



 Religious Accommodations Request Form for Employees

Updated February 2022

Your request for a reasonable accommodation, and information submitted in support of or related to the request, will be kept confidential, except that it will be shared with those University officials who are involved in evaluating and/or implementing the request.

Any questions regarding the religious accommodation policy or process should be directed to Elizabeth M. Garcia, Executive Director for the Office of Equity and Diversity, Institute of Molecular Biology and Medicine, Suite 315, (570) 941-6645, elizabeth.garcia2@scranton.edu.

Please review the policy at <https://www.scranton.edu/equity-diversity/docs/religious-accom-policy.pdf>

**To be Completed by Employee/Applicant:**.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_R#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the policy, practice or schedule conflict for which you are seeking religious

 accommodation(s):

2. Please describe how such policy, practice or schedule conflicts with your religious beliefs:

3. Please describe the accommodations or modification that you are requesting:

4. List any other accommodation that would eliminate the conflict:

I verify that my religious beliefs and practices, which prompt this request for a religious accommodation, are sincerely held. I understand that the accommodation request may not be granted, but that the University will attempt to provide reasonable accommodation that does not create an undue hardship on the University.

**Signature:** **Date:**

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**Date Received by OED:**