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.

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Office of Employee Equity – Religious Accommodation Form
Please specify the work requirement that conflicts with the religious belief, practice, or observance described above and explain the nature of the conflict.

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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.

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

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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.

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Additional Comments/Information (if any):

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**Religion Tenet(s) Documentation**

In some cases, the University will need to obtain documentation or other authority regarding your religious practice or belief. For example, the University 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. If requested, can you obtain documentation or other authority to support the need for an accommodation?

YES _____________   NO _____________

**Verification and Accuracy**

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 disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it would impose an undue hardship on the University/employer.

___________________________________  _____________________________
Employee/Applicant Signature              Date

**Summary of Next Steps**

- Your request will be acknowledged and discussed with you by the Office of Employee Equity.
- Following a collaborative and interactive process, you will be notified of the decision.
- Additional information about the University’s reasonable religious accommodation policy may be found at: _________________________________.

Office of Employee Equity – Religious Accommodation Form
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):

___________________________________________________________________________
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If accommodation denied, please explain why:

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___________________________________________________________________________
___________________________________________________________________________

Date reasonable accommodation approved or denied: _________________
Date reasonable accommodation effective: _________________
Duration period of reasonable accommodation: _________________
Additional comments (if any):

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___________________________________________________________________________

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.