



Office of Academic Labor Relations
178 Ryders Lane, Suite 308
New Brunswick, NJ 08901-8556

Telephone: 848-932-7174
Telephone: 848-932-7175
Fax: 732-932-8326

ACCOMMODATION REQUEST FORM – RELIGIOUS (FOR USE BY FACULTY ONLY)

This form is to be used to request an accommodation based on an employee's religion or creed. The purpose of this form is assist the University in determining whether a reasonable accommodation is available to enable the employee to participate in their sincerely held religious practice(s) or belief(s) without undue hardship on the conduct of the University's business or operation. Information provided in support of your request will be maintained in confidence, shared and/or disclosed only to the extent necessary, and kept separately from the employee's personnel file.

Name: _____ Title: _____

Department: _____ Campus: _____

Phone: _____ Work Home Cell

Email: _____

Date of Employment: _____

Supervisor Name: _____

Campus Phone: _____ Campus Email: _____

Please explain the nature of your sincerely held religious practice(s) or belief(s) at issue and the current work requirement(s) that conflict with such practice(s) or belief(s).

Please explain the specific accommodation(s) you are requesting that will allow you to comply with your sincerely held religious belief(s) or practice(s), e.g., time to pray, leave for religious observance, religious attire, etc.

How long do you anticipate the need for the accommodation(s) you are requesting? *(Please provide anticipated start and end dates if the request is not for a permanent religious accommodation.)*

If you have sought assistance from your supervisor, or from any other person, on the accommodation sought in this request, please provide the name of such person, the date of you requested assistance from that person, and the result obtained or response provided.

Is there any additional information related to your previous request that you wish to provide at this time or that would be relevant to your current request?

Acknowledgement of Request for Religious Tenet Documentation

I acknowledge that, in some cases, the University will need to obtain additional information, documentation or other authority regarding my sincerely held religious practice(s) or belief(s). I understand that such additional information does not take any specific form and is determined on a case-by-case basis. If requested, I understand that I am to provide such additional information, documentation or other authority to support my requested accommodation based on my sincerely held religious practice(s) or belief(s), or provide a written explanation as to why I am unable to provide such information.

Signature of Employee: _____ **Date:** _____

I agree to fully cooperate with all University requests for information and documents necessary for reviewing my request, including providing any additional information requested. I also understand that my request for an accommodation may not be granted if it is not reasonable and/or if it creates an undue hardship on my employer.

I understand that the University's response time in making a decision on my request depends, in part, on my prompt return of this form and any other documents and/or information requested.

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation or knowingly false information contained in this request may result in disciplinary action, up to and including termination.

Signature of Employee: _____ **Date:** _____

Please return this form to:

Office of Academic Labor Relations, 178 Ryders Lane, Suite 308, New Brunswick, NJ 08901
P: (848) 932-7174 F: (732) 932-8326 E-mail: oaalr@oq.rutgers.edu