

## **Voluntary Self-Identification Form for Employees with Disabilities**

*(Confidential when completed)*

The Community College of Rhode Island (CCRI) is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires federal contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. CCRI also is subject to the Americans with Disabilities Act (ADA). Under both the Rehabilitation Act and the ADA, a qualified individual with a disability may be entitled to reasonable accommodation where that would enable that individual to perform the essential duties of his or her position properly and safely. If you are an individual with a disability and 1) would like to be considered under the affirmative action program, and/or 2) would like to be contacted confidentially regarding your disability and possible need for accommodation, please complete and return this form as instructed below.

Please note that submission of this information is voluntary and a decision not to provide it will not subject you to any adverse treatment. You may inform the college of your desire to benefit under the program and/or request reasonable accommodation at this time or at any time in the future. The information you provide in this self-identification form regarding your disability will be kept confidential except as expressly allowed under the Rehabilitation Act and the ADA.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Check if applicable: \_\_\_ Individual with Disability\*

\*Under the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "Individual with a Disability" means any person who:

- i. Has a physical or mental impairment which substantially limits one or more of that person's major life activities;
- ii. Has a record of such an impairment; or
- iii. Is regarded as having such an impairment.

Would you like to be contacted confidentially regarding your disability?  Yes  No

Contact Number: \_\_\_\_\_ **OR** Email Address: \_\_\_\_\_

Please return in a **sealed envelope marked "Confidential"** to:

Community College of Rhode Island  
Office of Human Resources  
400 East Avenue  
Warwick, RI 02886-1807