**RELIGIOUS ACCOMMODATIONS POLICY**

**EQUAL OPPORTUNITY AND RELIGIOUS ACCOMMODATION**

[EMPLOYER'S NAME] upholds its commitment to providing equal employment opportunities as required by Title VII of the Civil Rights Act of 1964 and relevant Florida state and local fair employment laws. As part of this commitment, [EMPLOYER'S NAME] ensures equal treatment for all individuals, regardless of their religious beliefs, practices, or lack thereof.

In support of this commitment, [EMPLOYER'S NAME] will provide reasonable accommodations to address conflicts between an individual’s sincerely held religious beliefs and job requirements, provided such accommodations do not impose an undue hardship on [EMPLOYER'S NAME].

Any accommodations offered will comply with applicable Florida state laws, including those governing workplace religious freedoms.

**REQUESTING RELIGIOUS ACCOMMODATIONS**

Employees who require an accommodation due to their religious beliefs, practices, or lack thereof should contact the [DEPARTMENT NAME] Department. Requests may be submitted orally or in writing. For efficiency and clarity, [EMPLOYER'S NAME] recommends making requests in writing [using the religious accommodation request form provided by [EMPLOYER'S NAME]].

When submitting a request, employees are encouraged to include:

* A clear description of the accommodation being requested.
* The reason the accommodation is needed.
* An explanation of how the requested accommodation will resolve the conflict between their religious beliefs or practices and specific work requirements.

Upon receiving the request, [EMPLOYER'S NAME] will engage in a dialogue with the employee to discuss potential solutions. Employees are welcome to propose specific accommodations they believe would address the conflict. However, [EMPLOYER'S NAME] may implement an alternative accommodation that effectively addresses the conflict, provided it does not create an undue hardship for the organization.

**PROVIDING SUPPORTING INFORMATION**

[EMPLOYER'S NAME] may request additional details regarding your religious beliefs, practices, or the accommodation being sought to thoroughly evaluate your request. Employees are expected to provide the requested information in a timely manner.

Failure to supply the necessary information could result in the denial of the accommodation request. If you have questions about the requested documentation or need assistance in providing it, please contact the [DEPARTMENT NAME] Department.

**ACCOMMODATION DECISIONS**

[EMPLOYER'S NAME] evaluates religious accommodation requests on a case-by-case basis, taking into account the unique circumstances and conducting an individualized assessment for each situation.

Determinations are made promptly, and [EMPLOYER'S NAME] will notify the employee as soon as a decision has been reached regarding their request.

If you have questions about the status or outcome of your accommodation request, please reach out to [[POSITION]/the [DEPARTMENT NAME] Department] for further clarification or assistance.

**PROTECTION AGAINST RETALIATION**

[EMPLOYER'S NAME] strictly prohibits retaliation against individuals who request a religious accommodation in good faith. Any form of reprisal, intimidation, discipline, or adverse action against employees or applicants for making a good-faith request is not tolerated.

Commitment to a retaliation-free workplace

[EMPLOYER'S NAME] is dedicated to upholding this policy and ensuring a workplace free from retaliation. However, addressing potential violations relies on employees and applicants bringing concerns forward.

Reporting concerns

If you believe you or someone else has been subjected to retaliation for requesting an accommodation, promptly report the matter to the [DEPARTMENT NAME] Department. Timely reporting enables [EMPLOYER'S NAME] to investigate and take appropriate corrective action. Failure to report retaliatory conduct may hinder [EMPLOYER'S NAME]'s ability to address the situation effectively.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy.

If you have any questions about this policy, the process for requesting religious accommodations, or any related concerns not explicitly addressed in this document, please reach out to the [DEPARTMENT NAME] Department for assistance.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The guidelines outlined in this policy are designed to work alongside, and do not replace, amend, or override any terms outlined in a collective bargaining agreement between [EMPLOYER'S NAME] and a union.

Employees are encouraged to review the terms of their collective bargaining agreement for specific provisions. In situations where the terms of this policy differ from those in an applicable collective bargaining agreement, the agreement's terms will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date