

RELIGIOUS ACCOMMODATION REQUEST FORM- EMPLOYEES

As a public institution and federal contractor, the University of Tennessee Health Science Center (UTHSC) is required to reasonably accommodate an employee's sincerely held religious beliefs and practices, unless doing so would impose more than a minimal operational burden on the department. Each request for religious accommodation shall be evaluated on an individual basis, and determinations will depend upon the particular circumstances of the case in question.

To request accommodation for a sincerely held religious belief or practice, please complete this form, and return it to the Office of Access and Compliance (OAC). OAC will review your request and contact you and your supervisor directly. If necessary, OAC may request additional documentation or information related to the request. It is the employee's responsibility to submit requests for religious accommodation in advance, to provide sufficient notice to the employee's supervisor and adequate time for review. Generally, requests for religious accommodation should be submitted at least thirty (30) days prior to the religious observance, or as soon as otherwise practicable.

SECTION A: EMPLOYEE INFORMATION

Name: _____ Personnel Number: _____

Email: _____ Phone: _____

Department/College: _____ Title: _____

SECTION B: SUPERVISOR CONTACT INFORMATION

Supervisor Name: _____ Title: _____

Email: _____ Phone: _____

Campus Address: _____

SECTION C: RELIGIOUS OBSERVANCE INFORMATION

Attach additional documents if needed.

Employee's Religious Affiliation/Faith: _____

Please describe the religious accommodation requested (e.g., time to pray, leave for religious observance):

How will this accommodation enable you to participate in your religious practice/belief without impacting your ability to meet the essential functions of your position?

I hereby attest that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that UTHSC may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.

Employee Signature: _____ Date: _____

THIS PAGE IS FOR THE OFFICE OF ACCESS AND COMPLIANCE USE ONLY

SECTION D: OFFICE OF ACCESS AND COMPLIANCE REVIEW AND EVALUATION

Referred to OAC by: Employee Supervisor Other _____

Reviewed by: _____ Date of Referral: _____

Secondary Review (if applicable): _____

Description of requested accommodation(s):

Additional information or documentation requested? Yes No

Description of information requested and reason for request (if applicable):

Evaluation of operational impact and/or undue hardship:

SECTION E: OUTCOME OF OFFICE OF ACCESS AND COMPLIANCE REVIEW

Determination as to Accommodation Request: Approved Denied

Nature of undue hardship/ basis for denial (if applicable):

Additional notes:

If the requested accommodation was denied, what alternative accommodation(s) did the employee identify (listed in order of preference)?

Determination as to Alternative Accommodation Request: Approved Denied Not Applicable

If no accommodation was agreed upon, provide explanation:

IMPLEMENTATION DETAILS: