



# Religious Accommodation: Request and Employer Response

## **Part 1 To be completed by Employee**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Reason for Request (Job Change, Work Schedule, Dress/Appearance Code, Other):

\_\_\_\_\_  
\_\_\_\_\_

Length of Time: \_\_\_\_\_

Suggested religious accommodation:

\_\_\_\_\_

I have read and understand the University's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable religious accommodation that does not create an undue hardship on the employers business.

Signature: \_\_\_\_\_

Employee

Date: \_\_\_\_\_

## **Part 2 To be completed by immediate supervisor (and additional managers, if applicable)**

Employees suggested accommodation:

\_\_\_\_\_

Evaluation of Impact (if any): \_\_\_\_\_

Accepted: \_\_\_\_\_ Not accepted: \_\_\_\_\_

Alternative accommodations (list in order of preference):

1. \_\_\_\_\_

2. \_\_\_\_\_



# WPI

3. \_\_\_\_\_

Discussed with Employee on: \_\_\_\_\_

Accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, explanation:

\_\_\_\_\_

Signature: \_\_\_\_\_

Immediate Supervisor

Date: \_\_\_\_\_

Additional Review (if applicable):

Reviewed and agreed:

\_\_\_\_\_

Manager of Immediate Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_

Human Resources Director

Date: \_\_\_\_\_