

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. 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:

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

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Name of Treating Physician: \_\_\_\_\_

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