REPORTING OF PHYSICAL DISABILITY

The information requested here is voluntary and will be kept confidential. It
will be used for affirmative action purposes only.
1) Date:/
2) Name:
3) Job Title:
4) Do you have a physical disability based upon the definition below?
Physical Disability:
"Refers to any chronic physical handicap, infirmity or
Impairment, whether congenital or resulting from bodily
Injury, organic processes or changes or from illness, including
but not limited to blindness, epilepsy, deafness or hearing
impaired or reliance on a wheelchair or other remedial
appliance or device."
(Check one answer): YES NO

Signature _____

Carolyn Kozak
Designated Equal Employment Opportunity Officer
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Hartford, Connecticut 06106