

**CONFIDENTIAL**  
**Employee Self-Identification of Disability**  
**And**  
**Request for Reasonable Accommodation**

In accordance with the **Americans with Disabilities Act of 1990**, R.I. General Law 28.5 and Executive Order 92-2, the State Equal Opportunity Office invites a qualified individual with a disability to self-identify to be provided reasonable accommodations if necessary to perform the essential function for the desired position.

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**NAME:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please check the category that best describes your handicap. (Upon request, verification of handicapping condition must be obtained from your physician.)

Handicapping conditions include, but are not limited to:

- \_\_\_\_\_ AIDS
- \_\_\_\_\_ Alcoholism
- \_\_\_\_\_ Blindness or Visual Impairment
- \_\_\_\_\_ Cancer
- \_\_\_\_\_ Cerebral Palsy
- \_\_\_\_\_ Deafness or Hearing Impairment
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Drug Addiction
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Mental or Emotional Illness
- \_\_\_\_\_ Mental Retardation
- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_ Muscular Dystrophy
- \_\_\_\_\_ Orthopedic
- \_\_\_\_\_ Perceptual Handicaps such as Dyslexia, Minimal Brain Dysfunction,  
Developmental Aphasia, or Speech Impairment
- \_\_\_\_\_ Other

- ( ) Yes, I request a reasonable accommodation Needs Assessment Review.
- ( ) No reasonable accommodation needed at this time.

Additional Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_