



REQUEST FOR RELIGIOUS ACCOMMODATION

Leave Center Fax 485-8947

IMPORTANT NOTICE: Per Board Policy 03.123 & 03.223 “An absence from duty not associated with an approved leave shall be treated as job abandonment regardless of intent to return to work and may result in termination.” Please complete this form in its entirety to avoid delay.

It is YOUR responsibility to let your location know about anticipated time off.

Employee Information:

_____	XXX-XX-_____	_____
First Name Last Name	Last Four SSN	Employee ID
_____		_____
Street Address	City, State, Zip Code	Phone Number
_____	_____	
School/Cost Center	Job Title/Days&Hours	

Reason for Leave:

Religious Observation (specify) _____

Estimated 1st day: _____ **Estimated Return to Work:** _____

Employee Affidavit:

(Please check each box indicating your understanding of your responsibilities)

- I understand this request is for an unpaid leave of absence and must be submitted and approved prior to taking the days requested.**
- If I choose to ask for a paid time I will request the appropriate days on the appropriate form with my supervisor.**
- I understand that I must inform my supervisor prior to being absent.**

I do solemnly swear that on the above mentioned date(s) I am requesting to be absent from my duties for religious purposes.

Employee Signature

Date

Jefferson County Public School District does not discriminate on the basis of age, color, disability, marital or parental status, national origin, race, sex, sexual orientation, political opinion or affiliation or religion in educational programs, services, career and technical educational opportunities, employment or activities as set forth in compliance with federal and state statutes and regulations.