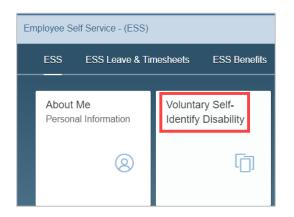


New Tile in Employee Self Service (ESS)

A new tile is now available in Employee Self Service (ESS) called *Voluntary Self-Identify Disability*. An annual email will be sent to all NU faculty and staff, fulfilling a requirement of the Office of Federal Contract Compliance Programs.

To locate the new tile, click Employee Self Service (ESS) and Voluntary Self-Identify Disability.



Clicking the tile automatically opens a mandated compliance form. Click

	Current DIsability Status	
	1 / 1 − 125% + E Ø	• :
ran and a second	Voluntary Self-Identification of Disability Form CC-305 OMB Control Number 1250-0005 Page 1 of 1 Exprise 04/30/2026 Name: Shannon M Poppe Date: 07/16/2024 Employee ID: 00043081 (if applicable) Why are you being asked to complete this form? We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learm more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <u>www.dol.gov/ofccp</u> .	
	How do you know if you have a disability?	
	A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:	
	 Alcohol or other substance use Disfigurement, for example, disorder (not currently using drugs illegally) Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS Gastrointestinal disorders, for example, disorders Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS) Neurodivergence, for example, disorders Gastrointestinal disorders, for example, disorders Gastrointestinal disorders, for example, disorders Metrous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS) Neurodivergence, for example, databaches, Parkinson's 	



The application opens. Select an option from the dropdown menu.

<]	Volunt	ary Self-Identify Disability		
	DISABILITY		~		
	Status:		Does not have a disability Does not wish to answer		
	F	How do you know if you have a disability?	Has a disability (or previously had one)		
	We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.				
	Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.				
	C- View/Print				
				S	ave

Once a selection is made, the form is saved when clicking on either View/Print or Save. If selecting View/Print, the form appears with the selection now shown at the bottom of the form.

[Blassa shask are of the bayes below					
Please check one of the boxes below:						
	Yes, I have a disability, or have had one in the past					
_ 🛛	No, I do not have a disability and have not had one in the past					
	I do not want to answer					
PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.						
For Employer Use Only						
Employers may modify this section of the form as needed for recordkeeping purposes. For example:						
	Job Title: Date of Hire:					

The selection can be updated at any time.