

RELIGIOUS ACCOMMODATION REQUEST FORM

Name: _____ PCC Email: _____

A-Number/Employee ID: _____ Phone: _____ Date: _____

Students*

Please submit completed form to the Office of Diversity Equity and Inclusion (pcc-diversity@pima.edu)

Class/Activity for which Accommodation is Requested: _____

Instructor/Activity Sponsor: _____

Department/Program: _____ Campus/Location: _____

Employees*

Please submit completed form to the Employee Service Center (esc@pima.edu)

Employee Title/Position: _____

Supervisor's Name/Title: _____

Department/Program: _____ Campus/Location: _____

**If you are both a PCC student and a PCC employee, please complete the box that most is closely associated with the accommodation you are requesting (e.g., if you are a PCC employee enrolled in a PCC class, and you are requesting to take a course examination on a different date to accommodate a religious holiday, please complete the 'Student' box).*

Please specify the policy, procedure, or requirement for which you are seeking a religious accommodation (Requirements from external organizations or oversight bodies cannot be exempted by PCC)

Please explain how the above-stated policy, procedure, or requirement conflicts with your sincerely held religious belief, practice, or observance.

Please identify the religious accommodation(s) you are requesting (including dates/timeframe).[†]

[†]Requests to miss or reschedule a scheduled commitment must be submitted at least fifteen (15) Business Days in advance.

VERIFICATION

I, _____, verify that my religious beliefs, practices, and observances specified above are sincerely held. I understand that some programs/services may have additional requirements (such as clinical, internships, and external organizations) and this form does not guarantee access to those programs/services; I will work with those program areas / departments directly regarding those requirements. I understand that my specific requested accommodation may not be granted, but PCC will attempt to provide a reasonable accommodation that does not create an Undue Hardship, Fundamental Alteration, or Direct Threat (please refer to SOP 2.03.01-1 for definitions).

Signature: _____ Date: _____