Request for Religious Exemption/Accommodation for COVID-19 Protocols

Middle Tennessee State University (“MTSU”) has instituted protocols designed to mitigate the spread of the COVID-19 virus consistent with guidance from the Centers for Disease Control (CDC). In order to ensure the health and safety of the MTSU campus community, all community members are expected to comply with these protocols.

MTSU is also committed to providing equal opportunities without regard to any protected status and an environment that is free of unlawful harassment, discrimination, and retaliation. As such, MTSU is committed to complying with all laws protecting religious beliefs and practices. When requested, MTSU will engage in an exemption/reasonable accommodation process for religious beliefs and practices which prohibit the individual from following a COVID-19 protocol.

To request an Exemption/Accommodation related to MTSU’s COVID-19 protocols, please complete this form and return it to Institutional Equity & Compliance (“IEC”). This information will be used by IEC or other appropriate personnel to engage in an interactive process to determine eligibly for and to identify possible accommodations. If an individual refuses to provide such information, their refusal may impact MTSU’s ability to adequately understand the individual’s request or effectively engage in the interactive process to identify possible accommodations.

Part 1 - To Be Completed by Person Making Request:

Name: ________________________________________________________________________________

Email: ________________________________________________________________________________

Phone: ________________________________________________________________________________

Date of Request: _______________________________________________________________________

Please explain below why you are requesting an Exemption/Accommodation including a description of the specific protocols from which you wish to be exempted:

______________________________________________________________________________________
______________________________________________________________________________________
Please identify the religious beliefs that you believe will be burdened if you are required to comply with these protocols:

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For each religious belief identified above, please explain how long you have held that religious belief and provide examples of other circumstances where you have practiced it.

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Verification and Accuracy
I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

THIS FORM MUST BE SIGNED BEFORE A NOTARY.

Signature: ________________________________________________________________________
Print Name: ________________________________________________________________________
Date: ____________________________________________________________________________

Sworn and subscribed before me this ________day of __________________________20 _______

Notary Signature ______________________________________________________________________
Commission expires ____________________________________________________________________
NOTARY SEAL

Part 2 - To be completed by IEC Representative:
Date this Request Form Received in IEC: _________________________________________________
Interactive Discussion Date(s) if applicable: _______________________________________________
Exemption/Accommodation granted? _____________ Yes _____________ No
Describe Exemption/Accommodation:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
If Exemption/Accommodation granted, list required alternative safety precautions required:

______________________________________________________________________________________
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If Exemption/Accommodation not granted, explain why:

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Signature of Representative: __________________________________________________________
Name of Representative: _____________________________________________________________
Date: _____________________________________________________________________________

Middle Tennessee State University does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs, and activities sponsored by MTSU.

The Assistant to the President for Institutional Equity and Compliance has been designated to handle inquiries regarding the non-discrimination policies and can be reached at Cope Administration Building 116, 1301 East Main Street, Murfreesboro, TN 37132; Christy.Sigler@mtsu.edu; or 615-898-2185. The MTSU policy on non-discrimination can be found at www.mtsu.edu/iec.