

Office of Institutional Access and Equity  
Southern Methodist University

Employee Documentation of Disability Form

**Employee Section**

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**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, hereby authorize the Office of Institutional Access and Equity to use the information provided on this form for the purpose of providing reasonable accommodations to the author of this form.~~

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

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

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

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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_