



Human Resources
1 University Parkway
University Park, IL 60484
708.534.4100
Fax 708.534.1642
www.govst.edu/hr

**GOVERNORS STATE UNIVERSITY
Employee Religious Accommodation Request Form**

Part 1: To be completed by employee

Name: _____ Department: _____

Date request: _____

Immediate supervisor: _____

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:



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My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the University will attempt to provide a reasonable accommodation that does not create an undue hardship on the University. I understand that University may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. I also understand that submitting a false or fraudulent request for religious accommodation or documentation in support thereof is grounds for discipline, up to and including termination.

Employee signature: _____ Date: _____

Part 2: To be completed by Human Resources

Describe the requested accommodation:

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations

1. _____

2. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Human Resources Director: _____ Date: _____