

Illinois State University
Request for Religious Accommodation Form

**To be completed by Faculty, Staff, or Student-Employee
30 days prior to the date of requested action.**

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

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 Illinois State University 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, Illinois State 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 beliefs, practices, and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.*

I verify that the above information is complete and accurate to the best of my knowledge and that any intentional misrepresentation contained in this request may result in disciplinary action.

Signature: _____ Date: _____

SUMMARY OF NEXT STEPS

This request will be reviewed by the Director of the Office of Equal Opportunity and Access, or designee, 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 OEOA, or designee, of the determination and, if granted, the details of the reasonable accommodation.

FOR OEOA USE ONLY

Received by: _____ Date received: _____

ACCOMMODATION IS: GRANTED / DENIED