

TO THE EMPLOYEE:

Please read the following information before reviewing the codes on the reverse of this form and completing the disability-status code below.

Why You Should Report: Self-identification of a disability is essential for effective data collection and analysis. The information on this form will be used to produce reports that show USPS® progress in hiring, placing, and advancing employees with disabilities. Self-identification is voluntary with the exception of individuals hired under a special authority for the hiring of individuals with disabilities. Your cooperation in providing this information is essential for accurate reports.

Who Should Report: Any individual with a disability, which includes: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

How to Report: On the reverse side of this form, circle the code that best describes your reportable disability, or that indicates you do not have a reportable disability, or that you do not wish to identify your disability status. **If you have more than one reportable disability, choose the code for the one that is most disabling. Next, enter the two-digit code you circled in the box provided.** You may use this form at any time to report changes to your disability status.

Send completed forms to:

**HRSSC Benefits/Compensation
PO Box 970400
Greensboro, NC 27497-0400**

Use of this Information: The information you provide will be used only to prepare aggregate statistics and not for any purpose that will affect you individually. The information is not provided to your supervisor. Reporting a disability on this form is not a request for reasonable accommodation under the Rehabilitation Act. Also see the Privacy Act Statement below.

PRIVACY ACT STATEMENT: Your information will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of individuals with disabilities; to locate individuals for voluntary participation in surveys, and for affirmative employment purposes. Collection is authorized by 39 U.S.C. 401, 410, 1001, and 1005.

Providing the information is voluntary, but if not provided, a code will be noted which indicates an individual does not wish to have disability status officially recorded. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

IMPORTANT NOTE TO HR PROFESSIONALS:

This form contains restricted information. After the disability status code is entered into the employee's master file, destroy this form.

Name (Last, First, MI)	EIN	Date		
Employing Office	Two-Digit Disability-Status Code From Below (Enter only one code in this space)			
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 30px;"></td> <td style="width: 40px; height: 30px;"></td> </tr> </table>			

- Targeted Disabilities**
- 02** Developmental disability (e.g., autism spectrum disorder)
 - 03** Traumatic brain injury
 - 19** Deafness or serious difficulty hearing benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
 - 20** Blindness or serious difficulty seeing even when wearing glasses
 - 31** Missing extremities (including arm, leg, hand, and/or foot)
 - 40** Significant mobility impairment benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s), and/or other supports
 - 60** Partial or complete paralysis (any cause)
 - 82** Epilepsy or other seizure disorders
 - 90** Intellectual disability
 - 91** Significant psychiatric disorder (e.g., bipolar disorder, schizophrenia, PTSD, or major depression)
 - 92** Dwarfism
 - 93** Significant disfigurement (e.g., disfigurements caused by burns, wounds, accidents, or congenital disorders)

- Other Options**
- 01** I do not wish to identify my disability.
 - 05** I do not have a disability.
 - 06** I have a disability, but it is not listed on this form.

- Other Disabilities**
- 13** Speech impairment
 - 41** Spinal abnormalities (e.g., spina bifida or scoliosis)
 - 44** Nonparalytic orthopedic impairments (e.g., chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use part or parts of the body)
 - 51** HIV positive / AIDS
 - 52** Morbid obesity
 - 59** Nervous system disorder (e.g., migraines, Parkinson's disease, or multiple sclerosis)
 - 80** Heart or cardiovascular disease
 - 81** Depression, anxiety disorder, or other psychiatric disorder
 - 83** Blood diseases (e.g., sickle cell anemia, leukemia, or hemophilia)
 - 84** Diabetes
 - 85** Orthopedic impairments or osteoarthritis
 - 86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, or asthma)
 - 87** Kidney dysfunction
 - 88** Cancer (current or past history)
 - 94** Learning disability (e.g., ADD or ADHD)
 - 95** Gastrointestinal disorder (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, or dysphagia)
 - 96** Autoimmune disorder (e.g., lupus, fibromyalgia, or rheumatoid arthritis)
 - 97** Liver disease (e.g., hepatitis or cirrhosis)
 - 98** History of alcoholism or history of drug addiction (but not currently using illegal drugs)
 - 99** Endocrine disorder (e.g., thyroid dysfunction)