



Religious Accommodation Request

Part 1 - To be completed by Employee

Name: _____ Department: _____

Immediate Supervisor: _____

Date of Request: _____

Reason for Request (Job Change, Work Schedule, Dress/Appearance Code, Other):

Length of Time: _____

Suggested religious accommodation:

I have read and understand the Board of Regent's policy on religious accommodation. 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 employer's business.

Employee Signature: _____

Date: _____



Human Resources

Part 2 - To be completed by immediate supervisor (and additional managers, if applicable)

Employee's suggested accommodation:

Evaluation of Impact (if any):

Accepted: _____ Not accepted: _____

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/ Chair Signature: _____

Date: _____

Director/ Dean Signature: _____

Date: _____

HR Director Signature: _____

Date: _____