

## RELIGIOUS ACCOMMODATION REQUEST FORM - EMPLOYEES

The contents of this form will be shared only as needed to evaluate the request, or to implement an appropriate accommodation.

**INSTRUCTIONS:** To request accommodation for a sincerely held religious belief or practice, please complete this form and return it to the Office of Equity and Diversity (OED). OED will review your request, and contact you and your supervisor directly. If necessary, OED 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.

**For assistance with religious accommodation requests please contact the Office of Equity and Diversity:  
920 Madison Avenue, Suite 825, Memphis, TN 38103 | 901.448.2112 | [hsc-oed@uthsc.edu](mailto:hsc-oed@uthsc.edu)**

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.

### PART A: EMPLOYEE CONTACT INFORMATION

Employee Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department or Office: \_\_\_\_\_

### PART B: SUPERVISOR CONTACT INFORMATION

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### PART C: RELIGIOUS OBSERVANCE INFORMATION

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: \_\_\_\_\_

## PART D: OED REVIEW AND EVALUATION

Referred to OED 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:

### OUTCOME OF OED 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

If no accommodation was agreed upon, provide explanation:

### IMPLEMENTATION DETAILS: