

**Florida Atlantic University**  
**Religious Accommodation Request Form**

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

**Name:** Click or tap here to enter text.      **Job Title:** Click or tap here to enter text.

**Z #:** Click or tap here to enter text.      **Phone #:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.      **Department:** Click or tap here to enter text.

**Supervisor:** Click or tap here to enter text.

**Date of Request:** Click or tap here to enter text.

Please specify the religious belief, practice, or observance that is the basis for your request for accommodation:

Click or tap here to enter text.

Please specify the work requirement that conflicts with the religious belief, practice, or observance described above and explain the nature of the conflict:

Click or tap here to enter text.

Please describe the specific accommodation(s) that you are requesting at this time:

Click or tap here to enter text.

What other accommodation options might eliminate the conflict?

Click or tap here to enter text.

**Additional Comments/Information (if any):**

Click or tap here to enter text.

**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:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

An Equal Opportunity/Equal Access Institution

**Part 2 – To Be Completed by Supervisor / Decision Maker (additional pages may be attached)**

**Date of request:** Click or tap here to enter text.

**Date of Interactive Discussion(s):** Click or tap here to enter text.

**Did documentation come with the request?**  **Yes**  **No**

**Is more documentation necessary?**  **Yes**  **No**

**Accommodation:**  **Approved**  **Denied**

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

Click or tap here to enter text.

**If accommodation is denied, please explain why:**

Click or tap here to enter text.

**Date accommodation approved or denied:** Click or tap here to enter text.

**Date accommodation effective:** Click or tap here to enter text.

**Duration period of accommodation:** Click or tap here to enter text.

**Additional comments (if any):** Click or tap here to enter text.

**Immediate Supervisor's Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Department Head's Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**If accommodation is denied, review & approval by Human Resources:**

Click or tap here to enter text.