



The University of Akron
Human Resources

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:** _____

<p style="text-align: center;">SUMMARY OF NEXT STEPS</p>

<p>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.</p>
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FOR EEO/AA USE ONLY

Received by: _____

Date received: _____

ACCOMMODATION IS: GRANTED / DENIED