

Religious Accommodations Request Form

This form should be used to request a religious accommodation in accordance with EI-PR-13 Religious Accommodations. It should not be used to request an immunization exemption. More information on requesting an immunization exemption can be found here: <https://www.uta.edu/records/services/meningitis-requirement.php#MedExempt>.

When completing the form students should complete sections 1, 2 and 5; student employees should complete sections 1, 2, 3 and 5; employees should complete sections 1, 3 and 5; and applicants for employment should complete sections 1, 4 and 5.

Part 1 – To be Completed by the Individual Requesting a Religious Accommodation

Section 1: Contact Information

Applicant Full Name:

Mailing Address:

Phone:

Email Address:

UTA ID Number:

Section 2: Student Information

Major/Program:

Department:

Course in which you are Seeking an Accommodation:

Section 3: Employee Information

Job Title:

Department:

Supervisor's Name and Title:

Supervisor's Email Address:

Supervisor's Telephone Number:

Section 4: Applicant Information

Program or Position Sought:

Department:

Department Contact (if known):

Section 5: Requested Accommodation

Identify the policy, practice or schedule for which you are seeking a Religious Accommodation:

Explain how that policy, practice or schedule conflicts with your religious belief(s):

Identify the accommodation(s) or modification(s) you are requesting¹:

List any other accommodation(s) that might address your needs:

Section 6: Notification of Accommodation

List the name(s), title(s), email address(es) and telephone number(s) for any individual who needs to be made aware of any approved accommodation(s) in order to put those accommodation(s) into effect:

Verification and Accuracy

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. I understand that my request for an accommodation may not be granted if it is not reasonable or if it would impose an undue hardship on the university.

Signature:

Date:

¹ Students who are seeking both an approved absence and a specific form of make up work or a specific extension as an accommodation should specify the date(s) for which the approved absence is requested and the form of make up work or extension sought.

Part 2 – To be Completed by Supervisor/Decision-Maker

Date of Request:

Date of Interactive Discussion(s):

Did documentation accompany the request?

Yes

No

Is more documentation necessary?

Yes

No

Reasonable accommodation:

Approved

Denied

Nature of accommodation provided (if any):

If accommodation was denied, please explain why:

Date reasonable accommodation approved or denied:

Date reasonable accommodation effective:

Duration period of reasonable accommodation:

Additional comments (if any):

Signature:

Date:

Signature:

Date: