

Sabbath Accommodation Report Form Southern Union Conference of Seventh-day Adventist

Church Member Informat	1011					Date:	
First Name		Initial	Last Name				
Address							
7.00.00							
					T		
City			State Zip		Zip		
Home Phone Cell Phone			Best time to call:				
			□Mon		「ues □	Wed □Thurs □ Fri	
Email Address					ame of Sp		
Is your primary language I	_			☐ Male ☐ Female			
If English is not your primary language do you need a translator? ☐ Yes ☐ No							
Conference (check one):							
☐ Carolina ☐ Florida ☐ Georgia-Cumberland ☐ Gulf States							
☐ Kentucky-Tennessee ☐ South Atlantic ☐ South Central ☐ Southeastern							
- Remedaky remindated - South Admin - South Central - South Ce							
Church Nam			ne of Pastor				
Employer Information							
Company Name			Type of business				
Address							
City			State			Zip	
HR Director			Phone		ne		
Till Director		Thome					
Immediate Supervisor				Fax			
Who has the newer to hire and fire:							
Who has the power to hire and fire:							
How many people in your department?			Number of employees in company.				
Tatal number of users with some				NAME to your job title?			
Total number of years wit	What is your job title?						

Briefly describe what you do:				
Is overtime	Is seniority strictly followed?			
☐ Mandatory ☐ Bid Out ☐ Voluntary	□ Yes □ No			
Do you bid on assignments?	Do you bid your days off?			
☐ Yes ☐ No	□ Yes □ No			
Do you work full-time? Yes No Briefly explain policies governing shifts and days o	ff:			
Have you been reprimanded for missing Sabbath	Have you ever worked on Sabbath?			
work? □ Yes □ No	□ Yes □ No			
Is there a formal grievance procedure?	Have any accommodations been suggested?			
□ Yes □ No	□ Yes □ No			
Is there a labor union involved? Yes No Briefly describe any accommodations you have be	en offered (indicate who has suggested them).			

Instructions for returning document

- •Email the form to religiousliberty@southernunion.com If you incur any problems feel free to <u>save the</u> <u>form to your computer under a new name</u> and <u>upload it as an attachment</u> then <u>send it back to us at the</u> <u>email stated above.</u>
- Please **DO NOT** complete form **on your phone or any other electronic device** besides a computer.
- •Our <u>Associate Director Kevin James</u>, will be in contact with you <u>within 24 hours, Monday-Thursday</u> <u>between 8am & 5:30 pm</u> upon receipt of the form. If you have any further questions or concerns feel free to contact me at **770-408-2176**, I am more than willing to assist you in this process.

If your issue is time sensitive, please call our office immediately at: 770-408-1800.

Office Hours: Monday-Thursday 8:00 a.m. to 5:30 p.m. Eastern Time (Closed on Friday)