



University of South Alabama  
 USA HealthCare Management, LLC  
 USA Health Care Authority

## Religious Accommodation Request Form

<b>Employee Information</b>		
Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Administrator <input type="checkbox"/>
Email:	Work phone:	Cell Phone:
Name:	Jag#:	Date:
Current Address:		
City:	State:	Zip code:
Department/School:	Supervisor's name/Phone #:	
<b>QUESTIONS TO CLARIFY ACCOMMODATION REUQUESTED</b>		
<p><b>1. Please specify the religious belief, practice, or observance you have for which you are requesting accommodation:</b></p>		
<p><b>2. What policy, practice, or schedule you desire to modify? What aspect of your job do you request you modify?</b></p>		
<p><b>3. What reasonable accommodations are you requesting at this time? What are some accommodations options?</b></p>		
<p><b>4. Please state the date(s),/frequency of the accommodation (daily, weekly, required during certain periods of the year):</b></p>		
<p><b>5. If you have requested this religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome:</b></p>		

**6. Is there any other information that would be helpful in evaluating your request?**

I have voluntarily completed this Religious Accommodation Request Form and all information provided is true and accurate. I understand that all information obtained during this process will be maintained and used in accordance with all confidentiality requirements.

**Employee Signature:**

**Date:**