



RELIGIOUS ACCOMMODATION REQUEST FORM

Name: _____
E-mail address: _____ Telephone: _____
Department/Program _____
Employee: Title and position: _____
Supervisor's name, e-mail address: _____

Specify the policy, practice or schedule for which you are seeking religious accommodation: _____

Specify how such policy, practice or schedule conflicts with your religious beliefs: _____

Specify the accommodation or modification that you requesting: _____

List any other accommodations that would eliminate the conflict: _____

VERIFICATION

I verify that my religious beliefs and practices, which prompt this request for a religious accommodation, are sincerely held. I understand that the accommodation requested may not be granted, but that the University will attempt to provide a reasonable accommodation that does not create an undue hardship on the University.

Date

Signature

DISPOSITION

Request Approved: Yes _____ No* _____
Specify accommodation provided: _____

*If request denied, specify reason (i.e., undue hardship, unreasonable, other): _____

Date

Signature

