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 employer’s 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. _______________________________________________________________________
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: __________________________________________________________________