

**THE UNIVERSITY OF VIRGINIA
INVITATION TO IDENTIFY DISABILITY**

The University of Virginia is an equal employment opportunity/affirmative action employer. Additionally, as a government contractor, the University is subject to the Vietnam Era Readjustment Assistance Act of 1974, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Our commitment to equal opportunity requires that we work hard to eliminate barriers that may exist to our employees with disabilities. Your participation is essential to our efforts.

You are invited to provide information about your disability to aid the University in evaluating the needs of our employees and taking measures to meet those needs. This information will assist us in complying with reporting and accommodation requirements under federal law. The information you provide about your disability will be kept confidential. However, if you use this form to request an accommodation(s) to assist you in performing the essential functions of your job, you will be contacted to discuss assistance.

Providing this information is voluntary. Neither providing nor refusing to provide it will subject you to adverse treatment. This information will not be used in a manner inconsistent with the law.

Name _____ School/Department _____
Email _____ Phone _____ Date _____

(Name, Email and Phone are optional, unless you require further assistance.)

Under the ADA, a person has a disability if he/she 1) has a physical impairment that substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such an impairment.

Using this definition, do you have a disability? _____ Yes _____ No

If yes, what is it? _____

Are you currently receiving an accommodation? _____ Yes _____ No

If yes, what is it? _____

Are there any accommodations that you require that you are not receiving? _____ Yes _____ No

If yes, what are they? _____

Do you require special assistance in case of an emergency evacuation? _____ Yes _____ No

If yes, is there an emergency evacuation plan in place in your department that addresses your needs?
_____ Yes _____ No _____ Unsure

Please return this form to: Brad Holland, ADA Coordinator, Washington Hall-East Range
PO Box 400219 Charlottesville, Virginia 22904
Phone: (434) 924-7819 - Email: bkh9b@virginia.edu
Fax: (434)924-1313