

DOMESTIC VIOLENCE REASONABLE ACCOMMODATION REQUEST FORM

Part 1: To be completed by Employee

Print Full Name: _____ Center: _____

Date of Request: _____ Director: _____

Reason for Request (Work Schedule, Dress/Appearance Code, Other): _____

Length of Time (Day(s) with Date(s) and/or Hours): _____

Suggested religious accommodation: _____

I have read and understand Imagine's Policy on religious accommodation that is included with this request form. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted and that Imagine will attempt to provide a reasonable religious accommodation that does not create an undue hardship on Imagine's business, including required coverage to maintain safety of all children.

Employee Signature: _____ Date: _____

Part 2: To be completed by Director

Evaluation of Impact of employee's suggested accommodation (if any): _____

Circle One: APPROVED DENIED If denied, provide reason and alternative accommodation(s) below: _____

Alternative accommodation(s) (list in order of preference):

- 1. _____
- 2. _____
- 3. _____

Date Discussed with Employee: _____

Accommodation agreed upon: _____

If no agreement on any reasonable accommodation, explanation of undue hardship: _____

Director Signature: _____ Date: _____

HR Director Signature: _____ Date: _____