



## 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: \_\_\_\_\_