Voluntary Self-Identification of Disability Form Instructions

The University of Alabama is committed to the concept and practice of equal opportunity and affirmative action. It is the policy of The University of Alabama not to discriminate on the basis of a physical or mental disability or an individual's status as a disabled veteran or any other protected Covered Veteran with regard to recruitment or advertising, hiring, training, promotion, and other terms and conditions of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. These provisions are detailed in the University's Affirmative Action Plan for Veterans and Individuals with Disabilities. In accordance with public law, the University's program of affirmative action invites job applicants, individuals offered employment, and current employees who believe they are covered veterans or individuals with disabilities to identify themselves in order to receive the benefits of affirmative action. This information is used solely for affirmative action purposes, is being requested on a voluntary basis, and will be used and be kept confidential in accordance with the ADA. Refusal to provide this information will not subject any job applicants, individuals offered employment, or current employees to any adverse treatment.

The Affirmative Action Plan for Veterans and Individuals with Disabilities is available for inspection in the Office of Equal Opportunity/University Compliance during regular business hours upon request.

If you have a disability, you may be entitled to a reasonable accommodation to enable you to perform the essential functions of your job. Reasonable accommodations are determined on a case by case basis, and may include acquisition or modifications of equipment or devices; adjustments or modifications of training materials or policies; changes in the physical layout of the work space; or other accommodations that may be reasonable and appropriate. Employees requesting reasonable accommodations should complete the Employee Accommodation Request form available at http://hr.ua.edu, and submit the completed form to the HR ADA Coordinator, Emily Marbut, at emarbut@fa.ua.edu.

Please return the Voluntary Self-Identification of Disability Form to the HR Service Center.
Campus Mail: Box 870364
Email: hrsvcctr@ua.edu
Fax: 348-8755
Voluntary Self-Identification of Disability

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.¹ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- 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 check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

__________________________  ________________________
Your Name                                                  Today's Date
Voluntary Self-Identification of Disability

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 to apply for a job or to perform your job. Examples of 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.

1 Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.