



Religious Accommodation Request Form

Section 1: For Completion by the <b>EMPLOYEE</b>	
Name:	D.O.B.:
Job Title:	Department:
Email Address:	
Phone Number:	Supervisors Name:
Employee Signature:	
Date:	

**The Genetic Information Nondiscrimination Act of 2008 (GINA)** prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



**Section 2: For Completion by the EMPLOYEE**

Please provide as much information as possible.

Describe the accommodation that you are requesting (an accommodation must enable you to meet the required/essential functions of your job and must not impose an undue burden, which includes compromising workplace safety, on the University):

Specify the religious belief, practice, or observance that is the basis for your request for accommodation:

Length of time that your accommodation is needed. Provide date(s); frequency of requested accommodation (for example: daily, weekly, religious requirements, etc.):