**Employee Religious Exemption Initial Request Form**

Please complete this form if you are a faculty or staff member requesting an employment accommodation. Requests for an accommodation must be made as soon as possible. The timing of the request may impact the University’s ability to implement religious accommodations.

Once you complete this form, please provide it to your supervisor as soon as possible. The supervisor may grant the request, deny the request, or ask for more information and engage in a dialogue with you about your request.

Do not use this form to submit requests for disability accommodations or medical exemptions. Please contact the Accommodations Specialist at 610-758-3698 or at [inada@lehigh.edu](mailto:inada@lehigh.edu).

**Personal Information:**

Today’s Date:

Name:

Lehigh Email:

LIN:

Phone Number:

Status (Select): Faculty Member Staff Member

**Accommodation Request:**

Please describe the policy, practice, or schedule conflict for which you are seeking religious accommodation(s) and how it conflicts with your religious beliefs:

Please specify exactly what accommodation(s) you are requesting and/or any other accommodation that would eliminate the conflict:

Please state the frequency of the requested accommodation (for example, is the accommodation a daily or weekly exemption, applicable for one day, applicable during a specific time of year, applicable for the entire academic year):

Please provide the exact dates of the observance itself, if applicable:

**Certification:**

I certify that my statement above is true and correct and that I hold a sincere religious belief in support of this request. I understand that intentional misrepresentation in this request may result in disciplinary action. I understand that I may not be provided with the exact accommodation that I have requested, and that failure to cooperate with the interactive process regarding this request may result in a delay and/or denial of the request.

Signature Date