



Sabbath Accommodation Report Form

Greater New York Conference of Seventh-day Adventist

Church Member Information

Date:

First Name		Initial	Last Name	
Address				
City		State	Zip	
Home Phone	Cell Phone	Best time to call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
Email Address			Name of Spouse	
Is your primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No If English is not your primary language do you need a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Church		Name of Pastor		

Employer Information

Company Name		Type of business	
Address			
City		State	Zip
HR Director		Phone	
Immediate Supervisor		Fax	
Who has the power to hire and fire:			
How many people in your department?		Number of employees in company.	
Total number of years with company.		What is your job title?	

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

Instructions for returning document

- Email the form to **aloychin@gnyc.org** or **ssiciliano@gnyc.org** If you incur any problems feel free to **save the form to your computer under a new name** and **upload it as an attachment** then **send it back to us at the email state above**
- Please **DO NOT** complete form **on your phone or any other electronic device** besides a computer.
- Our **Administrative Assistant**, will be in contact with you **Monday-Thursday between 9 a.m. & 5:30 p.m.** upon receipt of the form.

If your issue is time sensitive, please call our office immediately at: 516-627-9350 Ext: 142
Office Hours: Monday-Thursday 9:00 a.m. to 5:30 p.m. Eastern Time (Closed on Friday)