



Submit completed for to LOA@ensignservices.net or Fax to (480)-781-4275

Part I: Requestor's Information

Name:		Home/Cell Telephone:
Home Address:		Office Location/Address:
Employee ID:	Preferred Email Address:	Supervisor (If Applicable):

Part II: Accommodation Request Information

Please complete all of the following sections. The request will be considered incomplete if all information is not provided. A determination cannot be made on an incomplete request. Attach additional sheets of paper if necessary.

This request requires a: <input type="checkbox"/> Permanent Accommodation <input type="checkbox"/> Temporary Accommodation	If temporary, what is the expected duration?
Please identify the job requirement, policy, or practice that conflicts with your religious observance, practice, or belief (hereinafter "religious beliefs")	
Please describe the nature of your religious beliefs that conflict with the job requirement, policy, or practice.	
What is the accommodation or modification you are requesting?	
List any alternative accommodations that would also eliminate the conflict between the job requirement, policy or practice and your religious beliefs.	

Part III: Verification and Attestation of Accuracy

Attestation of Accuracy: With my signature below, I certify that this above information is complete and accurate to the best of my knowledge, and that my religious belief(s), practice(s), and/or observance(s) which is/are the basis of this request for religious accommodation are sincerely held. I understand that my request for a religious accommodation may not be granted if it is unreasonable or creates a substantial undue hardship. I also understand that failure to provide adequate notice of my need and/or failure to engage in the interactive process may delay my request. I acknowledge that the Company may request, on a case-by-case basis, additional information regarding my religious beliefs or the conflict discussed above, including, for example, by requesting a note on the clergy and/or a personal attestation of faith detailing the conflict described above. I further acknowledge that any intentional misrepresentation contained in this request may result in disciplinary action.

Requestor's Signature	Date:
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Privacy Statement: This document contains personal information. Pursuant to the Information Practices Act and Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure. Information may be shared as minimally necessary in order to assess religious accommodation requests and implement any approved accommodation.