

# Religious Liberty Problem Report South Leeward Mission



*Please complete form and return to the  
South Leeward Mission PARL Department  
P.O. Box 109, St. John's Antigua*

## Personal Information

Name			
Address			
Contact Number	Home	Work	Other
Marital Status			
Name of Spouse			
Date of Birth			
<b>Names of Minor Children</b>			
Child Name	Age	Nationality	
How long a S.D. A Member?			
Church where you are currently a member			

Name of the Pastor

Pastor Address

Telephone Number

Employer Information

Information	Contact	Email Address
Employer		
Type of Business		
Address		
President/Director/Manager		
Personnel Manager		
Supervisor		
Human Resources Manage		
Employment History	Dates	
Total year with employers		
Date began present job		
Initial Warning received		
Initial Discipline applied		
Lastest Discipline applied		
Total Employees in the Company		
How many have the same skills as you?		

How many other SDAs in the Company?	
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Please give a brief explanation of policies governing shift and days of assignments

Who is giving the main opposition?	
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Have there been personality problems?	
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Have you worked on any Sabbath	
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Does your Employers have a formal grievance policy?	
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Briefly Explain

### Accommodations

What accommodations have been suggested by employee?

Make any other further comments that could inform the process