Request for Religious Accommodation Form

To be completed by Faculty, Staff, Contract Professional 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 __  Contract Professional __

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