

Religious Accommodation Request Form

The completed form should be submitted to:
Office of Equal Educational Opportunities/ADA Compliance
600 SE 3rd Avenue | Fort Lauderdale, FL 33301
Phone: 754-321-2150 | Fax: 754-321-2714
Email: eeo@browardschools.com

In accordance with federal and state laws and Broward County School Board Policy 4001.1, The School Board of Broward County provides reasonable accommodations for a person's sincerely religious held beliefs, practices, or observances unless the accommodations would impose an undue hardship for the school district. The EEOC defines an undue hardship as a significant difficulty or expense and focuses on the resources and circumstances of the employer in relationship to the cost or difficulty of providing a specific accommodation. Undue hardship refers not only to financial difficulty, but to reasonable accommodations that are unduly extensive, substantial, or disruptive, or those that would fundamentally alter the nature or operation of the business. Broward County Schools makes a case-by-case assessment whether a particular reasonable accommodation would cause undue hardship.

An employee or applicant should inform his/her supervisor or potential supervisor that they need a religious accommodation. All employees should notify management as soon as they become aware of the potential need for accommodation.

To determine whether an employee qualifies for an accommodation, what said accommodation might entail, and to ultimately implement the accommodation, the district uses an interactive process which entails the individual requesting the accommodation and the district communicating with each other about the request, the precise nature of the issue that is generating the request, how the sincerely held religious belief is prompting a need for an accommodation, and alternative accommodations that may be effective in meeting an individual's needs.

When seeking religious accommodations, employees/applicants should consider the following:

- Accommodations can only be implemented from the time of the request forward and are not retroactive
- Submitting a request for accommodation does not mean it will automatically be approved
- Requests for religious accommodations must be reviewed annually
- This form will not be placed in employment records, and the contents of this request will only be shared when necessary or to consider the approval and/or implementation of a reasonable accommodation.
- The District will need to obtain documentation or other authority regarding your religious belief or practice, up to and including discussing the nature of your religious practices, observances, or sincerely held beliefs with your religion's spiritual leader(s).

To be completed by the Employee or Applicant requesting a Religious/Personal Belief Accommodation

Check One: Employee: ☐

Applicant: ☐

Name: _____

Department: _____

Position Applied For: _____

Title: _____

Phone Number(s): _____

Email Address: _____

Date of Request: _____

Employee #: _____

Supervisor Info (Name/Phone#/Email): _____

| |
|---|
| Please specify the religious belief, practice, or observance that you are requesting an accommodation for. |
| |
| |
| |
| |
| |

| |
|--|
| What is the reason for your request and what would you like modified (Job Change, Work Schedule, Dress Code, Policy, etc.)? |
| |
| |
| |
| |
| |

| |
|---|
| Please describe the specific accommodations you currently requesting and how they will enable you to meet your religious obligations without impacting your ability to meet the essential functions of your job? |
| |
| |
| |
| |
| |

| |
|---|
| What are some other accommodation options that might address your needs? |
| |
| |
| |
| |
| |

| |
|---|
| Please state the date(s) and/or frequency of the requested accommodation (e.g., daily, weekly, certain times of year). |
| |
| |
| |
| |
| |

***Please attach any other information on a separate sheet that you think may be helpful in evaluating your request.*

I verify that the information I have submitted above is complete, accurate and to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it would pose an undue hardship on the Broward County School District.

Employee/Applicant Signature

Date