



RELIGIOUS ACCOMMODATION REQUEST FORM
(For CPS Employees, Parent/Guardians, Volunteers, Contractors and Consultants)

This request form is to be used by adults who are requesting accommodation to participate in employment, school functions, or events due to a closely held religious belief. Please complete and return this form to: ada@cps.edu or fax to (773) 533-1091.

Name: _____ Employee ID Number: _____

Home Mailing Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Email Address: _____

Preferred Contact Method for any follow-up questions:

___ Email: ___ Phone - Preferred contact time: _____

School Name/Work Site: _____

Address: _____

Work Phone: (____) _____

Position (Check One)

___ Teacher Subject: _____ Grade: _____

___ Other CPS Employee (Title): _____

___ Parent/Guardian

___ Volunteer, Contractor, or Consultant

___ Other: _____

If Applicable:

Supervisor Name and Job Title: _____

Supervisor CPS Email: _____



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1. Please identify the CPS requirement, policy, guidance or practice that conflicts with your sincerely held religious observance, practice or belief.

2. Describe the religious belief or practice that necessitates this request for accommodation (you may attach additional pages if needed).

3. Please describe the accommodation that you are requesting (i.e., schedule change, dress/appearance code exception, vaccination exemption, CPS COVID-19 testing exemption, CPS mask exemption, etc.).

4. If your preferred accommodation (as described in questions 3 cannot be granted, are there alternative accommodations that may address your needs?

5. What is the length of time for which the accommodation is being requested?

___ Days ___ Weeks ___ Months ___ Year



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Please Note: Approved accommodation must be renewed annually.



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CERTIFICATION

I, _____, certify under penalties of perjury or perjury that the information and answers in this Request for Religious Accommodation are true and accurate. I have read and understand the Chicago Public School's (CPS) [Comprehensive Non-Discrimination, Harassment, Sexual Harassment, Sexual Misconduct and Retaliation Policy](#) which prohibits religious discrimination. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation request above may not be granted, but that CPS will attempt to provide a reasonable accommodation that does not create an undue hardship on CPS. I understand that CPS may obtain supporting documentation regarding my religious beliefs to further evaluate my request for a religious accommodation.

I understand that after consulting with my supervisor, a final determination will be sent to me by Talent - ADA Office. The ultimate decision will be made by Talent.

I understand that should I wish to file a complaint alleging discrimination, I may file such a complaint with the CPS Equal Opportunity Compliance Office (EOCO), available at eoco@cps.edu.

Signature

Date