



# UIC Employee Request for Reasonable Accommodation Based on Religious Reason

This form is to be used when an individual is seeking a religious accommodation because his or her sincerely held religious belief(s) or practice(s) conflict with the work environment.

**SECTION 1: EMPLOYEE'S INFORMATION AND REQUEST (To Be Completed By Employee)**

First Name	Last Name	Phone Number
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Email	Job Title/Classification
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Street Address
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City	State	Zip Code
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College/Department/Unit	Status (AP, Extra Help, Faculty, Support Staff)
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Supervisor's First Name	Supervisor's Last Name	Supervisor's Phone Number
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Supervisor's Email
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Identify Requested Accommodation
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Identify duration and length of requested accommodation (e.g. temporary or permanent; amount of time)
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**Certification:** My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on my employer. I understand I may be asked to provide verification.

Employee Signature	Date
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<b>SECTION 2: COLLEGE/UNIT/DEPARTMENT REVIEW</b> <b>(To Be Completed By Employee's Supervisor or Human Resources Representative)</b>		
First Name	Last Name	Phone Number
Email		Job Title/Classification
Evaluation of Impact to College/Unit/Department (if any)		
Date Discussed with Employee		Decision (Approved/Modified/Denied)
Accommodation Agreed Upon (explanation)		
Supervisor Signature		Human Resources Signature
Date	Date	
<b>SECTION 3: FINAL DECISION</b> <b>(To Be Completed By the Office for Access and Equity)</b>		
1. Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Modified (explanation) <input type="checkbox"/> Denied		
OAE Representative Signature		Date