APPLICABILITY:

This policy applies to all University employees, including faculty and staff.

POLICY STATEMENT:

The University prohibits discrimination on the basis of religion and is committed to providing a work environment that is respectful of employee religious beliefs. As part of this commitment, the University makes good faith efforts to provide reasonable religious accommodations to employees whose sincerely held religious beliefs conflict with a University policy or employment requirement unless such an accommodation would create an undue hardship. The University is not required to grant a preferred accommodation if there is at least one alternative that eliminates the religious conflict.

Scheduling Changes and Absences: The University will make reasonable efforts to accommodate an employee’s requests for absences to the extent possible by allowing flexible arrival and departure times, floating or optional holidays, flexible work breaks, or considering schedule substitutions with colleagues of substantially similar qualifications.

Religious Attire, Dress, and Grooming: The University will make reasonable efforts to accommodate employees’ attire that is related to their sincerely held religious beliefs and may conflict with any University requirement. Religious attire is not cultural or traditional dress, but rather a requirement of religious observances.

Quiet Spaces and Prayer: The University will make reasonable efforts to provide access and time to quiet, private spaces for meditation, religious study, and/or prayer consistent with the requirements of this policy. Employees are not prohibited from using their offices for prayer during break time.
DEFINITIONS:

Religion: Includes not only traditional, organized religions but also religious beliefs, including those that are new, uncommon, not part of a formal church or sect, only subscribed to by a small number of people. Religious beliefs and observances that are sincerely held will be considered as part of this policy.

Religious accommodation: A reasonable change in the work environment that enables an employee to practice or otherwise observe a sincerely held religious practice or belief without undue hardship on the University.

Undue hardship: More than minimal difficulty, cost, or expense on the University’s operations. Undue hardship may refer to financial difficulty in providing an accommodation that is unduly expensive, substantial, disruptive, or that would fundamentally alter the nature or operation of the University’s business, or the essential functions of the job. Accommodations which interfere with the safe and efficient operation of the workplace or campus or with a bona fide seniority system will often present an undue hardship.

PROCEDURES:

Employees may request a religious accommodation by making a written request for an accommodation to their supervisor(s) at least 30 days (unless reasonably impractical) in advance of their need for the accommodation. Employees shall complete the Religious Accommodation Request Form and may be required to provide other documentation or information supporting the request, as noted on the form.

Accommodation requests will be granted by the employee’s supervisor on a case-by-case basis taking into account factors including but not limited to, the essential functions of an individual’s job, the duties of others in the department or job group, any impact of the accommodation, the duration of the accommodation request, and the availability of alternative accommodations. If a supervisor proposes to deny an accommodation request, the denial should be reviewed and approved by Human Resources, in consultation with the Office of the General Counsel, as necessary. Once the Religious Accommodation Request Form has been completed, and signed off on by all pertinent parties, it will be added to the employee’s personnel file in the online HCM system by the department HR Partner.

Cooperation and flexibility are key to the search for a reasonable accommodation. If the accommodation solution is not immediately apparent, the supervisor should discuss the request with the employee to determine what accommodations might be effective. The supervisor may request additional information reasonably needed to evaluate the request. If the supervisor does not grant the employee’s preferred accommodation, but instead provides a reasonable alternative accommodation, the employee should attempt to meet his or her religious needs through the employer’s proposed accommodation.

The University prohibits retaliation against employees requesting a religious accommodation, participating in an approved accommodation, or otherwise engaging in protected conduct under this policy. Any person who violates this anti-retaliation provision may be subject to disciplinary and/or corrective action. Employees who believe that they have been retaliated against or not accommodated appropriately should contact the FAU Office of Equity, Inclusion, and Compliance.
RELATED INFORMATION: Regulation 2.007 (Religious Observances [for Students]).

INITIATING AUTHORITY: Vice President, Administrative Affairs

POLICY APPROVAL
(For use by the Office of the President)

Policy Number: 7.7

Initiating Authority
Signature: ________________________________ Date: ___________
Name: Stacy Volnick

Policies and Procedures Review Committee
Signature: ________________________________ Date: ___________
Name: Elizabeth F. Rubin

Office of the President
Signature: ________________________________ Date: ___________
Name: Dr. John Kelly

Executed signature pages are available in the Office of the General Counsel
Religious Accommodation Request Form

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

Name: ___________________________ Job Title: ___________________________ Z Number: _____________
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:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What other accommodation options might eliminate the conflict?
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Additional Comments/Information (if any):
____________________________________________________________________________________________________

Verification

I verify that my religious beliefs and practices which prompt this request for a religious accommodation are sincerely held and that the above information is complete and accurate to the best of my knowledge. 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 but that the University will attempt to provide a reasonable accommodation that does not impose an undue hardship on the University/employer.

_________________________________   ___________________
Employee Signature     Date
Part 2 – To Be Completed by Supervisor / 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

Accommodation: _______Approved _______Denied

Nature of accommodation provided (if any):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

If accommodation denied, please explain why:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date accommodation approved or denied: _________________

Date accommodation effective: ________________________

Duration period of accommodation: ______________________

Additional comments (if any):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Immediate Supervisor’s Signature: _________________________________ Date: __________________

Department Head’s Signature: _________________________________ Date: __________________

If accommodation denied, review and approval by Human Resources: _________________________________