americans with Disabilities Act Amendment Act of 2008 (42 U.S.C. § 12101 et seq.) and the Department of Energy Organization Act (42 U.S.C. § 7101) authorizes the collection of this information. The information provided through this form is covered by two DOE Privacy Act systems of record, DOE-33, Personnel Medical Records, and DOE-41, DOE-41, Legal Files (Claims, Litigation, Criminal Violations, Patents, and Others), which were last updated in volume 74 of the Federal Register, pages 993-1035, published on January 9, 2009.

**PURPOSE:** This information is needed to evaluate and process employee requests for reasonable accommodation at the Department of Energy.

**ROUTINE USES(S):** This information will be used by and disclosed to DOE personnel, contractors, or another federal agency who will need the information to facilitate credentialed access to a federal government facility. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contract requirements, pursuant to the purposes established in DOE-33 and DOE-41.

**DISCLOSURE:** This information (including additional identifying data) is required and necessary to process an individual's request for reasonable accommodation. A request cannot be processed if required information is missing.

*This serves as record of the employee's reasonable accommodation. A copy of this document will be retained by the LRAC, separate from the employee's Official Personnel File.*

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VISIT Us: [HCnet.doe.gov/reasonable-accommodation](https://HCnet.doe.gov/reasonable-accommodation)



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