

**STATE OF HAWAI'I DEPARTMENT OF EDUCATION
RELIGIOUS ACCOMMODATION REQUEST AND DETERMINATION FORM**

Date of Request: _____
School/Complex/Office: _____
Requestor's Name: _____
Requestor is an: Applicant Employee
Position Title and Level: _____
Worksite Address: _____
Home Address: _____
Work Phone: _____ Home Phone: _____

Accommodation requested (include a description of the specific work requirement that your religious belief conflicts with):

Describe the religious beliefs, practices, and/or observances that necessitate this request (if desired, you may also attach supporting documents):

By signing below, I hereby certify that my above-stated religious beliefs, practices, and/or observances, which necessitate this request, are sincerely held. I understand that the accommodation requested above may or may not be granted, but the Hawai'i State Department of Education (Department) will attempt in good faith to provide a reasonable accommodation that does not impose an undue hardship on the Department. I understand that the Department may need to obtain further information regarding my above-stated religious beliefs, practices, and/or observances in order to evaluate my request. I understand that any failure to provide such information to the Department may result in the denial of my request.

Requestor's Signature

Date

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**DETERMINATION
(For Civil Rights Compliance Branch Use ONLY)**

The request for Religious Accommodation(s) is:

Approved by Civil Rights Compliance Branch. Type of Religious Accommodation agreed upon:

Denied by Civil Rights Compliance Branch. Reason(s):

Civil Rights Compliance Branch Specialist:

Date