



## Religious Accommodation Request Form

The University prohibits discrimination against employees and applicants for employment based on religious beliefs, practices, and affiliation. In addition, the University provides reasonable accommodation for individual's sincerely held religious beliefs and practices unless providing a reasonable accommodation would result in undue hardship to the University, including undermining the University's core values of integrity, honesty, trust, fairness, and respect toward peers and community.

If you are an employee and are requesting a religious accommodation pertaining to your employment, please complete this form and submit it to the Office of Human Resources.

### Section 1: Contact Information (To be completed by the Requesting Employee)

Employee Name:	PIDM:
Telephone:	Email:
Title:	Division:
Department:	Supervisor:
Regular Work Schedule (days/hours; full-time; part-time):	
Work Location:	



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### Section 2: Accommodation Request (To be completed by the Requesting Employee)

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

- B. Please specify the date that your observance of the religious belief, practice, or observance obligation started?

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

- D. Please describe the specific accommodation you are requesting at this time, including an explanation of how the requested accommodation will enable you to meet your religious obligations without impacting your ability to meet the required function(s) of your job.



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E. What are some other accommodation options that might address your needs?

F. If you have requested religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.

G. Add any comments you feel may be helpful in our consideration of your request.

*I verify that the above information is true complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.*

*I understand that HR will review my religious accommodation request and I may be asked to provide additional information or documentation to support the accommodation request. I understand that UIW is not required to make the specific accommodation I requested and may provide an alternative, effective accommodation, including a temporary accommodation that may be re-evaluated periodically.*

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



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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms may be faxed, emailed, or mailed to:**

UIW Human Resources Department

4301 Broadway, CPO 320

San Antonio, TX 78209

Fax: 210-729-6034

[uiwhr@uiwtx.edu](mailto:uiwhr@uiwtx.edu)