

**Voluntary Self-Disclosure Statement
For Persons with Disabilities
And
For Disabled Veterans and Veterans of the Vietnam Era**

Employee's Name	Job Title	Division
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The purpose of this form is to assure compliance with Federal, State and Local Laws and Regulations, which require that the University take affirmative action to employ and advance in employment qualified veterans and individuals with disabilities.

“Disabled Veteran” means a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

“Veteran of the Vietnam era” means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 4, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975. No veteran may be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1991.

Federal Regulations define a person with disabilities as any person who:

1. Has a physical or mental impairment which substantially limits one or more of his/her major activities;
2. Has a record of such an impairment: or
3. Is regarded as having impairment.

Examples included, but are not limited to: loss of an arm, leg, or other body system, or a disease or condition which affects the heart, brain, vision, speech, hearing, or emotional well-being of the individual.

Disclosure of this information is voluntary. Information obtained will be kept in a SEPARATE FILE and be considered confidential. Supervisors, managers, and administrators may be informed on a need-to-know basis in order to make reasonable accommodations on your job. First aid personnel may be informed as applicable and government officials may be informed where required.

We request that all employees voluntarily complete the disclosure statement and return it to the Office of Human Resource Services 207 Old Main.

VOLUNTARY SELF-DISCLOSURE

1. Choose not to respond *(If you checked this box, please go to items 6 & 7.)*

2. Veteran

Yes No

Veteran of Vietnam Era

3. Disability

Disabled Not Disabled *(If you checked this box, please go to items 6 & 7.)*

Identify Disability

Acoustically Impaired

Legally Blind

Learning Disabled

Mobility Impaired

Multiply Impaired

Visually Impaired

Other Impairment_____

4. Identify any barriers or obstructions which prevent access or use of work space or facilities:

5. Describe reasonable accommodations that you would like the University to make for your disability:

6. _____

Signature or Employee

7. _____

Date