

CONFIDENTIAL
SELF IDENTIFICATION OF DISABILITY
PURPOSE OF FORM

This information is intended for use solely in connection with the Commonwealth's affirmative action and equal employment opportunity efforts. It is being requested on a voluntary basis, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in accordance with the Office of Diversity and Equal Opportunity guidelines and any applicable Federal regulations (e.g., 45 C.F.R. Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). The self-identifying individual must submit to the ADA/504 Coordinator this Self-Identification of Disability form.

A self-identification is presumed accurate. As a general rule agencies may not ask employees to verify their disability. Verification of disability by a competent medical authority or designated agency will only be required when both of the following criteria are present: (A) The individual's status as a person with a disability is potentially relevant, as a beneficial factor, in connection with a pending employment decision, such as being hired or promoted, or being spared a lay-off; and (B) The individual's status as a person with a disability is not obvious. Where a verification request is made, an employee who has self-identified as a person with a disability may be asked to submit a Confidential Verification of Disability form to the agency ADA/504 Coordinator within thirty (30) working days of the agency's ADA/504 Coordinator's request.

DO YOU QUALIFY FOR PROTECTED STATUS?

You will qualify for protected status if you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a record of such an impairment or (3) you are regarded as having such an impairment. "Major life activities" includes but is not limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

NAME: _____

ADDRESS: _____

☐ I am employed

☐ I am an applicant for employment as: _____
(Job title if any)

at: _____ voluntarily self-identify
(Department / Division / Agency)

as a person with disabilities, according to the definition given above.

I understand that my protected status is subject to verification.

Signature: _____ Date: _____

*** IF THE PROTECTED STATUS IS DENIED, THE SELF-IDENTIFIED INDIVIDUAL MAY
APPEAL THE DECISION TO THE OFFICE OF DIVERSITY AND EQUAL OPPORTUNITY**

Confirmation of receipt by ADA/504 Coordinator _____
Signature of ADA/504 Coordinator

Date: _____