

HANDICAP/DISABILITY STATUS:

Do you wish to identify yourself as a person with a disability as defined by the Americans With Disabilities Act? ☐ Yes ☐ No

Is there any reason you cannot perform all of the job functions for which you have been hired?
☐ Yes ☐ No

If yes, what are the accommodations you are requesting at this time to assist you in performing such functions?

Have you made your supervisor aware of this request? ☐ Yes ☐ No