

**ATTACHMENT A:**



**U.S. CUSTOMS AND BORDER PROTECTION  
RELIGIOUS ACCOMMODATION REQUEST FORM**

**Employee Information**

Date: \_\_\_\_\_

Name of Employee Requesting Accommodation: \_\_\_\_\_

Position Title, Series and Grade: \_\_\_\_\_

Office Location and Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home or Cell Phone # \_\_\_\_\_

Are you a member of a collective bargaining unit? Yes \_\_\_ No \_\_\_ If "Yes" identify the bargaining unit: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

**Request for Religious Workplace Accommodation**

A reasonable religious workplace accommodation is an adjustment to the work environment that will allow an employee to practice his/her religion without causing undue hardship on the conduct of CBP's business or operation. In order to consider your request for a religious workplace accommodation, please provide the following information:

Identify your religious practice or belief and state what work condition(s) conflict with the practice or belief. Also state the date(s)/frequency of the religious practice(s) (e.g., daily, weekly, monthly, etc.).

\_\_\_\_\_

What specific workplace accommodation do you request? (e.g., leave, compensatory time, scheduling change, etc.)

\_\_\_\_\_

If you have requested this religious accommodation previously, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.

\_\_\_\_\_

**(IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE)**

I verify 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 revocation of any approved accommodation and/or disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Supervisor's Use Only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
(Print and Sign)

Date referred to DCR: \_\_\_\_\_ Referred by: \_\_\_\_\_  
(Print and Sign)