

**Religious Accommodation
Request Form**

The University is committed to providing reasonable accommodation for human rights needs up to the point of undue hardship. This form is to be completed when an employee is seeking an accommodation based on religion. The person requesting an accommodation is required to participate and cooperate in the review of the request and provide relevant information in to support of their accommodation request.

Instructions: in order for your request to be reviewed, please complete the form below by filling out all sections and providing additional information and documentation, as required then submit via the portal.

Contact Information	
Name:	Date of Request:
Banner ID:	Job Title:
Department:	Immediate Supervisor:
Mailing Address:	Phone:
Primary Email Address	

Accommodation Information	
Identify the accommodation that you are requesting (e.g., need to attend a religious ceremony and/or event).	
Identify the religion and the religious belief and/or practice.	
Identify the work requirement that conflicts with the religious belief and/or practice (e.g., shift time).	
Identify how your religious belief and/or practice limits or restricts your ability to perform your job duties (e.g., unable to work from a specific time period on a certain day).	

**If needed, provide additional information on a separate sheet and attach it to your response.*

Additional Information and Supporting Documents

Please provide any relevant documentation in support of request. Please note that you are not required to provide additional information and supporting document but it may assist the University in its inquiry into your request. The University may require employees to submit additional information or supporting documentation relevant to assessing the accommodation request.

Attestation

I confirm that I have completed the information accurately and to the best of my knowledge and have not intentionally misrepresented any information contained in this form or in any of the enclosed documentation. I understand the University will review my request in accordance with the *Ontario Human Rights Code*.

Name _____

Date _____

“Personal information collected through this form will be used and disclosed by Carleton University under the authority of the Carleton University Act, 1952, and in accordance with sections 39, 41 and 42 of Ontario’s Freedom of Information and Protection of Privacy Act. If you have any questions about the processing of personal information by Carleton University, please contact the Manager, Privacy & Access to Information, by phone at 613-520-2600 ext. 2047 or by e-mail via University_Privacy_Office@carleton.ca.”

Next Steps

Once submitted, the University will review your response, seek any additional information or documentation that maybe required and provide an update to the Dean or appropriate manager. The Dean or appropriate manager will then provide a response following review of the request.

Please return to:

Josh Hruschka
Senior Labour Relations Officer (Academic), Office of the Deputy Provost
Carleton University, 421C Tory Building
1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6
Email: josh.hruschka@carleton.ca