

**PLEASE SUBMIT THIS COMPLETED TWO-PAGE FORM**

**TO HUMAN RESOURCES**

**Request for Religious Accommodation**

**To be completed by Employee**

**Contents of this request will be shared only as necessary to consider the approval**

**and/or implementation of an appropriate accommodation.**

**Employee Information**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Employee Requesting Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Immediate Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request for Religious Workplace Accommodation**

In accordance with state and federal law, West Liberty University prohibits discrimination and harassment against any applicant for admission, applicant for employment, employee or student based on a sincerely held religious belief.

The University will reasonably accommodate the sincerely held religious beliefs of any applicant for admission, applicant for employment, employee or student unless doing so would cause an undue hardship on the University.

This means the University may be required to make reasonable adjustments to the work environment that will allow an employee to practice his or her religion including but not limited to allowances for schedule changes and certain grooming/dress practices that an employee has for religious reasons.

To consider your request for a religious workplace accommodation, please provide the following information:

What specific workplace accommodation do you request? (For example, time to pray, leave for religious observance, religious attire, etc.)

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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 required functions of your position.

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State date[s]/frequency of requested accommodation (e.g., daily or weekly religious requirements) within the calendar year.

\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

If you have requested this religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.

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**Religion Tenet(s) Documentation**

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

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice

or belief? Yes \_\_\_\_\_No \_\_\_\_\_

*.*

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional

misrepresentation contained in this request may result in corrective action, up to and including termination of employment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Next Steps**

**This request will be reviewed with you and acknowledged by human resources.**

**You will be notified in writing of the outcome of the determination and/or proposed accommodation.**

***For human resources use only:***

***Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Form is: Complete / Incomplete***