

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

	Sign In Oracle Applications Cloud	
	Forgot Password Sign In English	
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STEP 2

Click on Personal Information tile.

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QUICK ACTIONS	APPS					
Personal De	tails	0	(A)	俞		
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Identificatio	n Info					
Contact Info	1	ĴĈ	Ř			
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My Organiz	ation Chart				lo	
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Change Pho	to	ent Jobs	weiness	Personal brand	volunteering	







Find Personal Details and Click on Personal Details.

STEP 4

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

_ I am Hispanic or Latino.	Highest Education Level	
Select the races you identify with. _ American Indian or Alaska Native _ Asian _ Black or African American _ Native Hawaiian or other Pacific Islander ✓ White Marital Status Married Marital Status Change Date 6/23/17	Veteran Self-Identification Status Disabled Veteran — Active Duty Wartime or Campaign Badge Veterans — Armed Forces Service Medal Veteran — Recently Separated Veteran — Newly Separated Veteran Discharge Date	
National Identifiers		×
Biographical Info		~
Disability Info		

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Click on Add

	Disabled Veteran	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STEP 6

Choose United States from Country dropdown.

Select a value V	
Select a value	
Australia	
Germany	
India	
Ireland	
Japan	
United Kingdom	
United States	





Answers questions on form.

Disability III0					
	Name: : Employee IU: <u>10275</u> (if applicable)		Date: 05/16/2022		
		Why are you being asked to compl	ete this form?		
	We are a federal contractor or subcontractor re required to measure our progress toward havin if they have a disability or have ever had a disa information at least every five years. Identifying yourself as an individual with a disal not be seen by selecting officials or anyone eis regardless of whether you have self-identified i under Section 503 of the Rehabilitation Act, vis www.dol.gov/ofcco.	quired by law to provide equal employment opp g at least 7% of our workforce be individuals with billity. Because a person may become disabled billity is outnatary, and we hope that you will cho- te involved in making personnel decisions. Con n the past. For more information about this form the pust. For more information about this form the U.S. Department of Labor's Office of Fede	ortunity to qualified people with disabilities. We are also th disabilities. To do this, we must ask applicants and employe at any time, we ask all of our employees to update their ose to do so. Your answer will be maintained confidentially and plefing the form will not negatively impact you in any way, nor the equal employment obligations of federal contractors ral Contract Compliance Programs (OFCCP) website at	es 1	
		How do you know if you have a	disability?		
	Vou are considered to have a disability if you have a history or record of such an impairment Autism Autoimmune disorder, for example, lupus, fibromyadgia, rheumatoid arthritis, or HIV/AIDS Bilind or low vision Cancer Cancer Cancer Carlorascular or heart disease Celiac disease Cerebral paley	ave a physical or mental impairment or medical or medical condition. <i>Disabilities include, but a</i> • Deaf or hard of hearing • Depression or anxistly • Diabetes • Eplepsy • Gastrointestinal disorders, for • example, Crohn's Disease, or irritable bowel syndrome • Intellectual disability	 condition that substantially limits a major life activity, or if you re not limited to: Missing limbs or partially missing limbs Nerous system condition for example, migraine hasdaches, Parkinson's disease, or Multiple scienceis (MS) Paychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression. 		
		Please check one of the boxes	below:		
	Yes, I Have A Disability, Or Have A Histo	Please check one of the boxes	below:		
10	Yes, I Have A Disability, Or Have A Histe	Please check one of the boxes ory/Record Of Having A Disability ory/Record Of Having A Disability	below:		

STEP 8

Add Reasonable Accommodation Requests, if applicable.

	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 Hine:	
	Reasonable Accommodation Request	
	Need laptop	
	Disability Attachments	
	Drag files have or click to add attachment	
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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		
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Upload supporting documentation, if applicable.

STEP 10

Click on Submit.

	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 Ine: Late of Hire:	
	Reasonable Accommodation Request	
	Need laptop	
	Disability Attachments	
	Drag files here or click to add attachment 🐱	
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Click on Home icon to return to the main screen

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Disability Info		Sub <u>m</u> it <u>C</u> ancel
	Disability Info	
	*Country	
	United States	
	Voluntary Self-Identification of Disability	
	Form CC-305 CMB Control Number 1 Page 1 of 1 Expines 02	1250-0005 5/31/2023
	Name: 1 Date: 05/1 Employee ID: 10275	16/2022
	(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 er if they have a disability of 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.	o imployees r
	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 confidentit not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any war regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contrac 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.	ially and ay, ctors t
	How do you know if you have a disability?	
19	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 have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:	if you
	Autism Autism Deaf or hard of hearing Missing limbs or partially missing limbs Depression or anxiety Nervous system condition for example.	

STEP 12

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(Good evening,					
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	Document Records	Directory	Journeys	Pay	Time and Absences	
	Contact Info	<u>00</u>	0			
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	B My Organization Chart	renointance	Internation			
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Job aid - HR-23 Employee Self-Service - Update Disability