COLORADO COLLEGE
Office of
Human Resources

Spiritual and Religious Accommodation Request Form

At Colorado College (CC), we are deeply committed to fostering a respectful and inclusive workplace where all individuals feel valued and supported. We recognize and honor the diverse spiritual and religious beliefs and practices of our employees, and we are dedicated to providing reasonable accommodation(s) that enable our people to observe their faith while fulfilling their professional responsibilities. This form is intended to facilitate open dialogue and ensure that spiritual and religious needs are thoughtfully considered in alignment with our values of wellbeing, equity, diversity, and inclusion.

INSTRUCTIONS:

Please complete this form in its entirety (pages 2-4) to request spiritual and religious accommodation(s) with CC. A reasonable spiritual and religious accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in their spiritual and religious practice or belief without posing undue burden or hardship on the conduct of CC's business or operation.

Once submitted, Human Resources will review your request and may contact you for further information or discussion. All information will be kept confidential to the extent required by law. If you have any questions about completing this form or about the process of requesting spiritual and religious accommodation, please contact Debi O'Connor, Director, Employee Relations & Support at: doconnor@coloradocollege.edu or (719)389-7659.

To have CC consider your request for spiritual and religious accommodation(s), please complete the following information:

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SECTION 1 – Employee Information

Full Name:
Employee ID (if applicable):
Department:
Job Title:
Manager/Supervisor:
Phone Number:
Email Address:

SECTION 2 – Accommodation Request

1. Describe the spiritual and religious belief, practice, or observance for which you are requesting accommodation:

2. Describe the specific accommodation you are requesting (e.g., schedule change, dress code modification, holiday observance, dietary needs, etc.). Please be sure to address expected frequency and duration if applicable (e.g., twice per day, 15 minutes per occurrence):

3. How will the requested accommodation(s) allow you to meet your spiritual and religious obligations while still allowing you to complete the essential functions of your position?

4. Are you aware of any specific challenges your request may present, and do you have suggestions on how to mitigate or accommodate those challenges?

5. Duration of the accommodation:
    - ☐ One-time (please specify date): _____
    - ☐ Temporary (please specify dates): _____
    - ☐ Annually (please specify date(s):_____
    - ☐ Ongoing
6. Have you previously been granted a spiritual and religious accommodation from CC?
    - ☐ No
    - ☐ Yes
        i. If yes, please describe: _____
7. If necessary or desired, please use additional sheets or attach a supplemental document to provide any additional, relevant information that you would like CC to be aware of when reviewing this request.

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SECTION 3 – Certification

To support your request for a spiritual and religious accommodation, do you have any documentation you would like to voluntarily submit at this time related to your sincerely held spiritual and religious practice or belief? (Check one)

☐ Yes ☐ No

You are not required to submit documentation to request a spiritual and religious accommodation. However, to better understand and thoughtfully review your request, Colorado College (CC) may, in some cases, request additional information or documentation related to your spiritual and religious practice or belief. When applicable, this may include consulting with a spiritual teacher, religious leader, or religious scholar regarding the nature of your beliefs, practices, and requested accommodation.

Any such requests or conversations will be approached with respect and care. Information shared will be used solely for the purpose of reviewing and evaluating your accommodation request.

I confirm that the information provided is accurate to the best of my knowledge and understand it will be used only to support the review of my religious accommodation request.

Employee Signature: _____ **Date:** _____

By typing your name on the signature line above, you acknowledge and agree that this action constitutes your electronic signature and has the same legal effect as a handwritten signature.

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SECTION 4 – For HR Use Only

- **Date Received:** _____
- **Reviewed By:** _____
- **Follow-up Meeting Needed?** ☐ Yes ☐ No
- **Accommodation Approved?** ☐ Yes ☐ No ☐ Pending
- **If denied or modified, explain reason:**

- **Final Decision Date:** _____
- **Signature of HR Representative:** _____

By typing your name on the signature line above, you acknowledge and agree that this action constitutes your electronic signature and has the same legal effect as a handwritten signature.