COLLEGE OF THE HOLY CROSS

Reasonable Religious Accommodation Procedure for Employees and Job Applicants

Consistent with its mission, commitment to diversity and inclusion, Nondiscrimination Statement, and [Interim Equal Opportunity and Discriminatory Harassment Policy](https://www.holycross.edu/sites/default/files/files/policyprocedure/adminfinance/forms/discrimination_and_discriminatory_harassment_policy_.pdf), and while reserving its right where permitted by law to act in accordance with its Catholic, Jesuit mission, the College will, upon request, seek to provide reasonable accommodation of an employee’s or job applicant’s sincerely held religious belief if the accommodation would resolve a conflict between the individual’s religious beliefs or practices and a requirement relating to work or the job application process, unless doing so would create an undue hardship for the College.

**Requesting a Religious Accommodation**

If you believe you need an accommodation because of your religious beliefs or practices (or lack thereof), you should request an accommodation from the Human Resources Department by completing the Employee Religious Accommodation Request Form (attached as **Appendix A**) and submitting it to Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or in person at O’Kane Hall, Room B72. If you are a supervisor, please direct any employees who make requests for religious accommodations to complete and submit **Appendix A** or, if they have questions, to contact Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or by phone at (508) 793-3391.

If you are requesting an excused absence or schedule change to observe a required religious holiday or other religious obligation, you should submit your request at least ten days in advance of the date of absence, or your request may be denied. If your accommodation request is limited only to making a temporary adjustment to your work schedule, you may seek to make appropriate arrangements directly with your supervisor.  In the event any issue or complication arises, you should refer the matter immediately to Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or by phone at (508) 793-3391, and you should promptly complete and submit **Appendix A**. Please note that if you are granted an excused absence to observe a required religious holiday or other religious obligation, the College may require that the absence be made up at another time.

All other requests require the completion and submission of **Appendix A** to Human Resources as soon as possible after you become aware that you may require a religious accommodation.

After receiving your request, Human Resources personnel may engage in a dialogue with you to explore potential accommodations that could resolve the conflict between your religious beliefs and practices and one or more of your work requirements. To aid this process, you should be prepared to suggest specific reasonable accommodations that you believe would resolve any such conflict. However, the College is not required to make the specific accommodation requested by you and may provide an alternative, effective accommodation, to the extent any accommodation can be made without imposing an undue hardship on the College.

**Supporting Information**

Human Resources may ask you to provide additional information about your religious practices or beliefs and the accommodation requested. If you fail to provide the requested information in a timely manner, your request for an accommodation may be denied.

**Determinations**

The College makes determinations about religious accommodations on a case-by-case basis considering various factors and based on an individualized assessment in each situation. The College strives to make determinations on religious accommodation requests expeditiously and will inform the individual once a determination has been made. If you have any questions about an accommodation request you made, please contact Human Resources.

**No Retaliation**

The College expressly prohibits retaliating against any individual for requesting an accommodation in good faith. If you are aware of conduct that may violates this retaliation prohibition or otherwise constitutes religious discrimination or harassment, you should promptly make a report using the procedures set forth in the College’s [Interim Equal Opportunity and Discriminatory Harassment Policy](https://www.holycross.edu/sites/default/files/files/policyprocedure/adminfinance/forms/discrimination_and_discriminatory_harassment_policy_.pdf).

**Administration of this Procedure**

The Human Resources Department is responsible for the administration of this procedure. If you have any questions regarding this procedure or questions about religious accommodations that are not addressed in this procedure, please contact Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or by phone at (508) 793-3391.

APPENDIX A

COLLEGE OF THE HOLY CROSS

Religious Accommodation Request Form for Employees and Job Applicants

**Instructions for Completing This Form**

If you believe you need an accommodation because of your sincerely held religious beliefs or practices or lack thereof, you should request an accommodation from the Human Resources Department using this form. Please submit the completed form to Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or in person at O’Kane Hall, Room B72 as soon as possible after you become aware that you may require a religious accommodation. If you need extra space to complete this form, please attach additional pages.

If you have any questions about this form or the status of any accommodation request, or if you need assistance with filling out this form or making a request, please contact Human Resources by email to [hr@holycross.edu](mailto:hr@holycross.edu) or by phone at (508) 793-3391.

For more information, please refer to the College’s Religious Accommodations Policy for Employees.

**Employee or Applicant Information**

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| --- | --- |
| Employee or Applicant Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work telephone number and email address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alternative telephone number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Today’s date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Information Regarding Accommodation Request**

* Provide a description of the accommodation you are requesting (for example, a special exception from, or adjustment to, a job requirement). Please identify a specific accommodation or suggestion(s) if you are not sure:

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* Provide the reason you need an accommodation (that is, how your sincerely held religious belief, practice, or observation conflicts with one or more of your job requirements):

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* If your request implicates specific dates or events, please identify them here:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Provide any additional information you think may be relevant to this request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Affirmation and Acknowledgment**

I have read and understand the College’s Religious Accommodations Procedure for Employees and Job Applicants. I certify that this accommodation request is based on a sincerely held religious belief. I understand that the College is not required to make the specific accommodation I requested and may provide an alternative, effective accommodation. I also understand that the College is not required to provide any accommodation that would impose an undue hardship for the College.

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| --- | --- |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR OFFICE USE ONLY:**

|  |  |
| --- | --- |
| Date Request Received:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Request Received By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |