

Office of Institutional Access and Equity
Southern Methodist University

Employee Reasonable Accommodation Request Form

Instructions: To initiate a request for reasonable accommodation, please complete and submit the Employee Reasonable Accommodation Request Form and the [Employee Documentation of Disability 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. Please attach additional sheets of paper if needed.

General Information:

Name: _____ SMU ID No: _____

Job Title: _____ Department: _____

Campus Phone: _____ Home Phone: _____

Campus Address: _____

Home Address: _____

E-Mail: _____ Supervisor: _____

Classification: Fulltime Parttime Faculty Staff

Please describe the nature of your impairment: _____

What is the duration of your impairment? _____

Please describe the essential functions of your position: _____

Please explain how your condition is impacting the essential functions of your position:

Please describe the reasonable accommodation you are requesting and how will it help you perform essential functions of your position:

Name of Treating Physician: _____

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