AdvocateAuroraHealth

Advocate Aurora Health Religious Accommodation Request Form

AAH is proud to consider reasonable accommodations for a team member's sincerely held religious beliefs or practices. Team members who are requesting a religious accommodation: please complete this form and return it to your leader.

Team Member Name (Print): _____ Empl ID: _____

Team Member Phone Number: _____ Location: _____

Team Member's Leader's Name: _____

Please specify the sincerely held religious belief/practice/obligation you have for which you are requesting accommodation:

_____

_____

_____

Please describe the specific accommodation that you are requesting; include an explanation of how the requested accommodation will enable you to meet your religious obligations without impacting your ability to meet the required functions of your job. Include specific details including dates, if applicable.

_____

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I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that AAH may ask me to provide documentation supporting the requested accommodation.

_____ _____

Team Member Signature Date of Signature