



## RELIGIOUS EXEMPTION REQUEST

Please complete the information below and return to the Office of Human Resources.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Status: Full -Time  Part-Time

Faculty

Staff

Other

If other, please list (i.e. adjunct)

Requested accommodation or exemption (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

Length of time the exemption/ accommodation is needed:

Please state indefinite if request is ongoing

Describe the religious belief or practice that necessitates this request:

Describe any alternate accommodations that may address your needs:

Date of Request:

*I have read and understand Springfield College's applicable policies and hereby state, under penalty of perjury, that my religious beliefs and practices, which resulted in this request for a religious accommodation/exemption are sincerely held. I understand that the accommodation/exemption requested above may not be granted in its entirety but that the College will attempt to provide a reasonable accommodation which does not create an undue hardship. I also understand that Springfield College may need to obtain supporting documentation regarding my religious practice(s) and beliefs to properly evaluate my request for a religious accommodation/exemption. Furthermore, I understand that I will abide by any and all necessary safety precautions as a result of any approval granted with this request.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Type: \_\_\_\_\_ Supervisor Notified Date: \_\_\_\_\_

Accommodation Granted Date: \_\_\_\_\_ Accommodation Granted: \_\_\_\_\_