Religious Item/Holy Day Observance Request

In order to request a religious item or holy day observance, you must provide the below information. This form must be complete, as well documented as possible, and include any relevant supporting documentation, you want considered with this request. You should attach additional pages as needed to support your request. A separate form for each item/holy day requested is required.

Name: ____________________________________________  DOC Number: __________________

Facility: __________________________________________

Request (Select One):  [ ] Holy Day  [ ] Religious Item

Request:
Name of Item/Holy Day Requested:

Statement of Need: (specify the significance of item/holy day)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Description of Item/Holy Day: (Please provide a physical description of the item such as size, materials, removable pieces, type of construction, etc. and attach a photo, if available) or (Provide observance dates and any required accommodations for holy day observance)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Facility Unit Head Review: (This part must be completed and signed by the Facility Unit Head or designee)
Forward this form and supporting documentation to: Faith Review Committee, c/o Operations Support Manager, P. O. Box 26963, Richmond, Virginia 23261-6963

[ ] I have researched this item/holy day and recommend approval.

[ ] I have researched this item/holy day and I recommend disapproval based on the following security concerns:

____________________________________________________________________________________

[ ] I have researched this item/holy day and recommend the following restrictions (i.e. is this item appropriate for some security levels but not others, etc.)

____________________________________________________________________________________

Facility Unit Head Signature

Operations Support Manager Review:

[ ] This item/holy day observance was reviewed by the committee on __________________________

Decision of the Committee: _____________________________________________________________

Signature – Operations Support Manager

Faith Review Committee Decision:  [ ] Approved  [ ] Disapproved  [ ] Approved as Amended

Reason: ____________________________________________________________________________

Signature – Faith Review Committee

Revision Date: 9/29/22