



## Request for Religious Accommodation

Western Washington University is committed to diversity and inclusiveness. A reasonable religious accommodation in the employment setting is any adjustment to the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in their sincerely held religious practice or belief without undue hardship on the conduct of Western's business or operations. This process applies to faculty, staff, and student employees in the employment setting. Students who seek religious accommodation in the academic setting should contact the Office of Student Life.

Please note: In some cases, Western will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

For Completion by the EMPLOYEE	
Name:	W#:
Phone number:	Department:
Email Address:	Position:

**Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).**

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

Please identify your religious practice or belief and state how this request enables you to participate in your religious practice or belief without impacting your ability to meet the essential functions of your position.

State date(s)/frequency of requested accommodation (e.g., daily or weekly religious requirements) within academic year.

I verify 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, up to and including termination. I understand that I may need to obtain documentation or other authority regarding my religious practice or belief.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send request to Human Resources (Disability Services), MS 9054 or fax to (360)788-0071.