

Georgia State University
Employee Voluntary Disclosure of Disability

Georgia State University is an equal opportunity employer and qualified individuals with disabilities are welcome as employees at Georgia State. In order to provide equal access and opportunities to individual with disabilities, reasonable accommodations may be needed. If you would like to voluntarily disclose that you have a disability, please complete this form and return it to the University ADA Coordinator at the address listed at the bottom of the page. If you would like to request a reasonable accommodation, you must also submit a completed ADA Reasonable Accommodation Request Form to the ADA Coordinator. Reasonable Accommodation Request Forms are available in Human Resources, the Office of Disability Services and online at www.gsu.edu/disability. Once the ADA Coordinator has received a completed ADA Reasonable Accommodation Request Form, you will receive information about the accommodation process, including how to document a qualifying impairment.

The information on this form will be kept confidential as required by the ADA and will not be used to discriminate against you in any manner. By law, the information you provide about your disability cannot affect the decision to hire you at Georgia State University. The information on this form will be released only to those individuals responsible for providing assistance to employees with disabilities.

Complete & Return Form ONLY If You Have a Disability

Employee Name _____ Employee ID _____

Job Title _____ FTE _____ Work Location _____

College/Dept _____ Phone _____

Supervisor _____ Phone _____

Work Schedule (Days & Hours) _____

NATURE OF DISABILITY

- _____ Psychiatric
- _____ Deaf
- _____ Hearing Impaired
- _____ Blind
- _____ Visually Impaired
- _____ Mobility Impaired
- _____ Other _____

MAJOR LIFE ACTIVITY THAT DISABILITY LIMITS

- | | |
|-------------------------------|---------------------|
| _____ Caring For Self | _____ Hearing |
| _____ Interacting with others | _____ Thinking |
| _____ Performing manual tasks | _____ Sleeping |
| _____ Breathing | _____ Speaking |
| _____ Walking | _____ Learning |
| _____ Standing | _____ Concentrating |
| _____ Reaching | _____ Working |
| _____ Lifting | _____ Toileting |
| _____ Seeing | _____ Reproduction |
| _____ Sitting | _____ Other |

Employee Signature

Date

RETURN FORM TO:

ADA Coordinator
Georgia State University
Human Resources, Benefits Office
P.O. Box 3982
Atlanta, GA 30302-3982
Tel: 404-413-3330 / Fax: 404-413-3324