

# WAYNE STATE UNIVERSITY

## MEMORANDUM

**CONFIDENTIAL**

TO: All Faculty and Staff

FROM: The Office of Equal Opportunity

RE: Confidential Survey to Identify Persons with Disabilities and U.S. Veterans

Wayne State University is committed to equal opportunity, non-discrimination and affirmative action. Federal regulations require Wayne State University to maintain data on disabilities and U.S. Veterans. The questionnaire printed on the following page will allow you to self-identify as a person with disability, U.S. Veteran or state that you are not a Veteran. This data will be used to evaluate Wayne State University's efforts in assuring access, promotional and equal opportunities to the disabled and veterans community. We will routinely request this information from new employees to update this data.

The data you provide is considered CONFIDENTIAL information. However, for affirmative action or safety purposes, data may be submitted to the following:

1. Applicable supervisors or managers to facilitate the provision of reasonable accommodations in the design or renovation/alteration of buildings, facilities, fixtures, furniture or job structures;
2. Government officials during review of Wayne State University legal compliance;
3. First aid or safety personnel.

Your participation in this survey is VOLUNTARY and helps the University's equal opportunity, non-discrimination and affirmative action efforts. Please complete the survey, seal and return the form to the Office of Equal Opportunity. If you should have any questions, please contact the Office of Equal Opportunity at (313) 577-2280.

Thank you for your cooperation.

WAYNE STATE UNIVERSITY  
OFFICE OF EQUAL OPPORTUNITY

*This information is voluntary*

PRINT NAME: \_\_\_\_\_ BANNER ID # \_\_\_\_\_

(Please circle one)                      FACULTY                      STAFF

**FOR EMPLOYEES WITH DISABILITIES**

**Disability Definitions:** A determinable physical or mental characteristic of an individual, which may result from disease, injury, congenital condition of birth, or functional disorder, if the characteristic substantially limits one or more major life activities of that individual, and is unrelated to the individual's ability to perform the duties of a particular job or position or substantially limits one or more of the major life activities of that individual, and is unrelated to the individual's qualifications for employment or promotion (*Persons With Disabilities Civil Rights Act*). Or, a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment or is regarded as having such impairment (*Americans with Disabilities Act*).

**DISABILITY**             YES             NO

Do you use disability accommodations provided by the University?     YES     NO  
If yes, please check all of the following types of accommodations you use:

- Access (e.g., ramps, disability parking, special classroom location, etc.)
- Job restructuring
- Special equipment (e.g., amplifying device, special computer, etc.)
- Other

Would you like to receive a packet of information on requesting an accommodation, including the necessary request forms?  YES  NO

If yes, please provide your mailing address and telephone number where you can be reached and a disability coordinator will contact you with the appropriate information.

\_\_\_\_\_  
Address                                      City                                      State    Zip Code    Telephone

**Veteran Categories (Fill out all that apply):**

**This information is voluntary**

- I am not a veteran
- I am a recently separated veteran (date of discharge)
- I am an “other protected” veteran
- I am a special disabled veteran
- I am Veteran of the Vietnam Era

- **‘Special Disabled Veteran’** means a veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.
- **‘Other Protected Veteran’** means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- **‘Recently Separated Veteran’** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty. (If you were discharged from active duty within a 12-month period prior to beginning employment.)
- **‘Veteran of the Vietnam Era’** means a veteran who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

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**SIGNATURE**

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**DATE**

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**PRINT NAME**