

APPENDIX B:
Final Determination on Religious Modification Request

NAME OF REQUESTOR

AND

REQUESTOR'S REPRESENTATIVE, IF ANY.

FINAL DETERMINATION ON RELIGIOUS MODIFICATION REQUEST

On _____, I received a written request for religious modification in the delivery of services, aid, training, or benefits governed by Section 188 of the Workforce Innovation and Opportunity Act (WIOA).

You identified the nature of your religious belief or practice at issue as:

You described how this impedes your ability to access, or participate in, _____. You requested the following modification:

Factors considered by me in rendering this determination include the following:

- the nature of the religious belief or practice at issue
- how the religious belief or practice impedes the customer's access to, or participation in, the program or activity at issue
- how the requested modification, or any alternative modification, would allow access to, and/or the opportunity to participate in, the program or activity
- whether the customer meets the essential eligibility requirements for the service, aid, training, or benefit at issue
- whether the customer's religious belief or practice is *bona fide* (i.e., s/he actually engages in the religious belief or practice)
- whether a modification is necessary to enable the customer access to, or participation in, the program or activity
- whether the requested modification is reasonably designed to help the customer have access to, or participate in, the program or activity
- whether the requested modification would impose an "undue hardship"
- whether the modification creates a safety hazard to self or others

- whether the modification would create a violation of another federal civil rights law (*i.e.*, a request for training classes segregated by men and women would constitute gender-based discrimination in violation of WIOA Section 188 and would not, therefore, be an acceptable modification)
- whether any alternative modifications would help the customer have access to, or the opportunity to participate in, the program or activity.

After discussion with you, and based on my consideration of the foregoing factors, I conclude:

The requested modification is GRANTED, and it is estimated the modification will be implemented on or before _____.

An alternative modification was offered to, and accepted by, you. The alternative modification is as follows: _____. It is estimated the alternative modification will be implemented on or before _____.

The requested modification is DENIED, and an alternative modification is not available. Although a number of factors were considered in rendering this decision, the denial is predominantly based on a finding that _____.

The requested modification is DENIED, and an alternative modification was offered to, and rejected by, you. Although a number of factors were considered in rendering this decision, the denial is predominantly based on a finding that _____.

Equal Opportunity Officer
Date Issued:

NOTICE OF RIGHT TO FILE COMPLAINT: If you are dissatisfied with this Notice of Final Action, you may file a complaint with the Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. The complaint must be filed within 30 days of the date on which you received this Notice of Final Action.

BABEL NOTICE (29 C.F.R. § 38.9(g)(3)): This document contains vital information. If English is not your preferred language, contact [insert EO Officer's name and contact information] to obtain translation and/or interpretation services for the content of this document.

NOTICE OF RIGHT TO AUXILIARY AIDS AND SERVICES: Auxiliary aids and services shall be provided on request by individuals with disabilities. To request auxiliary aids or services, contact [insert EO Officer's name and contact information].