

The Ohio State University is committed to diversity and inclusiveness of all our employees. A reasonable religious workplace accommodation is a change in the work environment, requirements or in the way tasks or responsibilities are customarily done that enables an employee to participate in their religious practice or belief without undue hardship on the conduct of our business or operation. To consider your request for a religious workplace accommodation, please provide the following information.

SECTION 1: PERSONAL INFORMATION (TO BE COMPLETED BY EMPLOYEE)		
Name	Employee ID #	
Title	Department/Unit	
Title	Departmentionit	
Immediate Supervisor		
Illilliediate Supervisor		
Work Address		
Work Telephone	Email Address	
SECTION 2: ACCOMODATION INFORM	IATION (TO BE COMPLETED BY EMPLOYEE)	
Date of Request		
Reason for Request (i.e., time to pray, leave for relig	gious observance, religious attire, exemption from medical required i.e. vaccinations, etc.):	
Suggested reasonable accommodation to meet your requirements or limitations:		

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SECTION 2 CONTINUTED: ACCOMODATION INFORMATION (TO BE COMPLETED BY EMPLOYEE)		
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Is this a temporary or permanent accommodation (i.e., annual religious event, daily religious requirement)?		
Length of Time for Requested Accommodation:		
Days		
Shifts		
If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who		
responded and the outcome of the request:		
SECTION 3: RELIGIOUS TENET(S) DOCUMENTATION (TO BE COMPLETED BY EMPLOYEE)		
In some cases, The Ohio State University will need to obtain documentation or other authority regarding your religious practice or belief. We may need		
to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to		
address your request for an accommodation.		
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		
SECTION 4: VERIFICATION (TO BE READ AND COMPLETED BY EMPLOYEE)		
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 also understand that my request for an accommodation may not be granted if it is not		
reasonable or if it creates an undue hardship on my employer.		
Employee's Signature Date		
Employee's name (printed)		
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SECTION 5: EMPLOYEE AND LABOR RELATIONS COMPLETION AND APPROVAL

Employee requesting accommodation should return completed and signed Religious Accommodation Request form to your manager and/or Employee and Labor Relations for review. Employee and Labor Relations will facilitate the interactive process with the employee and manager and the employee will be notified of the outcome of the request.

If submitted to the manager, the manager should submit the request form to the department's Employee and Labor Relations Senior Representative for assessment.

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no agreement on an accommodation, provide an explanation:
no agreement on an accommodation, provide an explanation.
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SECTION 6: SUPERVISOR VERIFICATION

I verify that this accommodation request has been reviewed by the manager and Employee and Labor Relations Senior Representative and its contents discussed with the employee.		
Supervisor's Signature	Date	
Employee and Labor Relations Senior Representative Signature	Date	

Submit completed request form to your Employee and Labor Relations Senior Representative.

The employee should maintain a completed copy.

For additional information, contact HR Connection at hrconnection.osu.edu, (614)247-myHR (6947) or HRConnection@osu.edu.

Representatives are available Monday-Friday, 8 a.m. – 5 p.m.