

INVITATION FOR SELF IDENTIFICATION

FOR
PERSONS WITH DISABILITIES
SPECIAL DISABLED VETERANS
VETERANS OF THE VIETNAM ERA
AND MILITARY RESERVES

LSU Health Sciences Center-New Orleans is a Federal Contractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (38USC 2012), and to the requirements of Section 503 of the Rehabilitation Act of 1973 as amended, and their implementing regulations.

These Acts and regulations require that LSU Health Sciences Center-New Orleans take affirmative action to employ, and to advance in employment, qualified persons with disabilities, special disabled veterans, and veterans of the Vietnam era.

If you are a person with a disability, a special disabled veteran, or a veteran of the Vietnam era, and would like to be considered under the Affirmative Action Program, please tell us. Provision of this information is voluntary. If you do not wish to identify yourself at this time as a person with a disability, a special disabled veteran, or veteran of the Vietnam era, you will not be subject to any adverse treatment. If you do wish to identify yourself, the information provided will be used only in accordance with the Acts and the regulations. This means that the information provided will be:

1. Kept confidential, except that:
 - A. Supervisors and managers may be informed of any restrictions of work or duties of persons with disabilities or special disabled veterans, and of any necessary accommodations;
 - B. First aid and safety personnel may be informed, when and to the extent appropriate, if a particular handicap or disability may require emergency treatment;
 - C. Government officials investigating compliance with the Acts shall be informed;
2. Used only in accordance with the Acts and their implementing regulations; and
3. Will be used to ensure proper placement. In order to assist us in making proper placement, we ask that if you have a handicap or disability which might affect your job performance or create a hazard to yourself or others in connection with the job for which you are applying, you inform us;
 - A. What skills and/or procedures you use or intend to use to perform the job notwithstanding the disability, and
 - B. What accommodations we could make which would enable you to perform the job properly and safely. This might include special equipment, changes in the physical layout of the job, elimination of certain non-essential duties, or other accommodations.

I certify that I have read the above "INVITATION OF SELF IDENTIFICATION" and that I understand its terms. I further attest, by checking the appropriate space and signing below, that I am:

- A person with a handicap/disability
- A special disabled veteran
- A veteran of the Vietnam era
- A member of the Military Reserves
- None of the above

*Please check all that apply. Should your status change, please notify HR immediately.

NAME (PLEASE PRINT) _____ SOCIAL SECURITY NO _____

SIGNATURE _____ DATE _____