## 

## Religious Accommodation Request Form

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| General Information | |
| Name |  |
| Department |  |
| School |  |
| Employee Only - Position Title of record |  |
| Employee Only - Supervisor/Manager of record |  |
| Work Phone |  |
| Cell Phone |  |
| UTHealth E-mail |  |
| Questions to document the reason for the accommodation request | |
| What is your sincerely held religious, ethical or moral belief, practice or observance? |  |
| Which requirement(s) conflicts with your sincerely held belief? |  |
| Have you had any accommodation in the past for this same sincerely held belief? | Yes  No |
| If *yes*, when and what were the accommodation(s)? |  |
| Questions to clarify accommodation(s) requested | |
| What specific accommodation(s) are you requesting? | Schedule change  Voluntary substitute  Shift swap  Change in job task(s)  Lateral transfer  Dress and grooming exception  Use of work facility for religious observance  Excused from employer-sponsored program  Exemption from vaccination requirements  Other, specify in space below |
| Other accommodation: |  |
| How will the accommodation resolve the conflict between your religion and your work or educational program? |  |
| Other | |
| Please provide any additional information that might be useful in processing your religious accommodation request |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Please return this form to:  **University Relations & Equal Opportunity**  **Email:** [call@uth.tmc.edu](mailto:call@uth.tmc.edu) |