



Religious Accommodation Request

Under Title VII of the Civil Rights Act, employees are entitled to request an exemption from certain requirements, policies, or practices that conflict with their sincerely held religious observances, practices, or beliefs. In order to request a religious exemption, please complete Part 1 of this form to start the accommodation process and determine if you are eligible for a religious exemption.

Part 1 - Employee

Employee Name: _____ Date of Request: ____/____/_____

Date of Birth: ____/____/_____ Email address: _____

Employee Location: London Woodland Crowne Pointe Bowling Green
 Nicholasville Intensive Health Corporate Paducah

Employee's Position: _____ Phone number: ____-____-_____

Please describe the requirement, policy, or practice that conflicts with your religious beliefs, e.g. COVID-19 vaccination mandate: _____

Please describe the nature of your religious observances, practices, or beliefs that conflict with the above.

What accommodation or modification are you requesting? _____

Please list any alternative accommodations or modifications: _____

Requester Signature: _____ Date: ____/____/_____

Part 2 - Supervisor

Date Received: ____/____/_____

Accommodation Decision: approved alternative approved
 approved, but different from the original request denied

Accommodation Approved: _____

If approved accommodation is different from original request, explain the reason: _____

If denied, please explain the reason for denial. _____

Approver Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Method of notification to employee: Email In-person

Date of notification to employee: ____/____/____

Name of person notifying employee: _____ Title: _____

Signature: _____

If the employee is dissatisfied with the resolution, this request may be forwarded to the Chief Compliance Officer for reconsideration within 10 days of receiving the decision.

CC: Employee