



# WE ARE PUBLIC SAFETY!

Welcome to SafetyNet, the Intranet of the  
Department of Public Safety and Correctional Services  
*'Our employees are our greatest strength'*

Department of Public Safety and Correctional Services

## Religious Accommodation Request Form

Employee Name (print)	Date: Time:
W#:	Position: Department:
Reason: <input type="radio"/> Sincerely held religious belief and/or practices	Work Phone: Personal Phone:

Describe the religious beliefs and practices:

Describe the religious belief/practice:

Please identify the DPSCS requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the DPSCS requirement, policy, or practice identified above.

What is the accommodation or modification that you are requesting?

List any alternative accommodation that also would eliminate the conflict between the DPSCS requirement, policy, or practice and your sincerely held religious beliefs.

**Religious Accommodation**

\_\_\_\_\_ I am requesting a Religious accommodation with the DPSCS of Maryland.

\_\_\_\_\_ I verify that the information I am submitting to substantiate my request for a Religious accommodation with DPSCS's is true and accurate to the best of my knowledge.

Employee Signature:

Date:

**INSTRUCTIONS:** Please complete and email your completed form to **fairpractice.accommodations@maryland.gov**.

*\*This form should attach or be included at the end of the requesters submission (to include ALL of the above information from pages 1 - 3, for OFPI use only.*

## ***OFPI USE ONLY***

### **Accommodation Decision**

**Case No:** \_\_\_\_\_

Date of request:

Date certification received:

Approved as requested: \_\_\_\_\_

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

Approved but different from the original request: \_\_\_\_\_

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

Request not Granted: \_\_\_\_\_

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

Identify the accommodation provided:

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request:

If an alternative accommodation was offered, indicate whether it was:

**ACCEPTED**

**REJECTED**

If it was rejected, state the basis for rejection:

If the accommodation is not granted and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation:

*\*An individual who disagrees with the resolution of the request may ask the OFP/ EEO Executive Director to reconsider that decision within 10 business days of receiving this completed form with the deciding official's decision. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.*