Franklin County Public Schools
2021-2022 School Year
Employee Religious Accommodation Request
(Please return completed form to your supervisor or school principal)

Employee Information:

Employee's Name (first last):	Employee's ID#:
School Name or Site Location	

Please provide a **personal** written statement addressing the prompts below. If you need additional space, please attach a signed statement.

Please explain the religious basis for your request:

_____

_____

_____

How does wearing a mask at school interfere with your religious belief or religious observance?

_____

_____

_____

Please select an alternative in lieu of a mask:

Face Shield ____ Desk Shield _____ Other _____

The above strategy may not prevent quarantining when an employee is in close contact to a positive individual.

By signing below I confirm that:

Submitting this form does not guarantee that my request will be granted.

I certify that I hold a sincere religious belief that is the basis for my request that I be provided a religious accommodation.

Employee Signature:	Date: