INDIANA HARBOR BELT RAILROAD COMPANY

2721 – 161ST STREET, HAMMOND, IN 46323-1099

Religious Accommodation Request Form

Employee Name: _____ IHB ID# _____

Department: _____ Job Title: _____

Email address: _____ Phone # _____

1. Please identify the IHB's requirement, policy, or practice that conflicts with your sincerely held religious practice or belief:

_____

_____

2. Please respond to both A and B below regarding your sincerely held religious belief or practice:

   A. Please explain the sincerely held religious belief or practice along with the church or religious affiliation associated with this practice or belief that conflicts with the IHB requirement as listed above:

_____

_____

_____

_____

   B. Please explain how your sincerely held religious belief or practice conflicts with the IHB's requirement, policy, or practice as listed above:

_____

_____

_____

_____

3. Please explain the accommodation or modification that you are requesting as well as the dates and/or length of time it is needed:

_____

_____

4. Please list any alternative accommodations that might also eliminate the conflict between the IHB's requirement, policy or practice, and your sincerely held religious belief:

_____

_____

By signing below, I certify that my religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held.

I understand that the IHB will review my request and although my request may be denied, the IHB will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that the IHB may request additional information or supporting documentation regarding my request. I understand that if approved, my accommodation may be reconsidered at any time should circumstances change. I understand that refusal to engage in the interactive process and provide additional information if needed, may result in the denial of my request.

Employee Signature: _____ Date _____

Once completed, submit this form to the Human Resources Department via fax @ 219-989-4967 or via email at HR@ihbrr.com. Upon receipt of your request, The Human Resources Department will contact you at the phone number or email address provided on this form within a reasonable amount of time, to notify you of the status of your request. You may contact us for a status update or to confirm receipt of your request by calling 219-989-4923 or via email at HR@ihbrr.com.

Received by (Printed name): _____

Received by (Signature): _____ Date _____