

# Disability Questionnaire

Section 504 prohibits discrimination on the basis of certain disabilities. Please complete the following and return to the Office of Human Resource:

1. Do you have a disability that affects your work?

YES      NO

2. If yes, What is the disability?

3. Does your disability require any special accommodations?

YES      NO

4. If yes, what would these special accommodations/conditions include?

This survey must be completed for your personnel file, even if your answer to Question 1 and/or 3 is no.  
Thank you.

---

Signature

---

Date

---

Job Title

---

Department

(Revised March 2013)