

Office of Institutional Access and Equity
Southern Methodist University

Employee Documentation of Disability Form

Employee Section

Employee Instructions: Please complete the Employee Section of this form and submit it to your physician. Please inform your physician of the essential functions of your position and your request for a reasonable accommodation. To initiate a request for reasonable accommodation, please submit the completed Employee Documentation of Disability Form and the [Employee Reasonable Accommodation Request Form](#) to the ADA/504 Coordinator in the Office of Institutional Access and Equity. These confidential forms will not be placed in your personnel file and will be maintained in the Office of Institutional Access and Equity.

Authorization and Release

~~I, (), the author of this form, certify that I am the author of this form and I have read and understand the contents of this form. I hereby authorize the Office of Institutional Access and Equity to use this information for the purpose of providing reasonable accommodations to me.~~

Please describe how the impairment substantially limits a major life activity (e.g., walking, breathing, hearing, speaking, seeing, learning, performing manual tasks, or others):

Please describe how the impairment impacts the essential functions of the employee's position:

Please identify any accommodations that could assist the employee in performing the essential functions:

Physician's Name: _____ Phone: _____

License Number: _____ State: _____

Type of Practice: _____ Email: _____

Address: _____

Physician's Signature: _____ Date: _____