



ORANGE COUNTY FLORIDA
REQUEST FOR RELIGIOUS ACCOMMODATION

Please print the following information:

Employee ID#: _____

Employee Name: _____

Job Title: _____

Email: _____

Phone #: _____

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

Describe the reasons why you are requesting an accommodation (attach additional paper if necessary):

Describe any alternative accommodations that might address your needs:

I understand the County may request additional information in order to fully evaluate my request for religious accommodation.

Employee signature: _____ Date: _____



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Summary of Next Steps

1. This request will be reviewed by Human Resources, in consultation with management as appropriate. Additional information may be requested.
2. After review, you will be notified of the decision regarding your request for religious accommodation.

For Human Resources Use Only

_____ **Approved**

_____ **Denied** **Reason for denial:** _____

HR Representative Name: _____ **HR Rep EEID:** _____

HR Representative Signature: _____ **Date:** _____