The information collected is for the purpose of meeting federal reporting requirements on employed disabled persons at UND. All data collected are confidential and will not be used to discriminate in employment or services available to employees. Should you have questions concerning disability accommodations, the survey or your status as an employee, please contact the Affirmative Action Office, 777-4171 (Voice/TDD).

Check the appropriate employment group:  ☐ Faculty  ☐ Staff

Name:_________________________________________ Employee #: _________________

1. Do you consider yourself disabled*?  ☐ If yes, please complete questions 2 and 3.  ☐ No

2. Do you have a record of a disability?  ☐ Yes  ☐ No

3. If you need a job accommodation, please fill out an ADA Accommodation Request Form. This form can be obtained at http://www.und.edu/org/adainfo.

*A physical or mental impairment that substantially limits one or more of an individual’s major life activities.

12/03