

Self-Identification of Employees with Disabilities

Board of Governors of the Federal Reserve System

Name	Date (Mo./Day/Yr.)	Enter Veteran Code Here _____
Social Security Number		Enter Disability Code Here _____

DISABLED VETERANS

Please complete your name, social security number, and the date. Then select ONE of the following one digit veteran status codes based on the definitions and enter the code in the top right corner of the page.

- 1 Non Veteran— Any person who has not served or is not currently serving in any branch of the armed services. (Includes any person who is currently serving as a reservist who does not meet criteria for code 2.)
- 2 Veteran — Any person who has served in active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge.
- 3 Disabled Veteran — A person who (1) is discharged or released from active duty for a disability incurred or aggravated in the line of duty. (2) Has a service-connected disability that the Veterans Administration determines is compensable.

DISABILITY

Definition of a Disability: A person is disabled if he or she 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. Those disabilities that are to be reported are listed below (codes in bold numbers through 94). In the case of multiple impairments, choose the code that describes the impairment that would result in the most substantial limitation.

<p>01 I do not wish to identify my disability status. (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)</p> <p>05 I do not have a disability.</p> <p>06 I have a disability but it is not listed below.</p>	<p>23 Inability to read ordinary size print, not correctable by glasses (<i>Can read oversized print or use assisting devices such as glass or projector modifier</i>)</p> <p>24 Blind in one eye</p> <p>25 Blind in both eyes (<i>No usable vision, but may have some light perception</i>)</p>												
<p>Speech Impairments</p> <p>13 Severe speech malfunction or inability to speak; hearing is normal (<i>Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"]</i>)</p>	<p>Missing Extremities</p> <table style="width: 100%;"> <tr> <td>27 One hand</td> <td>35 One hand or arm and one foot or leg</td> </tr> <tr> <td>28 One arm</td> <td>36 One hand or arm and both feet or legs</td> </tr> <tr> <td>29 One foot</td> <td>37 Both hands or arms and one foot or leg</td> </tr> <tr> <td>32 One leg</td> <td>38 Both hands or arms and both feet or legs</td> </tr> <tr> <td>33 Both hands or arms</td> <td></td> </tr> <tr> <td>34 Both feet or legs</td> <td></td> </tr> </table>	27 One hand	35 One hand or arm and one foot or leg	28 One arm	36 One hand or arm and both feet or legs	29 One foot	37 Both hands or arms and one foot or leg	32 One leg	38 Both hands or arms and both feet or legs	33 Both hands or arms		34 Both feet or legs	
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34 Both feet or legs													
<p>Hearing Impairments</p> <p>15 Hard of hearing. (<i>Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid.</i>)</p> <p>16 Total deafness in both ears, with understandable speech</p> <p>17 Total deafness in both ears, and unable to speak clearly</p>	<p>Nonparalytic Orthopedic Impairments</p> <p><i>Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.</i></p> <table style="width: 100%;"> <tr> <td>44 One or both hands</td> <td>48 Hip or pelvis</td> </tr> <tr> <td>45 One or both feet</td> <td>49 Back</td> </tr> <tr> <td>46 One or both arms</td> <td>57 Any combination of two or more parts of the body</td> </tr> <tr> <td>47 One or both legs</td> <td></td> </tr> </table>	44 One or both hands	48 Hip or pelvis	45 One or both feet	49 Back	46 One or both arms	57 Any combination of two or more parts of the body	47 One or both legs					
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<p>Vision Impairments</p> <p>22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (<i>Restriction of the visual field to the extent that mobility is affected—"tunnel vision"</i>)</p>													

Partial Paralysis

Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.

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|-------------------------------|--|
| 61 One hand | 67 One side of body, including one arm and one leg |
| 62 One arm, any part | 68 Three or more major parts of the body (<i>arms and legs</i>) |
| 63 One leg, any part | |
| 64 Both hands | |
| 65 Both legs, any part | |
| 66 Both arms, any part | |

Complete Paralysis

Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body including legs, arms, and/or trunk.

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|----------------------|--|
| 70 One hand | 76 Lower half of body, including legs |
| 71 Both hands | 77 One side of body, including one arm and one leg |
| 72 One arm | 78 Three or more major parts of the body (<i>arms and legs</i>) |
| 73 Both arms | |
| 74 One leg | |
| 75 Both legs | |

Other Impairments

- 80** Heart disease with no restriction or limitation of activity (*History of heart problems with complete recovery*)

- 81** Heart disease with restriction or limitation of activity
- 82** Convulsive disorder (*e.g., epilepsy*)
- 83** Blood diseases (*e.g., sickle cell anemia, leukemia, nemophilia*)
- 84** Diabetes
- 86** Pulmonary or respiratory disorders (*e.g., tuberculosis, emphysema, asthma*)
- 87** Kidney dysfunctioning (*e.g., if dialysis [use or an artificial kidney machine] is required*)
- 88** Cancer—a history of cancer with complete recovery
- 89** Cancer—undergoing surgical and/or medical treatment
- 90** Mental retardation (*A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A*)
- 91** Mental or emotional illness (*A history of treatment for mental or emotional problems*)
- 92** Severe distortion of limbs and/or spine (*e.g., dwarfism, kyphosis [severe distortion of back]*)
- 93** Disfigurement of face, hands, or feet (*e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]*)
- 94** Learning disability (*A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]: e.g., dyslexia*)

If you are coded as an "06" and you want to describe your disability, please do so in this space.

Background Information

Board regulations require the EEO Programs Office to establish definite programs that will facilitate the hiring, placement, and advancement of disabled individuals. The best means of determining Board progress in this respect is through the production of reports at certain intervals showing such things as the number of disabled employees hired, promoted, trained, or reassigned over a given time period; the percentage of disabled employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of Board management, the Equal Employment Opportunity Commission (EEOC), and the Congress, deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of disabled individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of Board regulations.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect employees individually. The only exception to this rule is that the records

may be used for selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest of confidence and is known only to the one or two individuals in the MGT Division and the EEO Programs Office who obtain and record the information for entry into the agency's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary.

Employees will be given every opportunity to ensure that the disability code carried in the Board's personnel systems is accurate and is kept current. They may exercise this opportunity by asking Human Resources to see a printout of the code and definition from their record any time their disability status changes, and by initiating action in either of these cases to have the necessary changes made to their records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date disability report system are sincerely appreciated.

Privacy Act Statement

Collection of the requested information is authorized by Board regulations in order to comply with the spirit and intent of the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used to produce statistical reports showing Board progress in hiring, placement, and advancement of disabled individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform Board management, the Equal Employment Opportunity Commission (EEOC), the Congress, and the public of the status of programs for employment of the disabled. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will be used only to ensure that your correct disability code is recorded along with the other employee information that your agency maintains on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

To: Board Employees

Re: *Self-Identification of Employees with Disabilities*

Update of Statistics on Disability

If you are a Board employee who has a disability and have not reported your disability status, the EEO Programs Office asks that you do so. Accurate statistics on employees with disabilities at the Board are used to prepare required statistical reports for the Equal Employment Opportunity Commission, to justify employment of support personnel, and the purchase of special equipment, and to plan building renovations.

Initial Data Collected

In 1997, employees were asked to complete and return a Form FR 1437, "Self-identification of Employees with Disabilities and Disabled Veterans," to the EEO Programs Office. Since 1997, new employees at the Board complete this form during their initial orientation. This information assists us in our affirmative employment program for people with disabilities.

Update Needed

The Board believes that it is necessary to collect data regarding Board employees who have disabilities in order to effectively provide services and facilities to disabled Board employees and applicants. If you fall into one of the following categories, please take a few moments to complete the attached Form FR 1437:

- you have never completed or returned a Form FR 1437
- you remember coding yourself "01" (I do not wish to identify my disability status)
- you are not sure how you coded yourself in the past
- your disability status has changed

We ask that you again complete Form FR 1437 even if you completed one in 1997 or at time of hire, so that we can verify that our records accurately reflect your current disability status.

Accommodation Needed

If you have a disability for which you may wish to request an accommodation, please acquire a copy of the form "Request for Reasonable Accommodation" from your division management. When submitting this form, you must include medical documentation to support your request.

Confidentiality

The information that each employee provides is confidential. It is known only to those individuals authorized by the EEO Programs Office to obtain and record the data into the Board's HRIS system. The information is used only for purposes permitted under the Privacy Act to meet mandatory reporting requirements.

Optional Disclosure

You are under no obligation to complete Form FR 1437 or to identify any disabilities that you may have. Your cooperation is important, however, if the Board is to obtain accurate data on its employees who have disabilities and to make the Board's affirmative employment program more responsive to the needs of persons with disabilities. All Board employees who meet the criteria and definition of a disabled person under the Rehabilitation Act and subsequent the Americans with Disabilities Act are encouraged to complete Form FR 1437.

Please complete the attached form and send it to me at Stop 156 or deliver it to Room M-1438 **within ten days from receipt.**



Barry Taylor
Disability Program Coordinator