



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: _____