



SELF-IDENTIFICATION FORM FOR INDIVIDUALS WITH DISABILITIES

All employees are asked to voluntarily complete the self –identification form and return it to the Office of Human Resources.

Assurance of Confidentiality: The information collected on this form will be treated with confidentiality. The form will be maintained in a file separate from the employee’s personnel file.

Name _____

Department _____

Campus: _____

Phone Number: _____ Cell Home Office

DISABLED INDIVIDUAL: Under Federal law a disabled individual means any person who (1) has a physical or mental impairment that substantially limits one more major life activity; (2) has a record of such impairment; or (3) is regarded as having such impairment. (ADA Amendments Act of 2008 (P.L. 110-325)). Under Louisiana Law a disabled person means any person who has a physical or mental impairment which substantially limits one or more of the major life activities, or has a record of such an impairment, or is regarded as having such an impairment.

Are you a Disabled individual? ___Yes ___No ___ I choose not to answer this question at this time.

If you answered yes, and would like to request an accommodation, please sign this form and continue to page 2.

If you are not requesting an accommodation, please sign and return page 1 in a sealed envelope marked “Confidential” to: Office of Human Resources, Delgado Community College Building 37 Pod A, City Park Campus, New Orleans, LA 70119 or to the Confidential Fax 504-361-6686.

Signed _____ Dated _____/_____/_____

If, at any time in the future, you wish to self-identify as an individual with a disability and/or request an accommodation, please contact the Office of Human Resources.

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To be completed, if an accommodation is needed to satisfactorily perform the essential functions of your current position.

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position? Yes No

If **YES**, please explain:

Are there any accommodations we could make that would enable you to perform the job properly and safely?

Yes No

If **YES**, please explain:

Signed _____ Dated _____/_____/_____