

## Initial Request for Religious Accommodation

A religious accommodation is any adjustment to the work environment that will allow an employee or applicant to practice his or her religion. The need for religious accommodation may arise where an individual's religious beliefs, observances or practices conflict with a specific task or requirement of the position or an application process. Accommodation requests often relate to work schedules, dress and grooming, or religious expression in the workplace.

Religion includes:

- Theistic beliefs;
- Non-theistic beliefs “moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views; and
- Religion typically concerns “ultimate ideas” about “life, purpose, and death”.

*Note:* Social, political, or economic philosophies, as well as mere personal preferences, are not “religious” beliefs protected by Title VII.

Employees and applicants may obtain exceptions to rules or policies to follow their religious beliefs or practices. Accommodations for religious beliefs are determined on a case-by-case basis and the accommodation cannot remove the essential functions of the employee’s current position or impair workplace safety or security.

Each request for religious accommodation will take into consideration an employee’s position duties and how the work function conflicts with the employee’s religious belief. The goal is to protect the employee’s religious belief without creating an undue burden on the agency.

You will be asked to:

- Complete the Religious Accommodation Request Form.
- Return completed form by email within *2 business days* to [RARequest@usda.gov](mailto:RARequest@usda.gov) or via fax to (833) 810-3174.

The assigned Reasonable Accommodations Specialist will review the form to ensure it contains sufficient information and/or is properly documented. The next step will be the interactive process with your supervisor to discuss the request.

If you have any questions, please contact one of the Reasonable Accommodations Specialists via email or phone at the following:

- Catherine Walker - (301) 851-2936
- Tiffany Lott - (301) 851-2930
- Ilycia Schwartz - (301) 851-2938

### Resources and Additional Information

- What You Should Know: Workplace Religious Accommodation  
<https://www.eeoc.gov/laws/guidance/what-you-should-know-workplace-religious-accommodation>



United States Department of Agriculture

### Religious Accommodation Request Form

**INFORMATION**

This document is used to implement and document a religious accommodation request. Once completed, this document should be submitted to the Marketing and Regulatory Programs (MRP) Reasonable Accommodations Program mailbox at RARrequest@usda.gov or fax (833) 810-3174.

**PART I: EMPLOYEE INFORMATION (To be completed by the Employee)**

1. Name (Last, First, Middle Initial)		2. Date of Request	
3. Position Title, Series, Grade		5. Supervisor Name/Telephone Number	4. Mission Area/Agency/Staff Office
5. Email Address	6. Duty Station		7. Telephone Number

**PART II: RELIGIOUS ACCOMMODATION REQUEST DESCRIPTION AND EXPLANATION**

Please answer the following completely, using additional pages if necessary.

8. Requested accommodation (i.e., schedule change to attend a religious observance, dress/appearance, time to pray, vaccination exemption) and description how this accommodation would enable you to participate in your religious practice or belief without impacting your ability to meet the essential job functions of your position. Be as specific as possible.

9. Identify the duration and frequency of the accommodation:

Temporary (i.e., seasonal) Explain

Permanent (i.e., annual religious event or daily religious event requirement/practice)

Daily                      Weekly                      Monthly                      Specific Date:

10. Describe the religious belief or practice that necessitates this request for accommodation.

**PART III: CERTIFICATION OF EMPLOYEE OR DESIGNATED APPOINTEE**

I certify 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 also understand that my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on the Agency or poses a direct threat to the health and/or safety of others in the workplace and/or myself.

11. Signature of Employee or Designated Appointee		12. Date	
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**Part IV: To be completed by Deciding Official**

13. Date request was received:	14. Interactive Discussion Date(s) if applicable:		
15. Decision:	Accommodation Approved	Accommodation Denied	
16. Describe approved Accommodation:	Accommodation as requested	Alternate Accommodation (describe in detail)	
17. If Accommodation is approved, list required alternate safety precautions required			
18. If Accommodation was not approved, explain why			
19. Signature of Deciding Official (electronic)			20. Date