

## **University of Connecticut**

## **Enter or Change Personal Information**

Overview

Self-service users can view and update their personal information at any time via self-service pages in Core-CT.

Personal information employees can maintain via self-service pages in Core-CT includes:

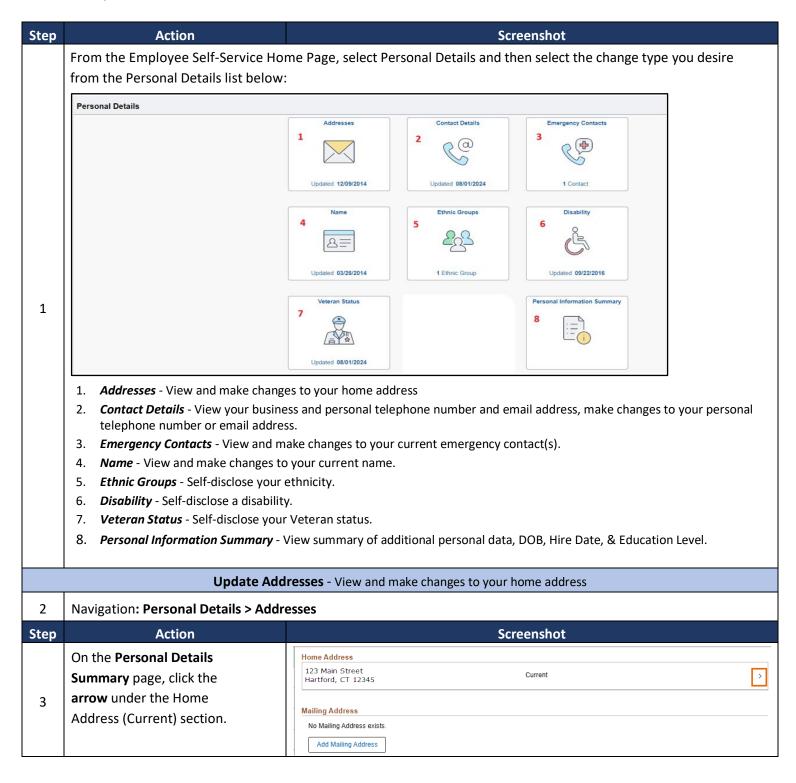
- Home/Mailing Addresses (page 2)
- Contact Details (page 4)
- Emergency Contacts (page 5)
- Name (page 6)
- Voluntary Self-Identification of Ethnicity (page 6)
- Voluntary Self-Identification of Disability (page 8)
- Voluntary Self-Identification of Veteran/Military Status (page 9)
- Personal Information Summary (page 10)

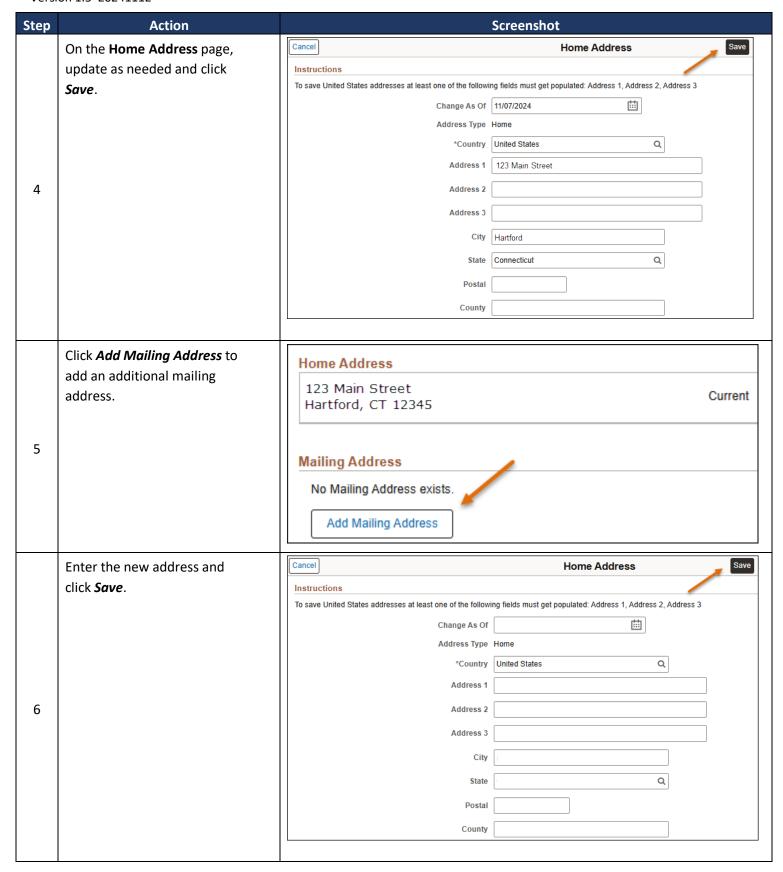
Use this job aid to help update your personal data.

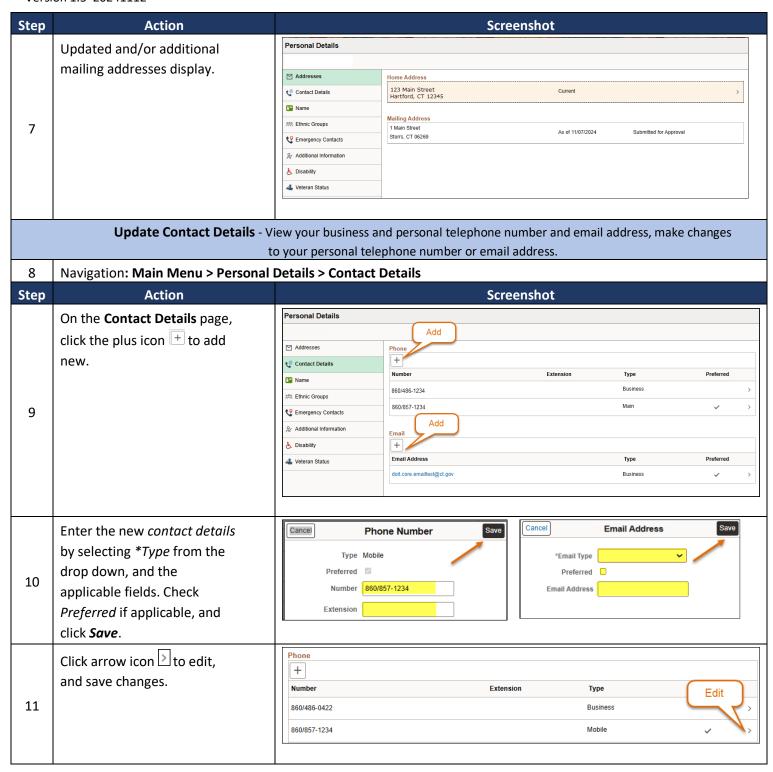
<sup>\*</sup>Note: Currently, Business Phone (published) is being maintained centrally by Human Resources. Please notify HR of any changes needed at <a href="mailto:hr@uconn.edu">hr@uconn.edu</a>.

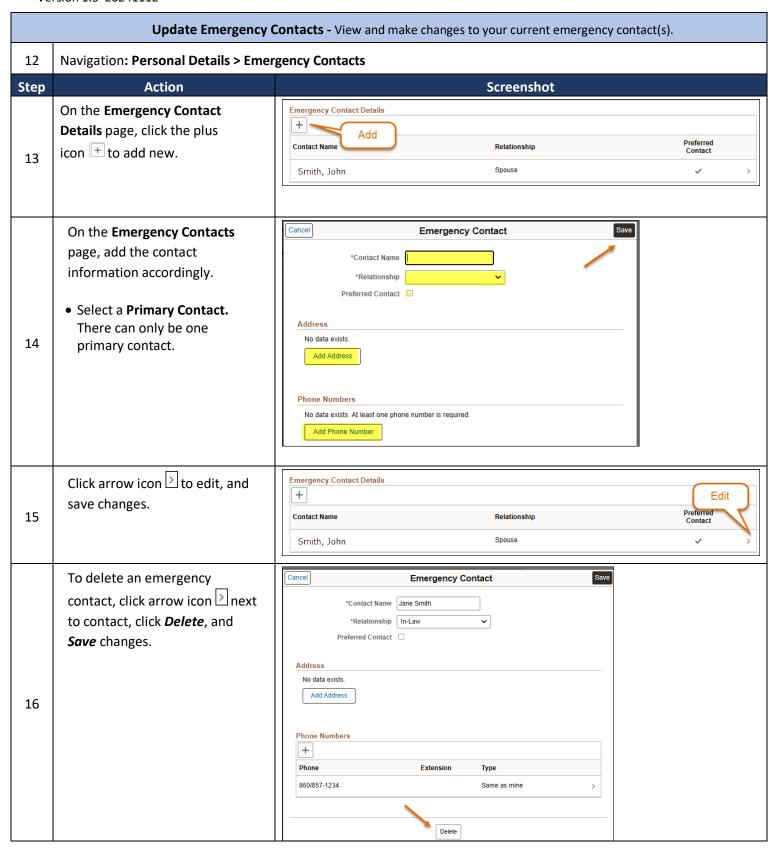
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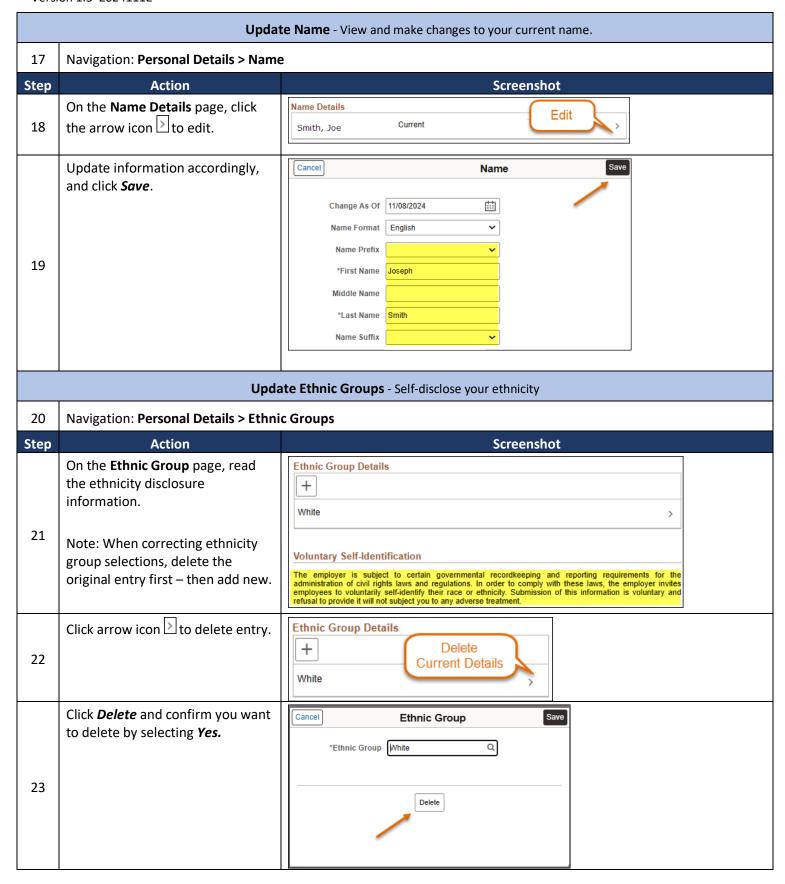
## **Process Steps**

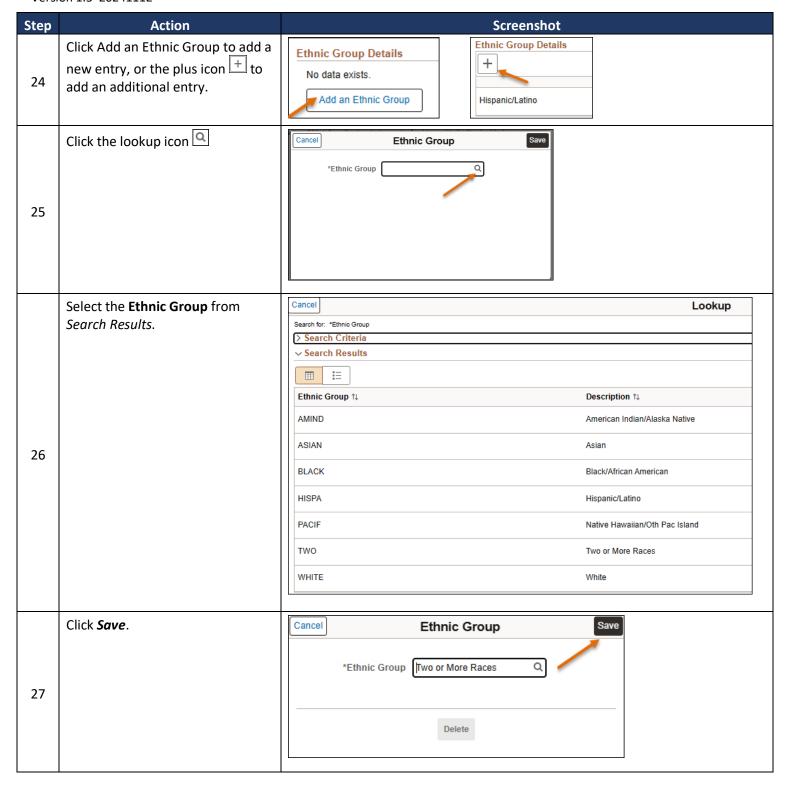












	Update Voluntary Self-Identification of a Disability - Self-disclose a disability				
28	28 Navigation: Personal Details > Disability				
Step	Action	Screenshot			
29	On the Voluntary Self- Identification of Disability page, review the purpose of the form.  Scroll to the bottom of the form.	Voluntary Self-Identification of Disability  Form CC-306  Page 1 of 1  Mame:  Date: 11/08/2024  Employee ID: 022 (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 disability and 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 unit 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.			
Step	Action	Screenshot			
30	Under the How do I know if I have a disability section, review what is considered a disability.  When you are ready to self- identify your disability status, select one of the following:  • Yes, I have a disability • No, I don't have a disability • I don't wish to answer	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:  • Autism  • Autism  • Deaf or hand of hearing • Depression or anxiety • Diabetes • Diabetes • Diabetes • Diabetes • Canoer • Cardiovascular or heart disease • Celac disease • Celac disease • Celerol palsy  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 Wish To Answer			
31	Click <b>Submit</b> .	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:  • Autism • Autoimmune disorder, for example, lupus, fibromysligia, rheumatoid arthritis, or HIV/AIDS • Blind or low vision • Cardiovascular or heart disease • Cerebral palsy  Please check one of the boxes below:    Yea, 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  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.			
32	Confirm your submission.	Are you sure you want to submit this information?  OK  Cancel			

Update Voluntary Self-Identification of Veteran and Military Status - Self-disclose your Veteran status					
33	Navigation: Personal Details > Veteran Status				
Step	Action	Screenshot			
34	On the <b>Veteran Status</b> page, read the definitions information.	This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment. (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" is one of the following:  • 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  • 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 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.  • 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 veteran" means a veteran during the service of order 12085.  Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty in			
35	Under the Self-Identification section, review the University's requirement to report employees belonging to each specified "protected veteran" category.  If you believe you belong to any of the categories of protected veterans listed, select one of the following: I belong to the following classifications of protected veterans (choose all that apply): I am a protected veteran, but I choose not to self-identify the classifications to which I belong. I am NOT a protected veteran. I am NOT a veteran.  When selecting the first category, select all the classifications of protected veterans which apply.  When selecting a category other than I am NOT a veteran, enter Military Discharge Date in the field by	Self-Identification  As a Government contractor subject to VEVRA, we are required to submit a report to the United States Department of Lator each year identifying the number of our employees appropriate gotion below.    I belong to the following classifications of protected veterans (choose all that apply):   Disabled Veteran   Recently Separated Veteran   Rece			
	clicking on the calendar icon.				

Step	Action	Screenshot		
36	At the bottom of the page, review the Reasonable Accommodation Notice.  When you are ready to self-identify your veteran status, click Submit.	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. This information will assist us in making reasonable 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 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 all 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.		
37	Confirm your submission.	Are you sure you want to submit this information?  OK Cancel		
Personal Information Summary - View summary of additional personal data, DOB, Hire Date, & Education Level.				
38	Navigation: Personal Details > My Current Profile  Note: Contact the Human Resources department if any of your Employee Information is incorrect.			