



UNIVERSITY of VIRGINIA
For Academic Employees
Invitation to Identify Disability – Section A
Invitation to Identify Veteran Status – Section B

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 503 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). Our commitment to equal opportunity requires that we work to eliminate barriers that may exist for our employees with disabilities. We also have an affirmative responsibility to employ and advance in employment individuals with disabilities and/or veteran status. Your participation is essential to our efforts.

We ask for your assistance in meeting our commitment by responding to this form. ***This form is being sent to all employees. If you do not have a disability and you are not a veteran, no response is necessary.*** Please provide information in Section A on any impairment you may have that qualifies as a disability under the ADAAA, any accommodation you are receiving under the ADAAA, and/or your need for an accommodation under the ADAAA. Also, please see Section B on how to review and update your information regarding veteran status.

This information will aid the University in evaluating the needs of our employees and taking measures to meet those needs. The information will also assist us in complying with reporting and accommodation requirements under federal law. ***Your response 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 _____ Date _____
 Department _____
 U.V.a. Email _____ Phone _____

Section A: Disability Identification

Under the ADAAA, 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.

1. Using the definition above, do you have a disability? Yes No
 (If yes, please select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> 520 Alcoholism | <input type="checkbox"/> 521 Drug addiction |
| <input type="checkbox"/> 610 Allergies | <input type="checkbox"/> 630 Epilepsy |
| <input type="checkbox"/> 400 Amputation of at least one upper and one lower limb | <input type="checkbox"/> 300 Impairment involving three or more (major) limbs |
| <input type="checkbox"/> 410 Amputation of one or two upper limbs | <input type="checkbox"/> 310 Impairment involving one upper, one lower limb |
| <input type="checkbox"/> 420 Amputation of one or two lower limbs | <input type="checkbox"/> 320 Impairment involving one or two upper limbs |
| <input type="checkbox"/> 430 Amputation of other and unspecified parts | <input type="checkbox"/> 330 Impairment involving one or two lower limbs |
| <input type="checkbox"/> 100 Blindness, both eyes | <input type="checkbox"/> 340 Other and ill-defined impairments |
| <input type="checkbox"/> 110 Blindness, both eyes (some correction) | <input type="checkbox"/> 600 Malignancies |
| <input type="checkbox"/> 120 Blindness, one eye | <input type="checkbox"/> 500 Other mental, psychoneurotic and personality disorders |
| <input type="checkbox"/> 140 Other Visual Impairment | <input type="checkbox"/> 530 Mental retardation – mild |
| <input type="checkbox"/> 640 Cardiac, circulatory and respiratory | <input type="checkbox"/> 532 Mental retardation – moderate |
| <input type="checkbox"/> 200 Deafness, unable to talk | <input type="checkbox"/> 534 Mental retardation – severe |
| <input type="checkbox"/> 210 Deafness, able to talk | <input type="checkbox"/> 660 Speech impairment |
| <input type="checkbox"/> 220 Other Hearing impairment | <input type="checkbox"/> 700 Multiple disabilities |
| <input type="checkbox"/> 650 Digestive and uro-genital | <input type="checkbox"/> 701 Not Clearly Defined |
| <input type="checkbox"/> 620 Diseases of the blood | <input type="checkbox"/> 670 Other _____ |

2. Are you currently receiving an accommodation? Yes No
(If yes, please explain below.)
3. Do you need any accommodations that you are not currently receiving to enable you to perform your job?
 Yes No (If yes, please explain below.)
4. Do you require special assistance in case of an emergency evacuation? Yes No
5. If yes, is there an emergency evacuation plan in place in your department that addresses your needs?
 Yes No Unsure

Section B: Veteran Status

Please take this time to update information on your veteran status on-line. You may check and update your information using the Integrated System Self-Service at: <http://www.virginia.edu/integratedsystem>.

Step-by-step instructions for this process are available at: <http://www.virginia.edu/eop/resourcesVeterans.html>.

For additional assistance in updating your information on-line, you may contact the HR Service Center at (434) 982-0123.