Religious Accommodation Request Form

Medical Center Office of Institutional Equity & Access

UTSouthwestern

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 LP05.104 Dallas, TX 75247 Phone: 214-648-4343 Fax: 214-648-4348 Email: equalopportunity@utsouthwestern.edu

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Belief and Accommodation Informat	
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tes to your religious beliefs or practices.	reason for this religious accommodation request, as it

Please use the section below to provide more detail on the previous question, if needed.	
Please identify the expected duration of this accommodation.	
Temporary (i.e. seasonal)	
Permanent (e.g., annual religious event or daily religious requirement)	
In as much detail possible, please provide more information regarding your selection in the previous question regarding the expected duration of this accommodation.	
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	
N/ Cartification	
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.	
Circulation Deter	
Signature: Date:	
Return Completed Form to: The Office of Institutional Equity and Access UT Southwestern Medical Center Attn: Religious Accommodations Request Fax: 214-648-4348 Email: EqualOpportunity@utsouthwestern.edu	