



1140 Boylston Street  
Boston, MA 02215-3693  
P 617-266-2375  
F 617-266-3039

Human Resources

# Religious Accommodation Request Form

**Please complete both pages of this form and submit to your Human Resources Business Partner.**

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: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Status (select one):  Faculty

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

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

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your supervisor aware of this request? (Select one)  Yes  No

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## Request for Religious Workplace Accommodation

(Please attach additional documents if necessary)

What specific workplace accommodation do you request?

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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.

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

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## Summary of Next Steps

This request will be reviewed with you and acknowledged by your Human Resources Business Partner. You will be notified of the outcome of the determination and/or proposed accommodation.



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