



**ORANGE COUNTY FLORIDA  
REQUEST FOR RELIGIOUS ACCOMMODATION**

**Please print the following information:**

**Employee ID#:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Requested accommodation (schedule change, dress/appearance code exception, vaccination exemption, etc.):**

**Describe the reasons why you are requesting an accommodation (attach additional paper if necessary):**

**Describe any alternative accommodations that might address your needs:**

**I understand the County may request additional information in order to fully evaluate my request for religious accommodation.**

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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***Summary of Next Steps***

1. This request will be reviewed by Human Resources, in consultation with management as appropriate. Additional information may be requested.
2. After review, you will be notified of the decision regarding your request for religious accommodation.

***For Human Resources Use Only***

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**      **Reason for denial:** \_\_\_\_\_  
\_\_\_\_\_

**HR Representative Name:** \_\_\_\_\_ **HR Rep EEID:** \_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_