

U.S. Department of Transportation Emergency Assistance Employee Self-Identification Form

In an emergency, the U.S. Department of Transportation (DOT) is obligated to ensure the safety of its employees and other persons in any facility DOT owns or occupies. Under Sections 501 and 504 of the Rehabilitation Act of 1973, as amended, the Department is further obligated to provide assistance to employees with disabilities or certain other medical conditions (employees with disabilities), during an emergency. Such people are required to identify the need for assistance and to specify exactly what is required.

This form is a voluntary self-identification form through which employees with disabilities may identify their need for assistance during an emergency. The information requested on this form is for the sole purpose of deploying assistance to the undersigned employee with a disability during an emergency. The Rehabilitation Act requires that medical information about applicants and employees be kept confidential except for that provided to first aid, first responders, and safety personnel. Thus, DOT may share information about the type of assistance an individual needs with medical professionals, emergency coordinators, floor captains, colleagues who have volunteered to act as buddies, building security officers who need to confirm that everyone has been evacuated, and other nonmedical personnel who are responsible for ensuring emergency preparedness under the employer's emergency preparedness plan.

Please send the signed and completed form to usdot.civilrights@dot.gov.

1. Name (Last, First, Middle initial): _____
2. Workstation Location (e.g., Room 2110 Nassif Building): _____
3. Office Phone Number: _____
4. Cell Phone Number: _____
5. Home Phone Number: _____
6. Name of First-line Supervisor: _____
7. First-line Supervisor's Office Phone Number: _____
8. Name of Buddy: _____
9. Buddy's Office Phone Number: _____

10. Your Disability or Condition (e.g., Blind/low-vision, deaf, mobility restricted, respiratory condition):

11. Type of Assistance Required During an Emergency (e.g., Assistance in navigating the building and stairwells during an evacuation, alternative communication systems, evacuation chair):

12. Your Work Schedule (e.g., First week of the pay period: Monday-Thursday 8:00am-5:30pm, Friday 8:00am-4:30pm. Second week of the pay period: Monday-Thursday 8:00am-5:30pm, Friday RDO):

Employee's Signature: _____ Date: _____

Privacy Act Statement

The authority under which we solicit this information from you is Sections 501 and 504 of the Rehabilitative Act of 1973 (29 U.S.C. §§ 791 and 794). You are providing this information to us voluntarily. This information may be used by DOT to assist you in the event of an emergency. In addition, information in all DOT Privacy Act systems of records, including this one, may be put to other routine uses (See the Federal Register of April 11, 2000, (65 FR 19475-19570). The effect on your not providing all or any part of the information solicited may result in DOT not having enough information to provide you proper assistance in the event of an emergency.