

Voluntary Self-Identification of Disability Instructions

1. Log in to [myBama](#).
2. Click on the Employee tab.
3. Click on the Employee Services folder in the Banner Self-Service box.
4. Click on the Disability Information folder in the Employee Services folder.
5. Click on the Disability Self-Identification Form link.
6. Read the Voluntary Self-Identification of Disability information and check the box that applies.
7. Click Submit.

The University of Alabama is committed to the concept and practice of equal opportunity and affirmative action. It is the policy of The University of Alabama not to discriminate on the basis of a physical or mental disability or an individual's status as a disabled veteran or any other protected Covered Veteran with regard to recruitment or advertising, hiring, training, promotion, and other terms and conditions of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. These provisions are detailed in the University's Affirmative Action Plan for Veterans and Individuals with Disabilities. In accordance with public law, the University's program of affirmative action invites job applicants, individuals offered employment, and current employees who believe they are covered veterans or individuals with disabilities to identify themselves in order to receive the benefits of affirmative action. This information is used solely for affirmative action purposes, is being requested on a voluntary basis, and will be used and be kept confidential in accordance with the ADA. Refusal to provide this information will not subject any job applicants, individuals offered employment, or current employees to any adverse treatment.

The Affirmative Action Plan for Veterans and Individuals with Disabilities is available for inspection in the Office of Equal Opportunity/University Compliance during regular business hours upon request.

If you have a disability, you may be entitled to a reasonable accommodation to enable you to perform the essential functions of your job. Reasonable accommodations are determined on a case-by-case basis, and may include acquisition or modifications of equipment or devices; adjustments or modifications of training materials or policies; changes in the physical layout of the workspace; or other accommodations that may be reasonable and appropriate. Employees requesting reasonable accommodations must submit their request online through [AbsenceTracker](#).

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Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____