

**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. The Employee Documentation of Disability Form must be completed by an appropriate and qualified health care professional. These confidential forms will not be placed in your personnel file.

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 the essential functions of your position:

Name of Treating Physician: _____

Physician's Address: _____

Physician's Phone: _____

Authorization and Release of Information:

I hereby authorize the Office of Institutional Access and Equity to discuss and disclose information as needed within the University and with my physician to properly assess my request for a reasonable accommodation. I verify that the preceding statements are complete and accurate to the best of my knowledge. I understand that the University is not obligated to provide any specific accommodation and that I will be held to the same performance, conduct, and attendance standards as all other SMU employees if a reasonable accommodation is provided.

Employee Signature: _____