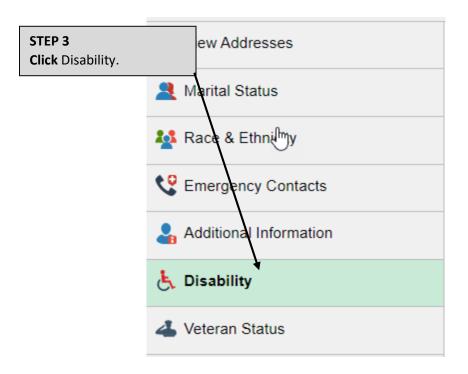
To review and/or update Disability Status



▼ Employee Self Service **Personal Details** Step 2 Navigate to Disability status by clicking on the **Personal Details** box on the Self-Service Home Page. Payroll **Benefit Details** Last Pay Date Open Enrollment No Enrollment Available At This Time Training Access Bursar Account



Voluntary Self-Identification of Disability

OMB Control Number 1250-0005 Expires 5/31/2023

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
 Cerebral palsy
 HIV/AIDS
 Schizophrenia
 Muscular dystrophy Deafness
 Cancer
 Diabetes
 Epilepsy
- Bipolar disorder
 Major depression
 Multiple sclerosis (MS)
 Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
 Obsessive compulsive disorder
 Impairments requiring the use of a wheelchair
 Intellectual disability (previously called mental retardation)

Please select one of the options below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability ■ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

Your Name Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

For students, please contact Chelle' Lodge-Guttery at 325

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more in Labor's Office of Federal Contract Compliance Programs (OFCCP) web

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction OMB control number. This survey should take about 5 minutes to compl

STEP 4 If any changes or updates

are made be sure to click Submit.

Llach at 325-1826.

ons of Federal contractors, visit the U.S. Department of

ction of information unless such collection displays a valid

Submit