National Science Foundation

REQUEST FOR RELIGIOUS ACCOMMODATION

1. NAME *(Applicant or Employee)*:

2. DATE OF REQUEST:

3. OFFICE/BUREAU/DIVISION:

4. JOB TITLE:

5. SERIES:

6. GRADE:

7. TELEPHONE NUMBER:

8. ROOM NUMBER:

9. SUPERVISOR'S NAME:

10. SUPERVISOR'S TELEPHONE NUMBER:

11. ACCOMMODATION REQUESTED (Be specific - e.g., flexible scheduling, private place to pray):

12. REASON FOR REQUEST:

- -

FOR OECR USE ONLY

Disability Program Manager:

EXPLANATION OF ANY TIME SENSITIVE ISSUES RELATING TO THE

REQUEST:

---Created 04/2022---

Religious Accommodation Case #: