



Voluntary Disability Self Identification Form

(Completion of this form is voluntary. The information obtained will be used for annual reporting to the Equal Employment Opportunity Commission and it will be used to develop SETA's annual Affirmative Action Plan.)

SETA is requesting new employees to voluntarily provide the following disability information. This information will be used for tracking purposes only of affirmative action goals for the Agency.

If you have a disability or record of impairment, please indicate your disability below:

- None**
- Deaf or Hard of Hearing**
- Blind or Visually Impaired**
- Speech Impaired**
- Physically Impaired**
- Developmental**
- Other (please explain)**

Print Name

Signature

Date