



**The University of Mississippi**  
**Equal Opportunity and Regulatory Compliance Office**

217 Martindale Bldg.

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Email: [eeo@olemiss.edu](mailto:eeo@olemiss.edu)

Website: [http://www.olemiss.edu/depts/affirmative\\_action/](http://www.olemiss.edu/depts/affirmative_action/)

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**Date: January 5, 2016**

**To: Faculty and Staff**

**From: Becki Bressler – Director, EO/RC**

**Re: Affirmative Action Identification Invitation**

As a federal contractor, The University of Mississippi is subject to Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002; Sections 503 and 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; and the Age Discrimination in employment Act of 1975. In accordance with those regulations and the University of Mississippi's own commitment to equal employment and affirmative action, this memorandum is sent to each employee on an **annual basis**. You are invited to provide the information below; however, provision of the information is entirely voluntary.

**Only persons with a disability, military service disability or who are military veterans need to respond this invitation**

Submission of this information is voluntary and refusal to provide it will not subject you to discharge, disciplinary action or other adverse treatment. Information concerning disabilities shall be kept confidential, except that (1) supervisors and managers may be informed regarding any restrictions in the work or duties performed and any necessary job accommodations; (2) safety and health personnel may be informed, when and to the extent necessary if the condition might require emergency treatment; (3) government officials investigating compliance with the above-mentioned Acts shall be informed upon request; and (4) as may be required by law.

**Persons electing to self-identify as a protected-veteran complete the attached page 2 Voluntary Self-Identification of Protected Veteran Form.**

**Person electing to self-identify as an individual with a disability complete the attached Voluntary Self-Identification of Disability Form CC 305. Please clearly print your name when submitting this form.**

If you have a disability for which you wish to make a request for reasonable accommodation in order to properly and safely perform the essential functions of your job, contact the Office of Equal Opportunity and Regulatory Compliance at the University of Mississippi, Post Office Box 1848, 217, Martindale Student, Services Center, University MS 38677.

If applicable, the form(s) should be returned on or before January 31, 2015, to the Officer of Equal Opportunity and Regulatory Compliance the University of Mississippi, Post Box 1848, 217 Martindale, University, MS 38677.

**Voluntary Self-Identification Protected Veteran**

**Veteran Categories:** Select one or more categories that apply to you

**Disabled Veteran:** I am a veteran of the United States military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or I am a veteran who was discharged or released from active duty because of a service connected disability

**Recently Separated Veteran:** I am a recently separated veteran – any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

**Armed Forces Service Medal Veteran:** I am a veteran, who while serving on active duty in the U.S. military, ground, naval or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Active Duty Wartime or Campaign Badge Veteran:** I am a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. For a list of campaigns and expeditions visit the website at <http://www.opm.gov/veterans>.

**Protected Veteran:** I am a veteran covered under the Veteran ECA Veteran’s Readjustment Assistance Act (VEVRAA)

**Submission of this information is voluntary**

**Self-Identification:**

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and recruitment efforts we undertake pursuant to VEVRAA.

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Position \_\_\_\_\_ Employee ID # \_\_\_\_\_ Date of Employment \_\_\_\_\_

Department or Office \_\_\_\_\_ Work phone \_\_\_\_\_

Military Veteran? Yes \_\_\_ No \_\_\_ If yes, check one or more of the categories that apply to you:

- Disabled Veteran  Recently Separated Veteran  Armed Forces Service Medal Veteran  Active Duty Wartime or Campaign Badge Veteran  Protected Veteran

**Reasonable Accommodation Notice**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as needed.

The information you submit will be kept confidential except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations (ii) first aid and safety personnel may be informed, when and to the extent appropriate. If you have a condition that might require emergency treatment, and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Programs, or enforcing the Americans with Disabilities Act, may be informed.