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AM 207-3-2

*m*

***Religious Accommodation:  
Sample Approval Letter***

Certified Mail #

Date

Employee Name  
Employee Address  
City, State, Zip code

Dear Employee Name:

On insert date, you requested specify the religious accommodation request. At that time, you were provided with *AM 207-3-1 Religious Accommodation Request Form* to complete and submit to your Agency HR Practitioner on insert date.

Your request for a religious accommodation has been approved. Your religious accommodation is as follows: List specifics about the approved religious accommodation (i.e., completion of leave slips, location of prayer room, change of schedule, etc. or other relevant information). Please note that your accommodation will be reviewed on an annual basis or as operational needs mandate.

Sincerely,

Agency HR Practitioner

cc: DHR Director  
Immediate Supervisor