

**Metropolitan Atlanta Rapid Transit Authority
Office of Diversity & Inclusion**



RELIGIOUS ACCOMMODATION REQUEST

EMPLOYEE INFORMATION

Date: _____

Name of Employee/Job Title Requesting Religious Accommodation: _____

Email Address: _____ Phone Number: _____

Employee's Department/ Work Unit: _____

Status: (Check One) Employee __ Intern __ Contract Professional __ Applicant __

Supervisor Name/Title: _____

Phone Number: _____

A reasonable religious accommodation is a change in the work environment or changes in assigned duties and/or responsibility performed that enables an employee to participate in his/her religious practice or belief without creating an undue hardship on MARTA business. In order to consider your request for a religious accommodation, please provide the following information:

ACCOMMODATION INFORMATION

Please specify what workplace accommodation you request: (For example, time to pray, leave work to attend a religious observance, wear religious attire to work, etc.):

Please identify your religious practice or belief and state how this accommodation enables you to participate in your religious practice or belief without impacting your ability to meet the essential functions of your job:

Please state the date[s] or frequency of the requested accommodation (For example, daily, weekly, a specific date):

If you have requested this religious accommodation before, please state when the request was made, and the outcome of the request:

IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief? (Check One) Yes _____ No _____

Signature: _____

Date: _____

FOR D&I/EEO USE ONLY

Received by: _____ Date received: _____

ACCOMMODATION IS: GRANTED / DENIED