



Employee Voluntary Disclosure of Disability

Payroll/Benefits/HRIS
3rd Floor
One Park Place
Georgia State University
P.O. Box 3982
Atlanta, GA 30303-3083
(404) 413-3330
FAX (404) 413-3335

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 _____ FTE _____

JOB TITLE _____ WORK LOCATION _____

COLLEGE/DEPT _____ PHONE _____

SUPERVISOR _____ PHONE _____

WORK SCHEDULE (DAYS AND HOURS) _____

NATURE OF DISABILITY

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

MAJOR LIFE ACTIVITY THAT DISABILITY LIMITS

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