CONCORD UNIVERSITY
EMPLOYEE
SELF-IDENTIFICATION FORM
DISABILITIES

The purpose of this form is to allow employees to request accommodations as needed for disabilities. Please note that you do not have to disclose any disability; it is purely voluntary on the employee's part. In addition, details of the disability do not have to be disclosed on this form. The information we need on this form in order to assist you is the requested accommodation(s) necessary in order to perform the essential functions of your position. If you are unsure of the accommodation you may need, please just indicate that you need assistance and the ADA Coordinator will contact you. This information will be shared only with those having a need to know in order to provide the accommodation.

This form may be turned in at the time of hire or at any time afterwards during your employment with Concord University. You may turn this form in to your supervisor or to the Human Resources Office (Room 204, Marsh Hall). The ADA Coordinator is Nancy Ellison, and she is located in the Student Center. Her telephone number is 384-6086.

You may be asked to provide medical documentation for the requested accommodation. All requests will be evaluated by the ADA Coordinator and any other necessary party and a decision will be communicated to the person making the request within a reasonable time. Appeals of these decisions may be made directly to the President of the University, and should be made in writing.

Employee Name: _____
SS#: _____
Job Title: _____
Department: _____
Telephone #: _____
Email: _____
College Box#: _____

Requested Accommodation: _____
_____
_____
_____
_____

Employee Signature: _____ Date: _____

I AM NOT REQUESTING AN ACCOMMODATION AT THIS TIME
Employee Signature: _____ Date: _____