

REQUEST FOR RELIGIOUS ACCOMMODATION DOCUMENT

You have submitted a request for religious accommodation. Please complete the questionnaire below. Failure to provide sufficient information may result in a denial of your request.

Employee Information:

Full Name:

Series, Grade:

Organization/Office symbol:

Worksite Location:

Phone Number:

Email Address:

First Level Supervisor Name:

First Line Supervisor Phone Number:

First Line Supervisor Email Address:

Requested Accommodation:

Religious Belief Information:

- 1. Religious Affiliation/Tradition:** Please identify the specific religious affiliation, tradition, or belief system that is the basis for your request.
- 2. Description of Belief:** Please describe the specific religious belief or practice that necessitates an exception to a DLA policy/standard. Be as detailed as possible.

3. **Sincerity of Belief:** Please explain how this belief is sincerely held by you. Include information about:

- How long have you held this belief?

- Describe how you came to adopt this belief.

- How consistently have you adhered to this belief in your life?

- Any other relevant information that demonstrates the sincerity of your belief.

4. **Connection to Religious Belief:** Please explain the nature of your request.

Describe the nature and principles of your sincerely held belief and when, where, and how you follow the practice or belief.

5. **Scriptural or Doctrinal Basis:** If applicable, provide any scriptural passages, religious doctrines, or teachings that support your belief regarding your sincerely held belief. You may attach relevant documents.

6. **Personal Interpretation:** If your belief is based on a personal interpretation of religious texts or doctrines, explain your understanding and how it relates to your religious tradition.

7. **Burden on Religious Exercise:** Would complying with any DLA Policy substantially burden your religious exercise? If so, explain below.

Accommodation Request:

1. **Specific Accommodation Requested:** Describe the specific accommodation you are requesting regarding your sincerely held beliefs. (e.g., permission to grow hair to a specific length, permission to wear a turban, permission to be excused from an event, policy, mandate or function).

2. **Alternative Solutions:** Are there any alternative solutions or modifications that would be acceptable to you and still address your religious needs?

IV. Safety and Operational Considerations:

- 1. Safety Concerns:** Are you aware of any safety concerns that might arise from your requested accommodation (e.g., interference with protective equipment, machinery, etc.)? If so, how do you propose to address these concerns?
- 2. Operational Impact:** Do you believe your requested accommodation will have any operational impact on the performance of your essential functions? If so, explain below.
- 3. Supporting Documentation:**

If provided, list any supporting documentation you are providing with this questionnaire (e.g., letter from a religious leader, religious texts, photographs).

Agreement and Authorization:

I understand that the information I have provided in this questionnaire will be used to evaluate my request for religious accommodation. I certify that the information provided is true and accurate to the best of my knowledge. I understand that I may be requested to provide additional information or clarification as needed. I agree to participate in a good-faith interactive process to explore possible accommodation options. Any intentional misrepresentation may result in legal consequences, including removal from the Federal Service.

Recognizing the provision contained in the Privacy Act, 5 U.S.C. Section 552a(e)(7), which with certain exceptions prohibits any records from being maintained describing how any individual exercises First Amendment Rights, I hereby expressly authorize DLA to maintain whatever records shall be reasonably required to accommodate my religious beliefs.

Employee's Signature

Date