SKIDMORE COLLEGE

REASONABLE ACCOMMODATION FORM FOR RELIGIOUS BELIEF OR PRACTICE

Skidmore College is committed to providing equal employment opportunities without regard to any protected status. As such, the College is committed to complying with all laws protecting individuals' religious beliefs and practices. When requested, the College will provide reasonable accommodation of an applicant or employee's sincerely held religious belief or practice, provided the requested accommodation is reasonable and does not create an undue hardship for the College or pose a direct threat to the health and/or safety of others in the workplace and/or to the requesting employee.

To request a reasonable accommodation, please complete this form and submit it to Human Resources. This information will be used by Human Resources to engage in an interactive process to determine eligibility for an accommodation and, if appliable, to determine the reasonable accommodation(s) that can be provided to enable the employee to perform the essential functions of their position without causing an undue hardship on the College or posing a direct threat of harm to self or others. Failure to provide this information may impact the College's ability to effectively engage in the interactive process and to provide a reasonable accommodation.

Name:		Job Title:	
Supervisor:		Unit/Department:	
Phone:	Email:	Date o	f Request:
·		on a sincerely held religious bel	·
Why are you requesting	a reasonable accommod	dation? Please include an explai policy, procedure or other job re	nation how your sincerely
•	•	are seeking will help resolve th	•

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How long do you anticipate the need for the a	accommodation(s) you are requesting?
held religious belief or practice. In some case and/or documentation about your sincerely h to discuss the nature of your religious belief(s spiritual leader (if applicable) or religious schorequested, can you provide documentation to	ligious observance must be one required by a sincerely s, the College will need to obtain additional information all religious practice(s) or belief(s). The College may need a), practice(s), and accommodation with your religion's plars to address your request for an exemption. If a support your belief(s) and need for an accommodation?
Yes No If no, please explain why:	
EMPLO	OYEE AFFIRMATION
and accurate to the best of my knowledge, and contained in this request may result in correct accommodation may not be granted if it is no	In support of my request for an accommodation is complete and I understand that any intentional misrepresentation tive action. I also understand that my request for an it reasonable, if it poses a direct threat to the health and/or or if it creates an undue hardship on the College.
Signature	Date
EMPLOYEE AFFIRMATION FOR REQUES	STS FOR EXEMPTION FROM COVID-19 VACCINATION
employees have received a primary COVID-19 employment. I understand that I am at an in and that others who do not receive the vaccin	loyees to be vaccinated and provide documented proof that a vaccination series and COVID-19 booster as a condition of creased risk of contracting COVID-19 if I am not vaccinated nation are at risk for spreading COVID-19 to me. I sincerely ious beliefs and that my objections are not based solely on r convenience.
Signature	 Date

Please return this form to the Skidmore College Human Resources Department or by email to jsklein@skidmore.edu.