RELIGIOUS ACCOMMODATIONS AND HOLY DAY OBSERVANCES

ACCOMMDATION REQUEST FORM

Employee Relations – Ball State University

Phone: 765-285-1823 **Fax:** 765-285-5615 **E-mail:** EmpRelations@bsu.edu

Ball State University respects the religious beliefs and practices of all employees and will make, upon request, an accommodation for such observances when a reasonable accommodation is available that does not create an undue hardship on the University's operations.

An employee whose religious beliefs or practices conflict with his/her job, work schedule, with the University's policy or practice on dress and appearance, or with other aspects of employment and who seeks a religious accommodation must submit a written request for the accommodation to his/her immediate supervisor. The written request will include the type of religious conflict that exists and the employee's suggested accommodation.

The immediate supervisor will evaluate the request considering whether a work conflict exists due to a sincerely held religious belief or practice and whether an accommodation is available which is reasonable and which would not create an undue hardship on the University's operations. An accommodation may be a change in job, using paid leave or leave without pay, allowing an exception to the dress and appearance code which does not impact safety or uniform requirements, or for other aspects of employment. Depending on the type of conflict and suggested accommodation, the supervisor will confer with his/her manager and with the Director of Employee Relations.

The supervisor and employee will meet to discuss the accommodation request and decision on an accommodation. If the employee accepts the proposed religious accommodation, the immediate supervisor will implement the decision. If the employee rejects the proposed accommodation, he/she may appeal following the Handbook's general grievance policy and procedure.

Employee Name: _____ **Telephone:**_____

Mailing Address: _____ **Department:** _____

Position Title: _____ **Immediate Supervisor:** _____

Type of Religious Conflict: _____

Requested Accommodation: _____

_____

Accommodation Granted: _____ **Yes** _____ **No** **Partial (If partial, please list accommodation as granted):**

_____

_____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____