



Religious Accommodation Request Form

In accordance with federal and state laws and Auburn University policies, Auburn University provides reasonable accommodations for a person's sincerely held religious beliefs, practices, or observances unless the accommodations would impose an undue hardship on Auburn University. Reasonable accommodations are determined, identified, and implemented using an ir

Auburn University is not required to provide an accommodation if it is not aware of the individual's need for an accommodation. An accommodation request may not be retroactively granted.

A student or employee (including Staff, A&P, and Faculty) should submit this Religious Accommodation Request Form to the Office of Equal Opportunity Compliance to request a reasonable accommodation based on a religious belief, practice, or observance as soon as possible.

The completed form should be submitted to:

Office of Equal Opportunity Compliance
317 James E. Foy Hall | Auburn University, AL 36849-5147
Phone: 334.844.4794 | Fax: 334.844.4793
eoc@auburn.edu

This form will not be placed in an employee's personnel file or a student's academic file, and the contents of this request will be shared only on a need-to-know basis to consider the approval and/or implementation of a reasonable accommodation.



Religious Accommodation Request Form

Part I – To be completed by the person requesting an accommodation

STUDENT

Name:

Department/School/

Program: Phone Number:

E-mail Address:

Banner ID:

EMPLOYEE

Name:

Title/Position:

Department:

Phone Number:

E-mail Address:

Immediate Supervisor:

Supervisor's Phone

Number:



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Part II – You may attach additional sheets of paper to complete the following sections:

Please specify the religious belief, practice, or observance you have for which you are requesting accommodation.

What policy, practice, or schedule do you desire to have modified? For employees, what aspect of the employee's job do you request to be modified? For students or applicants, what aspects of admissions, class attendance, the scheduling of exams, or other academic requirements do you request to be modified?

What reasonable accommodations are you requesting at this time? What are some accommodation options?



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Please state the date[s]/frequency of the requested accommodation (e.g., daily or weekly religious requirements, requirements during certain periods of the year).

If you have requested this religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.

Is there any other information that would be helpful in evaluating your request? If so, please attach a separate sheet.

**Signature of person requesting
accommodation**

Date