

RELIGIOUS ACCOMMODATION
Employee Request (ER) Form

Revised: 09/2023

Wichita State University is an Equal Employment Opportunity (EEO) Employer. A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on the University's business or operation, and that complies with the University's commitment to diversity and inclusiveness. **This information will be treated confidentially and maintained in the personnel file.**

WORKPLACE ACCOMMODATION REQUEST PROCESS QUICK STEPS:

- 1) **Employee:** Complete this ER form and submit it to Human Resources (campus box 15 or email to: totalrewards@wichita.edu).
- 2) **HR:** Review, determine if additional information is needed and discuss the next steps in the interactive process with the Employee, if needed.
- 3) **Employee:** Ongoing discussions with supervisor, if needed, to identify how adjustments/updates/additional accommodations are going and if there are any needed changes or updates to the accommodation.
- 4) All completed documentation will be filed in the employees' personnel file within the Human Resources Office.

EMPLOYEE INFORMATION:

Employee's Name and myWSU ID: _____ Employee Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Department: _____ Date: _____

What specific workplace accommodation are you requesting? (For example, time to pray, leave for religious observance, religious attire, etc.)

What is the start date(s) of the request and frequency of the requested accommodation? (e.g. daily, weekly, etc.)

What is your religious practice or belief and how does this accommodation enable you to participate in your religious practice or belief without impacting your ability to meet the required functions of your positions?

An accommodation may be denied if it creates an undue hardship. For this reason, please describe any alternate accommodations that might address your needs:

Have you requested this religious accommodation before?

Yes ☐No ☐

If so, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request?

EMPLOYEE CERTIFICATION

- I attest that the information I am submitting in support of this request is complete and accurate to the best of my knowledge and belief.
- I attest that I am requesting this accommodation for sincerely held religious beliefs or practices.
- I understand that additional information may be required to assist in the processing of this application and agree to provide reasonable information or documentation, as may be requested.
- I understand that providing false or misleading information on this form may result in corrective action.

Employee's Signature: _____

Date: _____