

Iowa State University

Religious Workplace Accommodation Request

The **Religious Accommodation Request** must be used when an employee seeks a workplace accommodation due to a religious belief. To make a request for religious accommodation, an employee must complete this request form and return it in one of the following ways:

- By email to UHRDAR@iastate.edu;
- By mail to *University Human Resources Employee & Labor Relations Office, 3210 Beardshear, Ames, IA 50011*;
- By turning this form into a Human Resources employee

In some cases, the University will need to obtain documentation or other authority regarding your religious practice or belief. For example, the University may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars.

University Human Resources (UHR) encourages early engagement (at least 30 days in advance of the event, if possible) in requesting accommodations for religious reasons. Employees and applicants may request accommodation at any time during the application process or course of employment. The process includes the requesting employee or applicant and UHR working together through an individualized assessment to identify and implement reasonable accommodations that do not impose undue hardship upon the university. If consensus is not reached on a reasonable accommodation, the Leave and Accommodation Coordinator will make a final determination on behalf of the university.

Section 1: Contact Information

Employee Name: _____

Job Title: _____ Supervisor: _____

Department/College/Division: _____

Regular Work Schedule: _____

Work location/State: _____

Best Contact to Reach you At: _____

Section 2: Accommodation Request

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

B.) Please specify the specific accommodation/s that you are requesting at this time. Include an explanation of how the requested accommodation(s) will enable you to meet your religious obligations without impacting your ability to meet your workplace requirements.

Statement of Accuracy - By signing below, I verify that the above information is complete and accurate to the best of my knowledge.

Agreement - By signing below, I also understand that my request for accommodation may not be granted if it is not reasonable or if it would impose an undue hardship on the University/employer.

Employee's Signature: _____ Date: _____