



**NASSAU COMMUNITY COLLEGE
REQUEST FOR RELIGIOUS ACCOMMODATION FORM**

This form provides standard written documentation of an employee's request for a religious accommodation. It must be completed and signed by the **employee** and his/her/their Department Head/Supervisor and submitted to the Office of Civil Rights and Belonging, ADA/504 Officer at crb@ncc.edu.

Request From: _____ Date: _____

Position/Title: _____ Email: _____

Department: _____ Supervisor: _____

Cell Phone: _____

PLEASE BRIEFLY ANSWER QUESTIONS 1-2 BELOW:

1. What religious holiday/s are you requesting for an accommodation?

2. What specific type of accommodation are you requesting?

To be completed by Department Head/Supervisor

Approves [] or Refers to CRB []

Signed: Dept. Head/Supervisor _____ Date _____

Title: _____

(The department supervisor is responsible for implementing the accommodation, subject to approval.)

Signature of Employee

Date

CRB, ADA/504 Officer

Date

Approve

Denied