MCAD RELIGIOUS ACCOMMODATION REQUEST FORM

Objective: MCAD respects the religious beliefs and practices of all employees and will make, on request, an accommodation for such observances when a reasonable accommodation is available that does not create an undue hardship on the college.

Requesting a Religious Accommodation: An employee whose religious beliefs or practices conflict with his or her job, work schedule, or with MCAD's policy or practice on dress and appearance, or with other aspects of employment, and who seeks a religious accommodation must complete this form and submit to Human Resources.

Providing Religious Accommodation: Human Resources and 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 that is reasonable and that would not create an undue hardship on the college. An accommodation may be a change in job, using paid leave or leave without pay, allowing an exception to the dress and appearance code that does not affect safety requirements, or for other aspects of employment. Depending on the type of conflict and suggested accommodation, the supervisor may confer with his or her manager and the AVP of Human Resources.

Decision and Implementation: The supervisor and employee will meet to discuss the 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, they may appeal to Human Resources under the Staff Grievance Policy.

PART ONE: COMPLETED BY THE EMPLOYEE MAKING THE REQUEST

Employee Name (print clearly):		Date://
Position:	_ Dept:	
Supervisor Name/Position:		

1. Describe the religious belief or practice that necessitates this request for accommodation:: Please describe the specific accommodation(s) are you requesting, and how will this accommodation(s) assist you. 2. Please describe what, if any, accommodations are already being provided as it relates to this request.

3. Provide any additional information that might be useful in processing your accommodation request(s).

I have read and understand MCAD's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that MCAD will attempt to provide a reasonable accommodation that does not create an undue hardship on the college. I understand that MCAD may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee Signature:	Date:
Employee Name (printed):	

To signatory: Decisions regarding accommodations will typically be made within 10 business days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with the supervisor and signatory, no specific decision date can be provided.

Return to the Office of Human Resources, M16 or to human_resources@mcad.edu.

Please contact HR with any questions.

PART ONE: COMPLETED BY THE SUPERVISOR ACCOMMODATING THE REQUEST

- 1. Describe the requested accommodation:
- 2. Evaluation of impact (if any) on the department function and staff:
- 3. Is the requested accommodation approved or denied? Approved: _____ Denied: _____
- 4. If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):
 - 1. _____ 2. _____ 3. _____

Date discussed with employee: ___/__/____

Final accommodation agreed upon:___/__/____

If no agreement on an accommodation, provide an explanation:

Immediate supervisor:	Date://
Manager of immediate supervisor:	Date://
AVP of Human Resources :	_ Date://

For HR use ONLY: Date received: ______ Reasonable Accommodation: Y/N Accommodation Notice sent: _____