

DISABILITY SELF-IDENTIFICATION FORM

Section A. (All employees must complete this part.)

NAME (Please Print) \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

Section B. (See next page for definitions)

1. Are you a person with a disability? YES \_\_\_\_\_ NO \_\_\_\_\_

2. If you answered "YES" above, are you a person with a severe disability? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you need any accommodations to enable you to perform your job? (If yes, please explain below.) (Please contact your supervisor or Affirmative Action Officer for information about how to make a formal accommodation request.) YES \_\_\_\_\_ NO \_\_\_\_\_

4. Will you need any special help in the event of an emergency? (If yes, please explain below.) YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you have suggestions for improving our agency's accessibility to persons with disabilities? (If yes, please explain below.) YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(See Next Page)

## DISABILITY SELF-IDENTIFICATION FORM

### General Information:

This information is requested in order to evaluate equal employment opportunity/affirmative action efforts and to comply with state law only. It will not be used to discriminate in any way. Completion of Section B of the form is optional. The information will be confidential with the following exceptions:

- Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations;
- First aid and safety personnel may be informed, when appropriate, if the disability might require alternative actions in emergency situations; and
- Government officials investigating compliance with non-discrimination laws shall be provided relevant information on request.

### Definitions:

#### Person with a Disability

The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. [29 C.F.R. S1630.2(i)]

#### Person with a Severe Disability

Severely disabled employee means an employee with a chronic disability if the chronic disability meets all of the following conditions:

- (a) It is attributable to a mental or physical impairment or combination of mental and physical impairments.
- (b) It is likely to continue indefinitely.
- (c) It results in substantial functional limitations in one or more of the following areas of major life activity: self-care; receptive and expressive language; learning mobility; capacity for independent living; and economic self-sufficiency. [s. 230.04 (9r) (a) 2., Stats.]

#### Reasonable Accommodations

A reasonable accommodation is the effort made to make adjustments for the impairment of an employee or applicant by structuring the job or the work environment in a manner that will enable the person with a disability to perform the essential functions of the job. Reasonable accommodations include, but are not limited to, making facilities accessible, adjusting work schedules, restructuring jobs, providing assisting devices or equipment, providing readers or interpreters, and modifying work sites.