



Religious Accommodation Request Form

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Requested accommodation:

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

I have read and understand Macalester's policy on religious accommodation. I attest that my religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that Macalester will attempt to provide a reasonable accommodation that does not create an undue hardship on the College. I understand that Macalester may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. Related to vaccine accommodations: I understand that being granted a religious exemption may result in being required to stay home from work and other Macalester events/activities if exposed to a vaccine-preventable disease, in order to protect myself and others.

Employee signature: _____ Date: _____



Part 2: To be completed by Employment Services with the employee's immediate supervisor

Describe the requested accommodation:

Evaluation of impact (if any):

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____
2. _____
3. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Employment Services Director: _____ Date: _____