Texas Department of Criminal Justice
Request for a Religious Accommodation

Print Name: ___________________________ Last First MI ___________________________ Month/Day of Birth: ___________________________ (MM/DD)

Applicant to Provide the Following Information:
Position Applied For: ___________________________ Unit or Department: ___________________________

Current Employee to Provide the Following Information:
Job Title: ___________________________ Unit or Department: ___________________________
Current Shift: ___________________________ Current Shift Work Hours: ___________________________

1. Describe the religious accommodation you are requesting.

2. If you observe or participate in religious practices at an institution, such as a church, synagogue, or mosque, provide the name of the institution, address, phone number, and name of the person in charge at the institution.

3. Attach any available documentation of days and times that you observe or participate in religious practices or services, such as a church bulletin or the religion’s statement of belief or doctrine.

Signature: ___________________________ Date: ___________________________ (MM/DD/YYYY)
Personal Phone Number: ___________________________ Work Phone Number: ___________________________
(Area Code) ___________________________ (Area Code) ___________________________

Email Address: ___________________________
Mailing Address: ___________________________
Street ___________________________
City ___________________________ State ___________________________ Zip Code ___________________________

Note to Applicant/Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Tex. Gov’t Code §§ 552.021 and 552.023 to receive and review the collected information. Under Tex. Gov’t Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, incorrect information the TDCJ has collected about you be corrected.

Instructions for Applicants: If you are an applicant requesting a religious accommodation for the employment application process or for a position for which you have received a conditional offer of employment, you shall complete this form and return it within 10 calendar days of the date the form was provided to you in person or via fax or the date the form was mailed to you. The form shall be returned to the TDCJ religious accommodation coordinator at the following address: Texas Department of Criminal Justice, Human Resources Division, Employee Relations, 2 Financial Plaza, Suite #600, Huntsville, Texas 77340.

Distribution:
Original – Religious Accommodation Coordinator, Employee Relations, Human Resources Division
Copy – Applicant or Employee; Employee’s Unit or Department Human Resources File, Miscellaneous Section

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