



Request for Religious Accommodation

Employee Name

Employee Title

Employee Department

Employee Work Phone Number

Employee Work Email Address

Supervisor's Name

Supervisor's Phone Number

Supervisor's Email Address

Please specify your sincerely held religious belief, practice, or observance that is the basis for your request for a workplace accommodation.

Please specify the work task or requirement that conflicts with the sincerely held religious belief, practice, or observance you described above. Please be as specific as possible as to the work task or requirement and the nature of the conflict.

List the workplace accommodation(s) you are requesting, including the dates or frequency of such accommodations (as applicable)? (For example, time to pray during the workday, leave for religious observance on a weekly or other basis, religious attire or grooming practices, etc.)



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Please add any comments you feel may be helpful in considering your request.

I give Worcester Polytechnic Institute (WPI) permission to explore eligibility and reasonable accommodation(s) under Title VII of the Civil Rights Act of 1964, and applicable Massachusetts and federal laws.

If applicable, I understand that WPI's Division of Talent & Inclusion may need to consult with my religious or spiritual leader to seek clarification regarding the work task or requirement that conflicts with your sincerely held religious belief, practice, or observance and to assist in the exploration of possible reasonable accommodations and I grant WPI's Division of Talent & Inclusion the right to contact my religious or spiritual leader below.

Religious or Spiritual Leader Name

Contact Information

Signature of Employee

Date



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