REQUEST FOR REASONABLE RELIGIOUS ACCOMMODATION FORM

The University is committed to providing an academic and work environment that is respectful of religious beliefs in accordance with state and federal laws and regulations. This commitment includes embracing religious diversity and cultivating a community of inclusion and respect. Reasonable accommodations will be provided to individuals whose sincerely held religious beliefs conflict with a University policy, procedure, or other academic or employment requirement, unless it is determined that doing so would cause undue hardship to the University. You may find the Religious Accommodation Policy in the University Handbook of Operating Procedures (HOP), Section VI, Chapter 5.

Please complete the information below to request a religious accommodation and submit to eoaa@utep.edu.

Requestor Information:		
What is your affiliation? ☐ Employee ☐ Student Employee ☐ Student ☐ Prospective/Entering Student ☐ Applicant for Employment ☐ Beneficiary of University Program		
Name:	Position Title (if applicable):	Department/Program Name:
Immediate Supervisor (if applicable):	Supervisor's Phone # (if applicable):	Employee or student ID # (if applicable):
E-mail:	Contact Number:	
Accommodation Request:		
Describe your religious belief or practice.		
What work or academic requirement(s) conflict with your sincerely held religious belief?		
What specific religious accommodation(s) are you requesting?		
Please provide any additional information that might be relevant in processing your religious accommodation request.		
Employees only: Please specify whether applicable paid leave will be taken due to the observance of a religious holiday.		

I have read and understand the University's policy on religious accommodation. My religious beliefs and practices, which relate to this request for a religious accommodation, are sincerely held. I understand that the religious accommodation requested will be evaluated on a case-by-case basis, and that relevant factors will be considered per the University's discretion.

Signature: _____ Date: _____