GLENVILLE STATE COLLEGE REASONABLE RELIGIOUS ACCOMMODATION REQUEST FORM

In accordance with federal and state laws and Glenville State College (College) policies, the College prohibits discrimination on the basis of religion. The College provides reasonable accommodations for members’ sincerely held religious beliefs or practices unless doing so would impose an undue hardship on the College. A reasonable religious accommodation is any adjustment to the work and/or academic environment that will allow the individual to practice his/her religion. “Undue hardship” is a practice, procedure, or financial cost, which unreasonably interferes with business operations at the College.

**Part I to be completed by the person requesting a reasonable religious accommodation.**

1. **Name:**

2. **Check one:**
   - [ ] Staff Employee
   - [ ] Academic Employee
   - [ ] Student Employee
   - [ ] Applicant
   - [ ] Other: ________________

3. **Complainant’s Department (if employed at GSC):**

4. **Contact Information:**
   - Phone(s): __________________________
   - E-mail: __________________________
   - Mailing Address: __________________________

Please specify the religious belief/practice you have for which you are requesting accommodation.

____________________________________________________________________________

____________________________________________________________________________

What reasonable accommodation are you requesting at this time? What are some accommodation options?

_________________________________________________________________________________

_________________________________________________________________________________

Religious Tenets Documentation
I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that Glenville State College may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation and that my instructor may consult with the Title IX/Equal Opportunity/Affirmative Action Coordinator prior to responding to my request.

_______________________________
Signature

_______________________________
Date

**Part II to be completed by the Coordinator.**

| Did documentation come with the request? | _____ Yes | _____ No |
| Is more documentation necessary? | _____ Yes | _____ No |

Type of accommodation provided: __________________________

Date reasonable accommodation approved or denied: __________________________

Authorized person approving or denying the accommodation: __________________________

Date reasonable accommodation provided (if different from date approved): __________________________

Costs associated with the reasonable accommodation: __________________________

Names of sources of assistance consulted in trying to process these reasonable accommodations (Supervisor, Teacher, Legal or External): __________________________

Please MAIL or FAX completed FORM to:
Krystal Smith - Title IX/Affirmative Action/EEOC Coordinator - Glenville State College
200 High St. * Glenville State College 26351 * Telephone: (304) 462-6193 * Facsimile (304) 462-7610