

**The Johns Hopkins Hospital and Health Services Corporation**

Organizational Equity  
 410-614-1558 (office)  
 410-367-2982 (fax)  
 EEOconcerns@jhmi.edu

**APPENDIX I – RELIGIOUS ACCOMMODATION REQUEST FORM**

The Johns Hopkins Hospital and Health Services Corporation (JHHSC/JHH) is committed to diversity and inclusiveness of all individuals. This form is to be used when an individual is seeking a religious accommodation because his or her sincerely held religious belief(s) or practice(s) conflict with the work environment. This form is NOT to be used for religious exceptions to the Mandatory Influenza Vaccination Policy HSE 048 or for requests not to engage in clinical or patient care activities.

**Instructions:** In order for your request to be processed properly, please fill out the sections below completely and use additional space if necessary (Page 3).

CONTACT INFORMATION	
<b>Name:</b>	<b>Date of Request:</b>
<b>Department/Unit:</b>	<b>Immediate Supervisor:</b>
<b>Mailing Address:</b>	<b>Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>Email Address:</b>	

BELIEF AND ACCOMMODATION INFORMATION	
<b>Identify requested accommodation</b> (e.g., time to pray, leave for religious observance, or religious attire).	
<b>Identify your religious beliefs or practices.</b>	
<b>Provide suggestions for possible accommodations.</b>	
<b>Identify duration of accommodation.</b>	<input type="checkbox"/> <b>Temporary (i.e. seasonal) Explain:</b> <input style="width: 150px;" type="text"/> <input type="checkbox"/> <b>Permanent (e.g., annual religious event or daily religious requirement)</b>

<b>DISCLOSURE OF PREVIOUS ACCOMMODATIONS</b>
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Employee's Initials
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The Johns Hopkins Hospital and Health Services Corporation

If you previously received a religious accommodation from JHHSC/JHH, complete table below.	
Description of Accommodation Previously Granted	
Department/Unit	
Supervisor's Name	
Date Granted	

**ADDITIONAL INFORMATION & SUPPLEMENTAL DOCUMENTS**

In some cases JHHSC/JHH will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include documentation from your religious or spiritual leader.

If requested, can you provide documentation to support your belief(s) and need 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. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

**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 disciplinary action. I also 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**SUMMARY OF NEXT STEPS**

1. This request will be reviewed by Organizational Equity.
2. You will be notified, in writing, of the decision regarding the request.

**RELIGIOUS ACCOMMODATION REQUEST FORM**

Employee's Initials
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**SPACE FOR SUPPLEMENTAL INFORMATION**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee's Preferred Contact Information [Email or Mailing Address]

[Large empty rectangular box for supplemental information]

**EMPLOYER'S USE ONLY**

Date Received:

Initials of Recipient:

Name of Recipient:

Employee's Initials

[Empty box for Employee's Initials]