Request for Religious Accommodation Form

To be completed by Faculty, Staff, or Student-Employee

EMPLOYEE INFORMATION

Date: ____________
Name of Employee Requesting Accommodation: _________________________________________
Employee’s Job Title: _________________________________________________________________
Employee’s Department/College/Work Unit: ____________________________________________
Status: (Check One)   Faculty _____   Staff _____   Student-Employee _____
Campus Mailing Address: ____________________________________________________________
Email Address: ___________________________   Phone Number: _____________________________
Name of Immediate Supervisor: _________________   Supervisor’s Phone Number: ____________

A reasonable religious accommodation is a change in the work environment or change in the way a
task and/or responsibility is performed that enables an employee to participate in his/her religious
practice or belief without creating an undue hardship on University of Akron business. In order to
consider your request for a religious accommodation, please provide the following information:

ACCOMMODATION INFORMATION

Please specify what workplace accommodation you request: (For example, time to pray, leave work to
attend a religious observance, wear religious attire to work, etc.):

__________________________________________

__________________________________________

Please identify your religious practice or belief and state how this accommodation enables you to
participate in your religious practice or belief without impacting your ability to meet the essential
functions of your job:

__________________________________________

__________________________________________

__________________________________________
Please state the date[s] or frequency of the requested accommodation (For example, daily, weekly, a specific date):

__________________________________________________________________________

__________________________________________________________________________

If you have requested this religious accommodation before, please state when the request was made, and the outcome of the request:

__________________________________________________________________________

__________________________________________________________________________

**IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED.**

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?  (Check One)  Yes _____  No _____

Please Note: In some cases, The University of Akron might ask to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious beliefs, practices, and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

Signature: ____________________________  Date: ______________

### SUMMARY OF NEXT STEPS

This request will be reviewed by the Director of the Equal Employment Opportunity/Affirmative Action, in consultation with your immediate supervisor, chair, or unit director. The faculty, staff, or student-employee making the reasonable accommodation request will be notified, in writing, by the Director of the EEO/AA of the determination and, if granted, the details of the reasonable accommodation.

### FOR EEO/AA USE ONLY

Received by: ____________________________  Date received: ______________

ACCOMMODATION IS:  GRANTED / DENIED