

University of Wyoming

Office of Human Resources

Employee Request for Religious Accommodation

Submit Completed Form to the Office of Human Resources

Wyoming Hall, Room 139 / 1000 East University Ave./ Dept. 3422 / Laramie, WY 82071

Email: epgold@uwyo.edu / Fax: (307) 766-5636 / Phone: (307) 766-2437

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

Please see Notice to Requestor on page 2 for additional information.

The University of Wyoming is committed to diversity and inclusiveness. A reasonable religious accommodation in the employment setting is any adjustment to the work environment or in the way tasks or responsibilities are customarily done that enables an individual to participate in his/her sincerely held religious practice or belief without undue hardship on the conduct of University of Wyoming's business or operations. This process applies to faculty, staff and student employees in the employment setting. Students who seek religious accommodations *in the academic setting* should contact the Dean of Students office.

INSTRUCTIONS:

To consider your request for a religious accommodation in the employment setting and to begin the interactive process, please provide the following information.

Requestor Information	
Name of Requestor: _____	Date: _____
Status (Check one): Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Temp <input type="checkbox"/> GA <input type="checkbox"/> Student-Employee <input type="checkbox"/>	
Address: _____	Phone: _____
UW Email: _____	How do you prefer we contact you? Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>
Supervisor Information	
Name of Immediate Supervisor: _____	Position/Title: _____
Title (if applicable): _____	Dept./College/Unit: _____
Work Phone: _____	Work Email: _____
Work Address: _____	

PLEASE IDENTIFY THE FOLLOWING:

Specific accommodation you are requesting. For example, time to pray, leave for religious observance, modification to uniform to wear religious attire, and etc.

Indicate the religious practice or belief and state how this request enables you to participate in your religious practice or belief without impacting your ability to meet the essential functions in your job description.

Notice to Requestors

Please Note: *In some cases, the University of Wyoming may need to obtain documentation or other authority regarding your religious practice or belief.*

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** _____

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, up to and including termination.

Signature: _____ Date: _____

Please submit your completed request to the office of Human Resources. We will review it and contact you for further discussion. Simply making a request does not guarantee any specific outcome. In order to facilitate the interactive process and to determine the feasibility of your request, we will need to contact your supervisor or instructor as applicable. You will be notified of the outcome of the determination and/or proposed accommodation. You are not required to accept any accommodation nor will the university impose any accommodation on you.

For the office of Human Resources use only:

Date Received: _____ **Signature:** _____ **Form is: Complete / Incomplete**