



## 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: \_\_\_\_\_