



OFFICE OF  
**EQUAL OPPORTUNITY,  
ETHICS, AND ACCESS**  
*Illinois State University*

## Employee Religious Accommodation Request Form

### Part 1: Employee Request

Employee Name: \_\_\_\_\_ UID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Manager Phone Number: \_\_\_\_\_

Please specify the work requirement that conflicts with your religious beliefs, practice, or observance obligation and explain the nature of the conflict.

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Please describe the specific accommodation you are requesting at this time and how the accommodation enables you to participate in your religious practice, beliefs, or observance.

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Are there any other accommodation options that would eliminate the conflict? If so, please specify.

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### Part 2: Employee Acknowledgement

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

_____ Employee Signature	_____ Date
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### Part 3: Disposition (To be completed by OEOEA)

Accommodation Approved?       Yes     No

Nature of Accommodation  
 Provided:

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Date Accommodation  
 Implemented:

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_____ Signature of OEOEA Official	_____ Date Approved
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