



REQUEST FOR A RELIGIOUS ACCOMMODATION

To request a religious accommodation, please fill out this form. If more space is needed, please attach documents as necessary. AmeriCorps may ask for other information as needed to determine if you are legally entitled to a religious accommodation.

By signing this form, you declare that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

Privacy Act Statement

Authority:

Reasonable accommodation without undue hardship as required by section 701(j) of Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e; 29 CFR § 1605.2; 5 U.S.C. chapters 11 and 79.

Purpose:

AmeriCorps is requesting this information to track and report the processing of religious accommodation requests to comply with applicable law and regulations, and to preserve and maintain the confidentiality of religious information consistent with the referenced authorities. Failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and your request may be denied.

Routine Uses:

The information requested on this form is intended to be used primarily for internal purposes. However, in certain circumstances it may be necessary to disclose this information externally. Examples include: to disclose information to: a Federal, state, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, [CNCS-10-CEO-PHRI, Personal Health and Religious Information](#) (86 FR 6458).





Reasonable Accommodation Tracking Number _____ (will be added after form is submitted)

Person Requesting Accommodation		Date of Request
Office / Program		Work / Volunteer location
Position	Supervisor	Phone Number and Email Address

INFORMATION ABOUT YOUR RELIGIOUS ACCOMMODATION REQUEST

1. Please identify the AmeriCorps requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

2. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the AmeriCorps requirement, policy, or practice identified above.



3. What is the accommodation or modification that you are requesting?

4. Please provide any additional information that you think may be helpful in reviewing your request. For example:

- a. How long you have held the religious belief underlying your request?**
- b. How does complying with the identified policy or practice conflict with religious beliefs?**

5. Please list any alternative accommodations that would also eliminate the conflict between the AmeriCorps requirement, policy, or practice and your sincerely held religious beliefs.

Requester's Signature



I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name	Date