

PROTECTED VETERAN POST-OFFER INVITATION TO SELF-IDENTIFY

Arizona State University is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212), as amended, which requires government contractors to take affirmative action to employ and advance in employment certain qualified protected veterans, including: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **disabled veteran** means: (i) a veteran of the U.S. 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 (ii) a person who was discharged or released from active duty because of a service connected disability
- A **recently separated veteran** means 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.
- An **active duty wartime or campaign badge veteran** means a veteran who served 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.
- An **Armed Forces service medal veteran** means 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.

As a government contractor subject to Section 4212, ASU is required to submit a report (VETS-100A) to the United States Department of Labor each year identifying the number of our employees belonging to each "protected veteran" category. We also request this information to measure the effectiveness of the outreach efforts we undertake to recruit "protected veterans" pursuant to Section 4212. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you believe you belong to any of the categories of protected veterans listed above, please check the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATION(S) OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> DISABLED VETERAN | <input type="checkbox"/> ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN |
| <input type="checkbox"/> RECENTLY SEPARATED VETERAN | <input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN |
| <input type="checkbox"/> I am a Protected Veteran, but I choose not to identify the classifications to which I belong. | |
| <input type="checkbox"/> I am NOT a Protected Veteran. | <input type="checkbox"/> I choose not to provide this information. |

NOTE: You may inform us of your desire to benefit under the program now and/or at any time in the future.

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 job properly and safely, 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. This information will assist us in making reasonable accommodations for your disability.

The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. 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 Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Name: _____ **Date:** _____

Signature: _____ **Position:** _____

NOTE: This form CANNOT be digitally signed. You must print and sign it before faxing or emailing.

Return this form to the Office of Equity and Inclusion through any one of the following methods:

MAIL
P.O. Box 871304
Tempe, AZ 85287-1304

FAX
480.237.7998

EMAIL
equityandinclusion@asu.edu