

AFFIRMATIVE ACTION PROGRAM

INVITATION TO SELF-IDENTIFY FOR QUALIFIED INDIVIDUALS WITH DISABILITIES

The University is a government contractor subject to federal regulations that require it to take affirmative action to employ and advance in employment qualified individuals with disabilities. If you have a disability and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time, or at anytime in the future. This information will assist us in placing you in an appropriate position and in making any reasonable accommodation for your disability. Submission of the request is voluntary and failure to provide it will not subject you to any adverse treatment. Any information you submit about your disability will be kept confidential, except that:

- (1) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary reasonable accommodations;
- (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and
- (3) government officials engaged in enforcing applicable law may be informed.

If you are an individual with a disability, we would like to include you under the University's Affirmative Action Program. It would assist us if you tell us about:

- (1) any special methods, skills and procedures that qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and
- (2) any reasonable accommodations that the University could make to enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain peripheral duties relating to the job, provision of personal assistance services, etc.

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- Yes, I am a qualified individual with a disability and would like to be included in the University's Affirmative Action Program. (Please complete the following)

NAME: _____
(please print)

Signature

Date

If completing at anytime in the future, please return to FSU Human Resources, 420 Oak St., 150 Prakken, Big Rapids, MI 49307.