

**INDIVIDUAL DISABILITY DISCLOSURE**

The Board of Trustees and the administration of Fayetteville Technical Community College are fully committed to the principles and practice of equal employment and educational opportunities. Accordingly, Fayetteville Technical Community College does not practice nor condone discrimination, in any form, against students, employees, or applicants on the grounds of race, color, national origin, religion, sex, age, disability or political affiliation. Fayetteville Technical Community College commits itself to positive action to secure equal opportunity regardless of those characteristics.

If you are a disabled individual or disabled veteran and would like to declare your disability, please tell us. A disclosure form is attached with all pertinent information requested. The information requested is voluntary and will not be used to affect adversely the terms and conditions of employment. It will be kept confidential except that (1) supervisors may be informed regarding restrictions on work duties and necessary accommodations, (2) health services and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with these acts may be informed.

A “**disabled individual”** is a person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

A “**disabled veteran”** is a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

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| **Fayetteville Technicial Community College** Individual Disability Disclosure Form | | | |
| **Name** |  | **Datatel #** |  |

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| **Position Title** |  |
| **Please Check Each Category Which Applies:** | |

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|  | **DISABLED** |  | **DISABLED VETERAN** |
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| **Describe briefly your disability, if any:** | | | |
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| **Limitations, if any:** | | | |
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| **List accommodations** which would enable you to perform the job properly and safely, if any. If accommodations are requested, please attach supporting documentation from your medical provider detailing any limitations and/or restrictions and exactly what accommodations are recommended in order for you to successfully complete your job duties. | | | |
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| **Your signature** attest that you have been provided a copy of the Disability and Reasonable Accommodation policy and you understand that you must contact the Human Resources office should you need to seek an accommodation at any point during your employment. | | | |
| **Signature** |  | **Date** |  |