

Religious Accommodation Request Form

THIS FORM WILL NOT BE PLACED IN YOUR APPLICATION OR PERSONNEL FILE AND WILL BE MAINTAINED WITHIN THE EEOA OFFICE. THE CONTENTS OF THIS REQUEST WILL BE KEPT IN CONFIDENCE EXCEPT AS NEEDED TO FACILITATE THE ACCOMMODATION. ALL REQUESTS ARE DETERMINED ON A CASE-BY-CASE BASIS.

- Please check this box if you have attached your current job description*
 Please check this box if you are a designated onsite employee

Name: _____ Job Title: _____
GWID: _____ Email Address(es): _____
Dept. Name/School: _____ HR Representative: _____
Supervisor's Name & Title: _____ Supervisor's #: _____

Contact Information

Home Address & Phone Number	GW Location Address & Phone Number

Please describe the religious belief, practice, or observance which is the basis for your request for an accommodation.

Please specify the work requirement that conflicts with your religious belief, practice or observance and describe the nature of the conflict.

Describe the requested accommodation and how this accommodation will enable you to meet your religious obligations. Please also describe the impact, if any, such accommodation will have on your ability to perform the essential functions of your job.

In some cases, the university will need to obtain documentation regarding your religious practices or belief. If required, can you obtain documentation or other authority to support the need for an accommodation? Y or N

Verification and Accuracy

I certify that the above information is complete and accurate to the best of my knowledge and understand that any intentional misrepresentation of this request may result in disciplinary action

Employee Signature: _____ Date: _____

EEOA Receipt Date
