



RELIGIOUS ACCOMMODATION REQUEST FORM

The University of Utah is committed to diversity and inclusiveness of all individuals. This form is to be used when an individual is seeking a religious accommodation because his or her sincerely held religious belief(s) or practice(s) conflict with the work environment.

Instructions: In order for your request to be processed properly, please fill out the sections below completely and use additional space if necessary. Please submit this completed form to the Human Resource Management Department (UHRM).

University of Utah Human Resource Management

250 E 200 S, Suite 125
Salt Lake City, UT 84111
801-581-2169
801-585-7375 (FAX)

HRACCOMMODATIONS@UTAH.EDU

CONTACT INFORMATION	
Name:	Date of Request:
UID:	Staff/Faculty: Job Title:
Department/Unit:	Immediate Supervisor or Supervising Faculty Member:
Mailing Address:	Phone: _____ Mobile/Home _____ Work
Primary Email Address*: <small>*your primary email address will be used for all UHRM Correspondence. If one is not provided, correspondence will be mailed to your Home/mailing address.</small>	

BELIEF AND ACCOMMODATION INFORMATION	
Identify requested accommodation (e.g., leave for religious observance, use of religious attire, refusal of vaccination).	

Identify your religious beliefs or practices.	
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*If necessary, please attach additional information on separate sheet.

ADDITIONAL INFORMATION & SUPPLEMENTAL DOCUMENTS

In some cases, the University of Utah 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, can you provide documentation to support your belief(s) and need for the accommodation? YES NO

Are you attaching any supporting documentation to this request? YES NO

If yes, please list the documents below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SUMMARY OF NEXT STEPS

1. This request will be reviewed by Human Resource Management Department.
2. You will be notified, in writing of the decision regarding the request.

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 my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on my employer. Please submit this completed form to the UHRM.

Signature: _____ Date: _____