

Job Aid: HR-23 Employee Self-Service - Update Disability

Last Update: 05/26/22



Document Version History

Date	Version #	Comments
05/26/2022	1.0	Initial Version

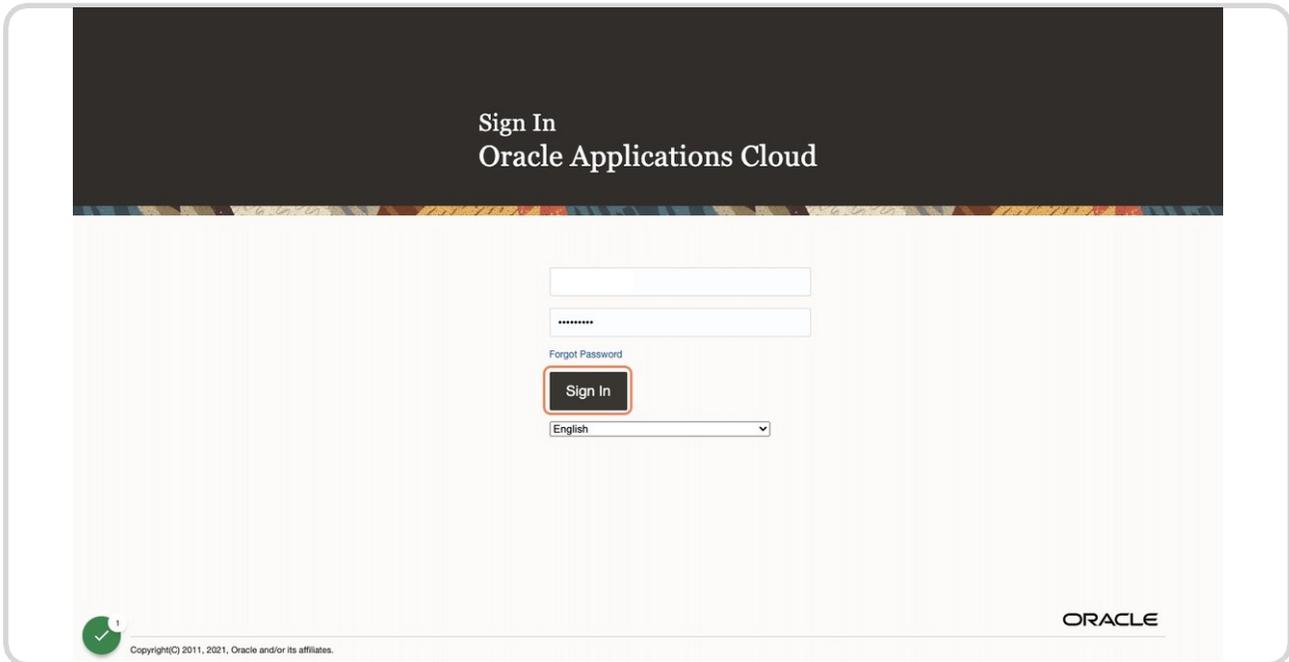
Pre-Requisites/ Job Descriptions

This job aid is applicable to the following Oracle Cloud job descriptions:

ID	Description
1	Employee

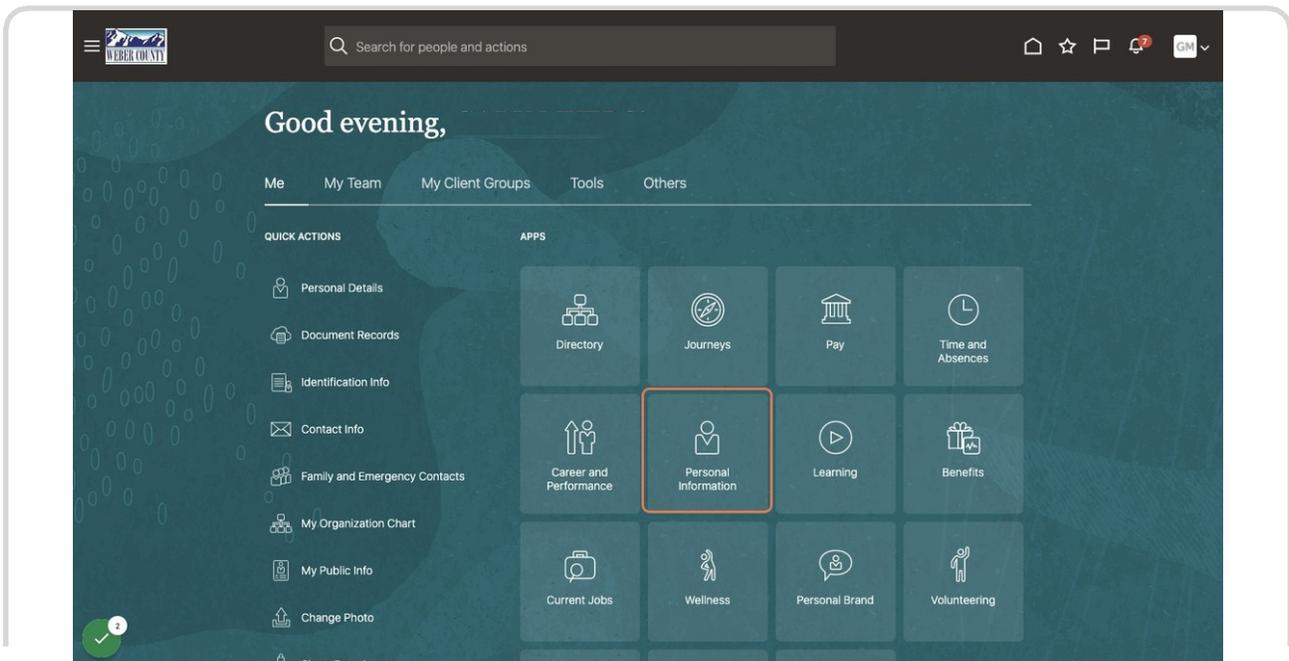
STEP 1

Click on Sign In



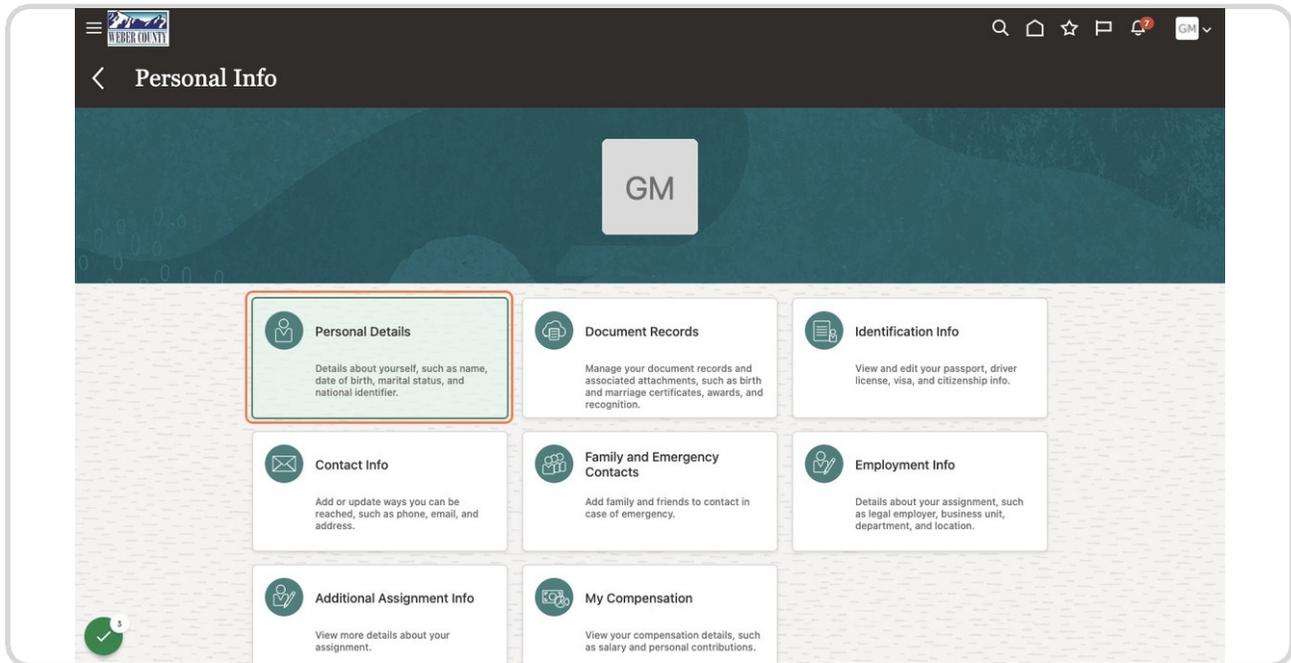
STEP 2

Click on Personal Information tile.



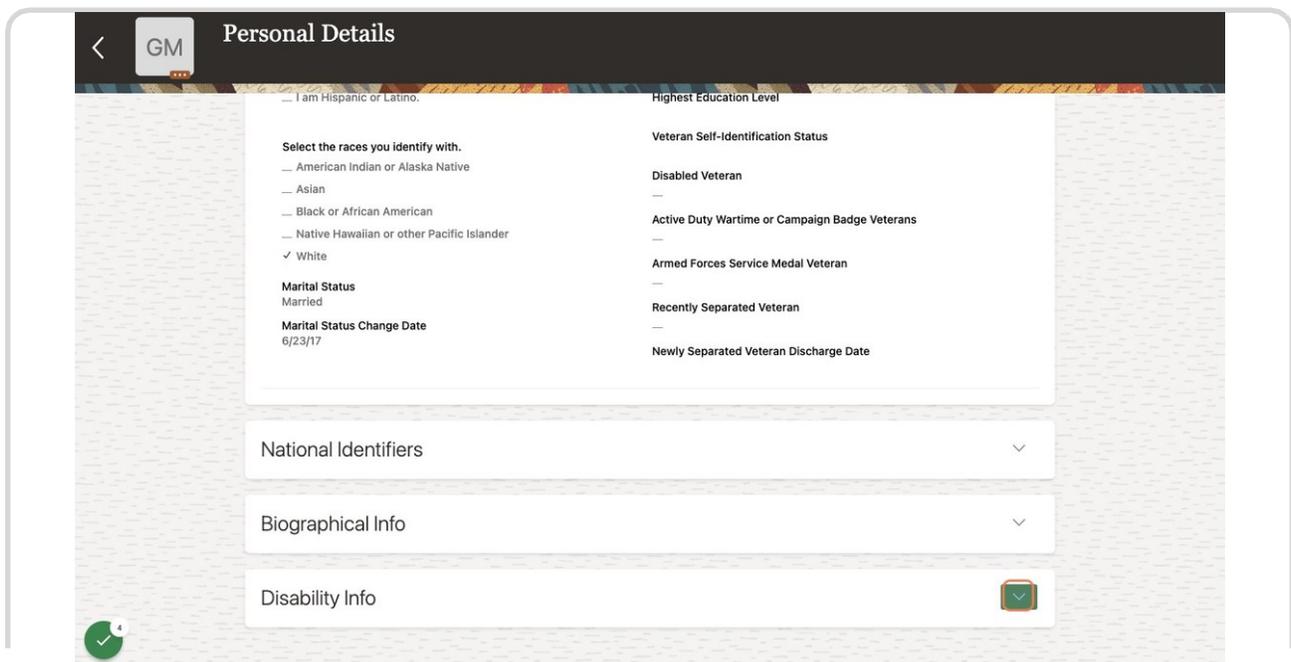
STEP 3

Find Personal Details and Click on Personal Details.



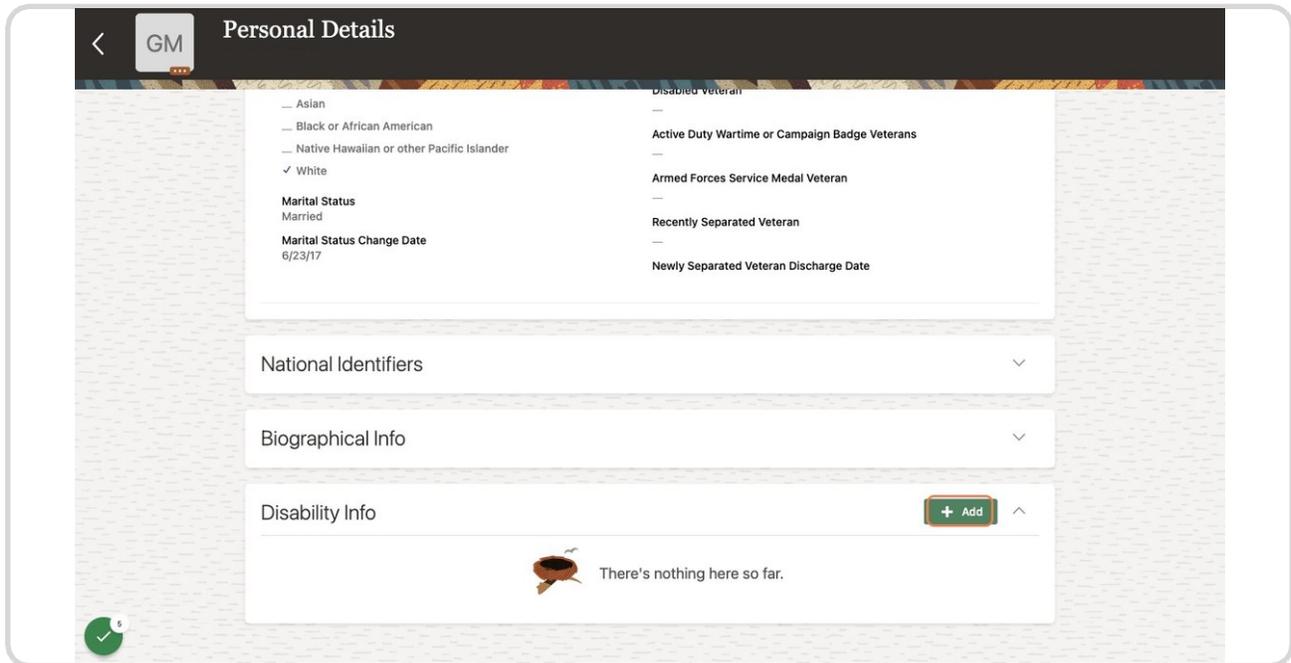
STEP 4

(Scroll all the way down) Click on arrow to open Disability Info.



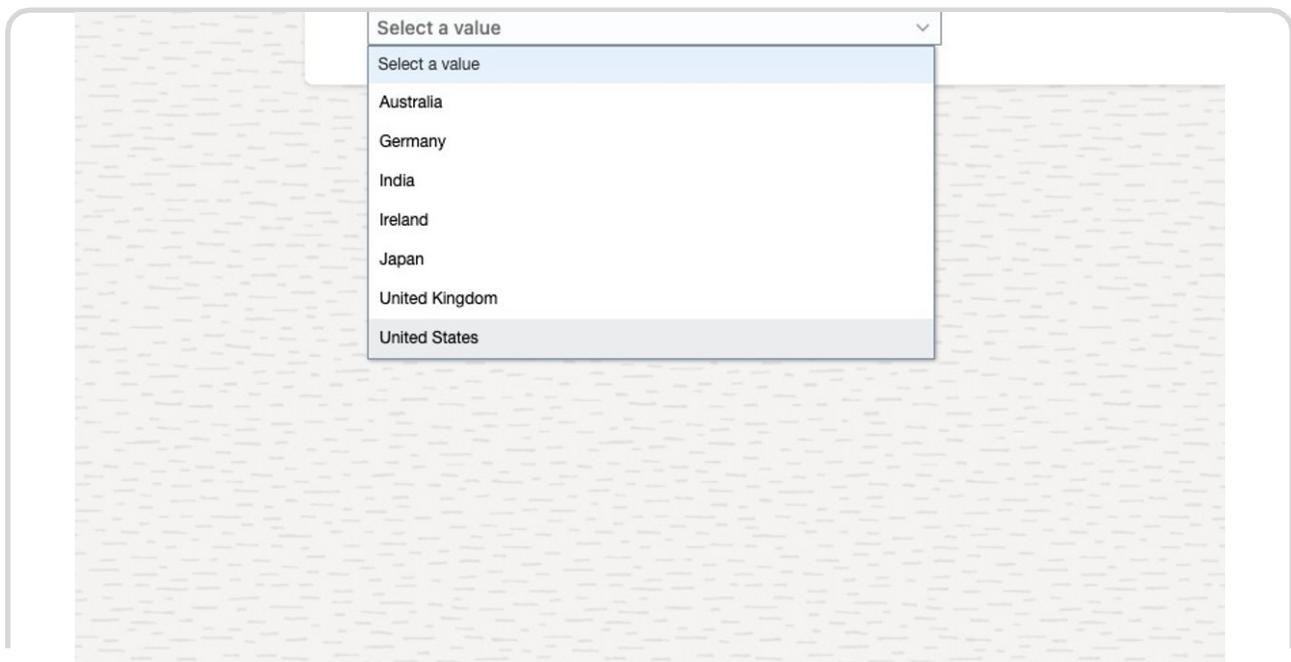
STEP 5

Click on Add



STEP 6

Choose United States from Country dropdown.



STEP 7

Answers questions on form.

Disability Info
Submit
Cancel

Name: _____ Date: 05/16/2022
 Employee ID: 10442 (if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

<ul style="list-style-type: none"> Autism Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS Blind or low vision Cancer Cardiovascular or heart disease Celiac disease Cerebral palsy 	<ul style="list-style-type: none"> Deaf or hard of hearing Depression or anxiety Diabetes Epilepsy Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome Intellectual disability 	<ul style="list-style-type: none"> Missing limbs or partially missing limbs Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS) Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression
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Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
 No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish To Answer

STEP 8

Add Reasonable Accommodation Requests, if applicable.

Disability Info
Submit
Cancel

No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish 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: _____

Reasonable Accommodation Request
 Need laptop

Disability Attachments

Drag files here or click to add attachment

STEP 9

Upload supporting documentation, if applicable.

Disability Info Submit Cancel

No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish To Answer

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For Employer Use Only
Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: _____ Date of Hire: _____

Reasonable Accommodation Request
Need laptop

Disability Attachments

 Drag files here or click to add attachment ▼
Add File
Add Link

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STEP 10

Click on Submit.

Disability Info Submit Cancel

No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish 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: _____

Reasonable Accommodation Request
Need laptop

Disability Attachments

 Drag files here or click to add attachment ▼

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STEP 11

Click on Home icon to return to the main screen

The screenshot shows the 'Disability Info' form. At the top, there is a 'Disability Info' header with a 'Submit' button and a 'Cancel' button. Below the header, there is a 'Country' dropdown menu set to 'United States'. The main content area is titled 'Voluntary Self-Identification of Disability' and includes the following text:

Form CC-305
Page 1 of 1
OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: 10275
(if applicable)
Date: 05/18/2022

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (DFCCP) website at www.dol.gov/ofccp.

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You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus,
- Deaf or hard of hearing
- Depression or anxiety
- Missing limbs or partially missing limbs
- Nervous system condition for example,

STEP 12

The screenshot shows the main dashboard of the employee self-service system. At the top, there is a search bar with the text 'Search for people and actions'. Below the search bar, there is a navigation menu with the following items: 'Me', 'My Team', 'My Client Groups', 'Tools', and 'Others'. The main content area is titled 'Good evening,' and features a grid of 'QUICK ACTIONS' and 'APPS'. The 'QUICK ACTIONS' list includes: Personal Details, Document Records, Identification Info, Contact Info, Family and Emergency Contacts, My Organization Chart, My Public Info, Change Photo, and Share Data Access. The 'APPS' grid includes: Directory, Journeys, Pay, Time and Absences, Career and Performance, Personal Information, Learning, Benefits, Current Jobs, Wellness, Personal Brand, and Volunteering.

