

## Religious Accommodation Request Form (COVID-19)

This form should be completed when an individual is seeking a religious accommodation because his or her sincerely held religious belief(s) or practice(s) conflicts with the work environment at UTSW. All information regarding an individual's religious accommodation request is confidential and only disclosed to persons on a need to know basis.

The Office of Institutional Equity and Access is responsible for evaluating employees' requests for religious accommodation.

UT Southwestern will provide reasonable accommodations for the sincerely held religious beliefs or practices of employees and applicants for employment, unless doing so would cause more than a minimal burden on the operations of UT Southwestern.

Instructions: Individuals who are employed at UT Southwestern Medical Center and are requesting a religious accommodation are encouraged to complete this form in its entirety and submit it to our office either via fax, email, or in person using the contact information below.

If you need assistance completing this form, someone else may complete it on your behalf, or you may contact the Office of Institutional Equity and Access at 214-648-4343 for assistance.

Contact Information for Religious Accommodation request purposes: Office of Institutional Equity and Access UT Southwestern Medical Center 3000 Pegasus Park Drive, Suite LP5.104 Dallas, TX 75247

Phone: 214-648-4343 Fax: 214-648-4348

Email:

equalopportunity@utsouthwestern.edu

I. Contact Informa	ation			
Please select one of t	the following options for	or classification.		
☐ Faculty	■ Employee/Staff	Other (spe	ecify)	
Name:	Date of Request:			
	First and Last name			mm/dd/yyyy
Person #:	Job	Title:		
Department:				
Personal Phone:		Work Phone:		
Personal E-mail:				
Work E-mail:				
Preferred method of co	ntact: Personal phone	Personal e-mail	☐ Work phone	☐ Work e-mail
Immediate Supervisor:				
First and Last name				

## II. Belief and Accommodation Information

Please identify the requested religious accommodation. (this includes but is not limited to, time to pray, leave for religious observance, or religious attire).

Please identify your religion.

Please identify your religious beliefs or practices.

Please provide detailed information regarding your reason for this religious accommodation request, as it relates to your religious beliefs or practices.

Please identify the expected duration of this accommodation.  Temporary Permanent  How long have you held the religious belief underlying your objection?
Is your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines?
Have you received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)?  ☐ Yes
□ No
III. Additional Information and Supplemental Documents In some cases The Office of Institutional Equity and Access will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include documentation from your religious or spiritual leader.
If requested, could you provide documentation to support your belief(s) and need for an accommodation?
Are you attaching any supporting documentation to this request?
If yes, please list the documents below:
1
2
<u> </u>
IV. Certification
I certify 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 the contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation. I further understand that the accommodation requested above may not be granted should The Office of Institutional Equity and Access determine the religious accommodation request creates an undue hardship on UT Southwestern Medical Center.
Signature: Date:
Return Completed Form to:
The Office of Institutional Equity and Access

Please use the section below to provide more detail on the previous question, if needed.

UT Southwestern Medical Center Attn: Religious Accommodations Request

Email: EqualOpportunity@utsouthwestern.edu

Fax: 214-648-4348

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