

Religious Accommodation Request Form

CONFIDENTIAL

This form should be used by University employees who wish to request a reasonable workplace accommodation based on their religious belief, practice, or observance. The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified University employee or for an applicant for employment.

This form **must** be filed separately from the employee's personnel file and is a **confidential** document.

Request Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Title/Job Classification: _____

Department/Unit: _____

Office/Work Location: _____

Office/Work Phone: _____ Employee UIN: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Nature of Religious Accommodation Request

1. Please specify the religious belief, practice, or observation obligation that is the basis for your request for accommodation: _____

 2. Please describe the work requirement that conflicts with the religious belief, practice, or observance obligation described above and explain the nature of the conflict: _____

 3. Please describe the specific accommodation you are requesting: _____

 4. Additional information you would like to share: _____

 5. Verification of religious obligation:
[] I have enclosed **applicable** supporting documents with this request.
 6. Length of time for requested accommodation: _____
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I certify that the information provided above is true and accurate.

Signature of Requestor: _____

Date: _____

**Return completed form via mail, in person, email, or fax to the following: Office of Equal Opportunity
Human Resources
P. O. Box 519: MS 1337
Harrington Science Building, Room 109
Prairie View, TX 77446
(936) 261-1792 or (936) 261-1744
f (936) 261-1734
EEOD@PVAMU.edu**