

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

SIUE is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973 as amended and 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 have ever had a disability. Providing this information is voluntary and any answer you give will be kept private and 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.

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.

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.

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 perform your job. Examples of reasonable accommodation include making a change in the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Employee Name

Department

Signature of Employee

Date