Florida Atlantic University

Religious Accommodation Request Form

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

Name: **Job Title:**

Z #: **Phone #:**

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 is 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 is denied, review & approval by Human Resources: