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AM 207-3-3

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***Religious Accommodation:
Sample Denial 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.

On insert date you met with insert name of Agency HR Practitioner, Agency Head, and/or immediate supervisor to discuss alternative methods of accommodating your request, including: list all alternative accommodations presented to the employee. You indicated that the proposed alternative accommodations were unacceptable.

At this time, your request creates an undue hardship on the Agency because list possible issues: difficult to cover/fill on a temporary basis, limited financial resources available, the negative impact and disruption on the structure and function of the remaining workforce and therefore denied. Please note that you can make an additional modified request.

Sincerely,

Agency HR Practitioner

cc: DHR Director
Immediate Supervisor