Religious Accommodation Request Form- Employees

As a public institution and federal contractor, the University of Tennessee Health Science Center is required to reasonably accommodate an employee's sincerely held beliefs and practices, unless doing so would impose more than a minimal operational burden on the department. Each request for religious accommodation shall be evaluated on an individual basis, and determination upon the circumstances of the case in question.

Instructions: To request accommodation for a sincerely held religious belief or practice, please complete this form and return it to the Office of Compliance. They will review your request and contact you and your supervisor directly. If necessary, the Office of Compliance may request additional documentation or information related to your request.

It is the employee's responsibility to submit requests in advance, to provide sufficient notice to the employee's supervisor and adequate time for review. Generally, requests for religious accommodation should be submitted at least thirty (30) days prior to the religious observance, or as soon as otherwise practicable.

Completed forms are to be returned to the Office of Compliance
oc-hsc@uthsc.edu | fax (901) 448-1120 | 920 Madison, Suite 825 Memphis, TN 38163

Section I: Employee Information

Name: _____ UTHSC Email: _____

Position Title: _____ Department: _____

Campus Address: _____

Work Telephone Number: _____ Cell Number: _____

Supervisor's Name and Email Address: _____

Section II: Accommodation Information

Please attach additional documentation if needed.

Employee's Religious Affiliation/Faith: _____

Please describe the religious accommodation requested (e.g., time to pray, leave for religious observance, etc):

How will this accommodation enable you to participate in your religious practice/belief without impacting your ability to meet the essential functions of your position?

I hereby attest that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that UT Health Science Center may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.

Employee Signature: _____ Date: _____