

NEW JERSEY DEPARTMENT OF HUMAN SERVICES REQUEST FOR RELIGIOUS ACCOMMODATION

Instructions: Complete all requested information. Sign and date the form. Return the fully completed form to the Human Resources Department.

Name: _____
(Name of individual requesting a religious accommodation)

Address: _____

Home/Cell #: () _____ Work # including ext.: () _____

Job Title: _____ Work Location: _____

Shift Hours: _____ Current Days Off: _____

1. Describe the accommodation requested. If supporting documentation is attached, check here:

2. Set forth the expected duration of the requested accommodation.

From _____ To _____

3. Describe the basis for the religious accommodation. If applicable, provide possible/requested solutions.

Signature of Individual Requesting Accommodation: _____

Date submitted: _____

Signature of Interviewer (HR): _____

Date of Determination: _____