



RELIGIOUS WORKPLACE ACCOMMODATION REQUEST FORM

Rowan University is strengthened by its global and multicultural character and is committed to diversity and equal opportunity in employment and education. This commitment includes embracing religious diversity and cultivating a community of inclusion and respect. The University prohibits discrimination against employees and applicants for employment based on religious beliefs, practices, and affiliation. In addition, the University provides reasonable accommodation for individual's sincerely held religious beliefs and practices unless providing a reasonable accommodation would result in undue hardship to the University, including undermining the University's core values of integrity, honesty, trust, fairness, and respect toward peers and community. If you are an employee and are requesting a religious accommodation pertaining to your employment, please complete this form and submit it to the Office of Employee Equity.

Part 1 – To Be Completed by Employee (additional pages may be attached)

Name: _____ Job Title: _____

Phone Number: _____ Email: _____

Department: _____ Supervisor: _____

Date of Request: _____

Please specify the religious belief, practice, or observance that is the basis for your request for accommodation.

Please specify the work requirement that conflicts with the religious belief, practice, or observance described above and explain the nature of the conflict.

Please describe the specific accommodation(s) that you are requesting at this time, including an explanation of how the requested accommodation(s) will enable you to meet your religious obligations without impacting your ability to meet the required/essential functions of your job.

What are some other accommodation options that might address your needs?

If you have requested 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.

Part 2 – To Be Completed by Decision Maker (additional pages may be attached)

Date of Request: _____ Date of Interactive Discussion(s): _____

Did documentation come with the request? _____ Yes _____ No

Is more documentation necessary? _____ Yes _____ No

Reasonable accommodation: _____ Approved _____ Denied

Nature of accommodation provided (if any):

If accommodation denied, please explain why:

Date reasonable accommodation approved or denied: _____

Date reasonable accommodation effective: _____

Duration period of reasonable accommodation: _____

Additional comments (if any):

Immediate Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

OIE / HR Officer Signature: _____ Date: _____

Materials relating to an employee's / applicant's religious accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, but may be disclosed for University/department business reasons or as necessary to effectuate the accommodation. For additional information, please contact the Office of Employee Equity at (856) 256-5494 or OEE@rowan.edu.