

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.

This disclosure is voluntary. However, completing this form is the first step in the process of requesting a reasonable accommodation. Once the ADA coordinator has received this form, you will receive additional information about how to request accommodations and to provide documentation of your 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 and RETURN THIS 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, HR-Benefits Office
Georgia State University
P. O. Box 3982
Atlanta, GA 30302-3982
Tel: 404-413-3330 / Fax: 404-413-3324