

<b>SUBJECT:</b> RELIGIOUS ACCOMMODATIONS FOR EMPLOYEES	<b>Effective Date:</b> 10-29-18	<b>Policy Number:</b> 7.7	
	<b>Supersedes:</b> New	<b>Page</b> 1	<b>Of</b> 3
	<b>Responsible Authority:</b> Assistant Vice President, Human Resources		

**APPLICABILITY:**

This policy applies to all University employees, including faculty and staff.

**POLICY STATEMENT:**

The University prohibits discrimination on the basis of religion and is committed to providing a work environment that is respectful of employee religious beliefs. As part of this commitment, the University makes good faith efforts to provide reasonable religious accommodations to employees whose sincerely held religious beliefs conflict with a



**RELATED INFORMATION:** [Regulation 2.007](#)



# Religious Accommodation Request Form

**Part 1 – To Be Completed by Employee (additional pages may be attached)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Z Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please specify the religious belief, practice, or observance that is the basis for your request for accommodation:

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Please specify the work requirement that conflicts with the religious belief, practice, or observance described above and explain the nature of the conflict:

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Please describe the specific accommodation(s) that you are requesting at this time:

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What other accommodation options might eliminate the conflict?

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Additional Comments/Information (if any):

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**Verification**

I verify that my religious beliefs and practices which prompt this request for a religious accommodation are sincerely held and that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted but that the University will attempt to provide a reasonable accommodation that does not impose an undue hardship on the University/employer.

**Part 2 – To Be Completed by Supervisor / Decision Maker (additional pages may be attached)**

Date of Request: \_\_\_\_\_ Date of Interactive Discussion(s): \_\_\_\_\_

Did documentation come with the request? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is more documentation necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodation: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Nature of accommodation provided (if any):

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If accommodation denied, please explain why:

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Date accommodation approved or denied: \_\_\_\_\_

Date accommodation effective: \_\_\_\_\_

Duration period of accommodation: \_\_\_\_\_

Additional comments (if any):

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Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If accommodation denied, review and approval by Human Resources: \_\_\_\_\_