
Name (please print)

EmailPlease Identify: Employee Student

Date

Phone**For Students:**

Department Program

College

Class(es) for which accommodation is being sought:**For Employees:**

Employee Title and Position

Supervisor Name

Position

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

Specify how such policy, practice, or schedule conflicts with your religious or sincerely held beliefs

Specify the accommodation or modification that you requesting

List any other accommodations that would eliminate the conflict: _____

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 College will attempt to provide a reasonable accommodation that does not create an undue hardship on the College. A religious accommodation is specific to the dates and specific accommodation requests made. Other (or ongoing holiday or holy day observance) religious accommodation require additional requests.

Date

Signature**Disposition**Approved: Yes No

Specify accommodation provided:

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

For students, the final disposition should be signed by the faculty member granting the accommodation. For employees, the disposition should be signed by the requesting employee's supervisor.

Date

Signature