



## CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES REQUEST FOR RELIGIOUS ACCOMMODATION

This form is to be completed by any City of Chicago employee or applicant for employment who is requesting a religious accommodation pursuant to the City's Religious Accommodation Policy. When complete, this form must be submitted to the employee's departmental EEO Liaison or to the departmental Human Resources Liaison if the requester is an applicant.

Questions about this form or the Religious Accommodation Policy can be directed to the Department of Human Resources, Diversity & Equal Employment Opportunity Division at (312)744-4224 or [eeodiversity@cityofchicago.org](mailto:eeodiversity@cityofchicago.org).

### EMPLOYEE/APPLICANT INFORMATION

Name:

Best Contact Number:

Work Phone:

Job Title:

Department:

Work Location:

**IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED.**

### QUESTIONS TO DOCUMENT THE REASON FOR THE REQUEST

Please identify the religious practice or sincerely held belief for which you are seeking accommodation:

Please describe the way in which your religious practice or sincerely held belief conflicts with a City policy, practice, or schedule:

**QUESTIONS TO CLARIFY THE ACCOMMODATION REQUEST**

What specific accommodation are you requesting? (For example, time or space for prayer during workday, leave for a religious holiday or to attend a religious observance, modification to dress code or uniform, etc.) Please describe in detail.

Please state the date[s] or frequency of the requested accommodation (For example, daily, weekly, or a specific date or dates):

**By signing below, I attest that the information provided in this document is true and accurate to the best of my knowledge.**

Employee/Applicant Signature:

Date: