VUMC provides reasonable accommodations for a person’s sincerely held religious/personal beliefs or practices unless the accommodation would impose an undue hardship on VUMC. A reasonable religious accommodation is any adjustment to the work and/or work environment that will allow the individual to practice his/her religion. By completing and submitting this form you are requesting a sincerely held Religious/Personal Belief Accommodation Request for Vanderbilt University Medical Center (VUMC) to consider. Once you have completed the form, please submit by mail or email to:

VUMC Human Resources - Employee Relations
2525 West End Ave
Suite 500
Nashville, TN 37067
Fax: (615) 343-2176
employeerelations.vumc@vanderbilt.edu

The following collaborative process will occur once the completed form has been received:

- For current employees; Employee Relations will consult with you and your supervisor,
- For prospective employees; Employee Relations will consult with you and the potential supervisor for the position applied for,
- Identification of potential accommodations that may allow VUMC to accommodate your request will occur; and
- You will be informed on what accommodations (if any) have been decided.

When seeking religious accommodations, employees/applicants should keep in mind:

- Accommodations can only be implemented from the time of the request forward and are not retroactive.
- Submitting a request for accommodation does not automatically mean it will be approved.
- Requests for religious accommodations must be reviewed annually.
- Contents of this request are confidential and will only be shared with appropriate personnel to consider the implementation of a reasonable accommodation.
- Form will not be placed in employment records.

If you have any questions about this form or the process, please reach out to Employee Relations at: (615) 343-4759.

To Be Completed by the Employee or Applicant requesting a Religious/Personal Belief Accommodation

Check One: Employee: [ ] Applicant: [ ]

Name: ____________________________ Department: ____________________________

Position Applied For: ____________________________ Title/Position: ____________________________

Phone Number: ____________________________ Email: ____________________________

Supervisor Contact Details (Name/Phone #: Email: ____________________________

__________________________________________________________

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Religious/Personal Belief Reasonable Accommodation Request Form

Religious/Personal Belief Reasonable Accommodation Request Information:

What is your reason for your request and what is that you need modified (Job Change, Work Schedule, Dress, Policy etc.):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Specify the Religious/Personal Belief or Practice you have that you are requesting an accommodation for:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

What is your suggested accommodation or alternative accommodation options that you are requesting?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Attach any relevant documentation that employee/applicant feels would be helpful for VUMC when making decision on reasonable accommodation.

I have read and understand VUMC’s Anti-Harassment, Non-Discrimination and Anti-Retaliation Policy. My religious/personnel belief and practices are deeply and sincerely held resulting in my request for a religious/personal belief accommodation. I understand that the accommodation requested above may not be granted should VUMC determine the reasonable religious/personal belief accommodation request creates an undue hardship on VUMC.

Signature: ____________________________ Date: ____________________________

Name: ____________________________________