

PLEASE SUBMIT THIS COMPLETED TWO-PAGE FORM  
TO YOUR IMMEDIATE SUPERVISOR

Cornell University

**Request for Religious Accommodation**  
**To be completed by Faculty, Staff or Student-Employee**

Contents of this request will be shared only as necessary to consider the approval  
and/or implementation of an appropriate accommodation.

**Employee Information**

Date: \_\_\_\_\_

Name of Employee Requesting Accommodation: \_\_\_\_\_

Employee's Department/College/Unit: \_\_\_\_\_

Employee's Title: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Status: (Check one) Faculty  Staff  Student-Employee

Campus Mailing Address: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ How do you prefer we contact you? E-mail  Work Phone  Mail

Are you a member of a collective bargaining unit? Yes  No

If "Yes" please provide us with the name of the collective bargaining unit: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Department Head: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Human Resource Representative: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**Request for Religious Workplace Accommodation**

A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on the conduct of Cornell University's business or operation, and that complies with the university's commitment to diversity and inclusiveness. See University Policy 6.13.8 Religious Accommodation for more details. To consider your request for a religious workplace accommodation, please provide the following information:

What specific workplace accommodation do you request? (For example, time to pray, leave for religious observance, religious attire, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT THIS COMPLETED TWO-PAGE FORM  
TO YOUR IMMEDIATE SUPERVISOR**

Identify your religious practice or belief and state how this accommodation enables you to participate in your religious practice or belief without impacting your ability to meet the required functions of your position.

State date[s]/frequency of requested accommodation (e.g., daily or weekly religious requirements) within academic (fiscal) 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.

(IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE)

**Religion Tenet(s) Documentation**

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Note:** *In some cases, Cornell University will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.*

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

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

**Summary of Next Steps**

**This request will be reviewed with you and acknowledged by your supervisor below.**

**Your supervisor will then submit your request to the appropriate human resource representative for consideration.**

**You will be notified of the outcome of the determination and/or proposed accommodation.**

**Please consult Policy 6.13.8 <http://www.dfa.cornell.edu/dfa/treasurer/policyoffice/policies/volumes/humanresources/religious.cfm> for information about how to resolve any disagreements with the determination or proposed accommodation, including contacting the office of Workforce Policy and Labor Relations or the University Ombudsman for assistance.**

***For supervisor's use only:***

**Date received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Form is:** Complete / Incomplete  
*(Supervisor's signature)* *(Circle one)*