

RELIGIOUS ACCOMMODATION REQUEST FORM

Applicant/Cast Member Name:	
Date of Request:	
Mailing Address:	
Phone Number where you can be reached:	
IF YOU ARE A CURRENT CAST MEMBER, PLEASE COMPLETE THE FOLLOWING:	
Perner:	
Job Title:	
Work Location:	
Shift Times:	Regular Days Off:
Work Phone:	
Leader Name:	
Requested Accommodation:	
Reason for Accommodation:	

Please email completed form to WDPR.Employee.Relations.Intake@disney.com or fax at 407.938.6587

Applicant/Cast Member Signature