Religious Accommodation Request and Employer Response

Part 1 To be completed by Employee

Name: _______________________________ Department: ____________________________

Date of Request: ______________________________________________________________

Immediate Supervisor: _________________________________________________________

Reason for Request: ___________________________________________________________

___________________________________________________

Frequency: _____________________________ Duration: _____________________________

Suggested religious accommodation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I have read and understand the university’s procedures for employees requesting religious accommodations. 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 university will attempt to provide a reasonable religious accommodation that does not create an undue hardship on the business of the department.

Signature: ________________________________ Date: _________________________________
Part 2 To be completed by immediate supervisor (and additional managers, if applicable)

Employee’s suggested accommodation (see request above):
______________________________________________________________________________

Evaluation of Impact (if any): ______________________________________________________

Approved: _______________ Not Approved: _______________

Alternative accommodations (list in order of preference):
1. _____________________________________________________________________
2. _____________________________________________________________________
3. _____________________________________________________________________

Discussed with Employee on: ___________________________________________________

Accommodation agreed upon: _________________________________________________

If no agreement on an accommodation, explanation:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisor: _____________________________ Date: _________________________

Additional Review (if applicable):

Reviewed and agreed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Manager of Supervisor: _____________________________ Date: _______________________

HR Employee Relations: _____________________________ Date: _______________________