



Request for Religious Accommodation

INTERNAL TRACKING, CONFIRMATION, AND DETERMINATION FORM

TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE; SEE SUBMISSION INSTRUCTIONS PAGE 2

Unit HR Representative Information

Date Accommodation Request Form Received: Date Completed:
Your Name/Title:
Name of Department/College/Unit:
Work Phone: Email:
Name and Title of Requester's Immediate Supervisor:
Work Phone: Email:
If applicable, date(s) you and the supervisor consulted to discuss this accommodation request:

Religious Accommodation Request Consideration

Was the information provided by the requester sufficient for the department to objectively decide the request? Yes No
If "No," was more information requested? (please specify):
Names and dates of individuals contacted to assist in decision regarding accommodation request:
a)
b)
c)
Do you now have enough/sufficient information for the department to make an objective decision on the request? Yes No
Are you able to grant the requested accommodation or provide an alternative? Yes No**
**You must consult with DIWD; see reverse under DENIAL
Is requester a member of a collective bargaining unit? Yes No
If "Yes," which collective bargaining unit?
Have you consulted with the Department of Inclusion and Workforce Diversity? Yes No
If "Yes," date and name of person consulted in DIWD:
If "Yes," will the accommodation have an effect on union protocol/practice? Yes No

Departmental Accommodation APPROVAL

Must be filled out if department's determination is an APPROVAL

What specific accommodation will be provided? _____

State date(s) or duration (e.g., current academic (fiscal) year or trial period) for the accommodation: _____

Approved: Faculty/Staff/Student-Employee: _____ Date: _____
(Signature)

Approved: Supervisor: _____ Date: _____
(Signature)

Reviewed and copies forwarded to DIWD by Unit HR Representative: _____ Date: _____
(Signature)

Departmental Accommodation DENIAL

Must be filled out if department's determination is a DENIAL

Consultation with DIWD:

Date: _____ Name of DIWD representative: _____

Ultimate outcome and reason for denial, e.g., requested accommodation required significant expense or difficulty, including a significant interference with the safe and efficient operation of the workplace or of a bona fide seniority system; or, accommodation will result in the inability of the employee to perform an essential function of the position in which he or she is employed (refer to University Policy 6.13.8 for guidance):

Denial Received: _____ Date: _____
(FacultyStaff/Student-Employee Signature)

Denial Approved: _____ Date: _____
(Supervisor Signature)

Reviewed and copies forwarded to DIWD by Unit HR Representative: _____ Date: _____
(Signature)

Instructions

After approval or denial of the requested religious workplace accommodation: the unit HR representative must provide a copy of this page to the requesting party's supervisor or department chair; and, the supervisor or department chair must provide a copy of this page to the requesting party.

Submit copies of all pages (including the requester's section and departmental section) and any/all attachments, to:
Department of Inclusion and Workforce Diversity, 150 Day Hall, Ithaca, NY 14853; owdi@cornell.edu

If requester is student-employee, also submit copies of all pages to:
Director, Office of Financial Aid and Student Employment (OFASE), 203 Day Hall.