



1701 Lacey Street
Cape Girardeau, MO 63701
573.334.4822
800.800.5123
SEhealth.org

Employee's Request for Religious Accommodation

Employee's Name: _____ Employee Number: _____

Request Date: _____ Job Title: _____ Department: _____

The following is to be completed by employee:

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc):

Length of time the accommodation is needed (*indefinite is not applicable. Form will be returned and not considered if marked indefinite*):

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

Describe any alternative accommodations that might address your needs:

I have read and understand SoutheastHEALTH'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 the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that SoutheastHEALTH may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee Signature: _____ Date: _____

Once you have completed page 1, please return form to dbyrd@sehealth.org.



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The following is to be completed by Human Resources and Manager

Describe the requested accommodation:

Evaluation of impact (if any):

Approved? Yes No

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

- 1.
- 2.
- 3.

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Employee's Manager: _____ Date: _____

Director of Employee's Department: _____ Date: _____

Human Resource Representative: _____ Date: _____