

University of Wyoming
Office of Human Resources

Employee Request for Religious Accommodation

Submit Completed Form to the Office of Human Resources

Hill Hall, 3rd Floor / 1000 East University Ave./ Dept. 3422 / Laramie, WY 82071

Email HRBenofc@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 _____ Staff _____ Temp _____ GA _____ Student-Employee _____

Address: _____ Phone: _____

UW Email: _____ How do you prefer we contact you? Phone ____ Email ____ Mail ____

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**