

Personal Information: Edit Disability Information in Bear Trax

All Employees

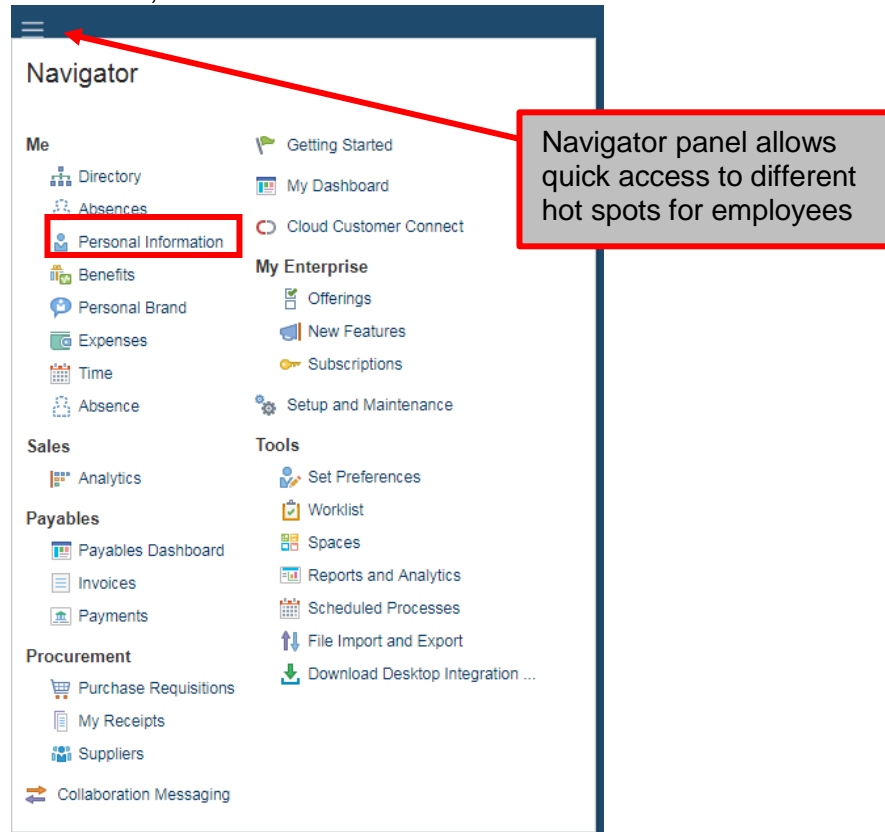
Introduction

Purpose: The purpose of this task is to view or make a change to your Disability Information through Bear Trax.


How to Access: Go to the [Home Screen](#) by clicking the  icon.

Click the  Icon.

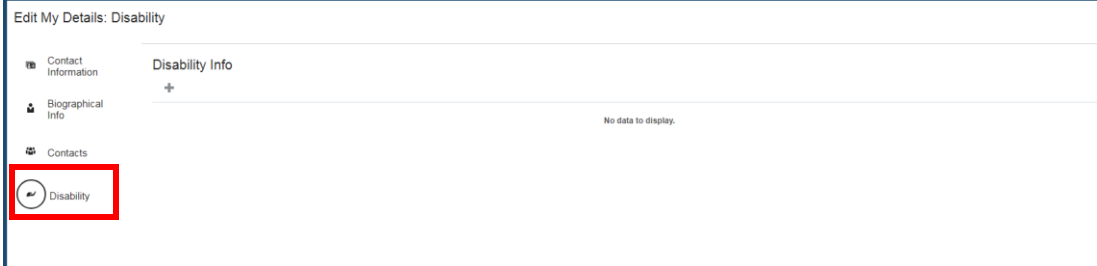
Under “Me,” click “Personal Information.”



View My Details under your Personal Information

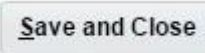
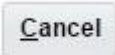
Click the  button. From this screen, you can view and edit your personal information.

Click the icon on the left to access the Disability Information screen.



Helpful Hints:

Be sure to keep in mind that...

- You can change information regarding your forms of contact, biographical information, contacts, and disability information via the left-hand navigation icons on the edit screen.
- Through this screen, you can change your disability information and upload supporting documentation.
- You may also submit requests for accommodations through this screen.
- You must always click  before exiting the editing screen, or your changes will not be saved.
- After changes are made, they may enter a workflow requiring manager or HR approval.
- If you wish to cancel your changes, simply click  and you will be taken back to the Personal Information main screen.


Procedure:


Here are the steps to edit your disability information through the Disability Information screen:


Add New Information on a Disability


1. Click the “plus” icon to add new information.

Edit My Details: Disability Save and Close Cancel


 Contact Information

 Biographical Info

 Contacts

 Disability


Disability Info



No data to display.

2. A new window will pop up, asking you to choose the country you are residing in. Select the appropriate option from the drop-down menu and click “Continue.”

Country

Country 

Continue Cancel

3. As required, complete or edit the following fields:

Field Name	Required / Optional	Description
Country	Not editable	Unable to edit the country.
Self-Disclosed Disability	Optional	Three buttons: choose the one that applies.
Disclosure Date	Optional	Enter the date you first disclosed this information.
Effective Start Date	Required	Enter the date this information will become applicable.
Reasonable Accommodation Request	Optional	If you require accommodations to fulfill your job duties, and they are reasonable, enter them here.
Attachments	Optional	To submit supporting documentation, upload attachments here. <ol style="list-style-type: none"> 1. Click the “plus” icon. 2. Fill out the required fields describing the document you are attaching. 3. Click “Choose File” to upload the attachment.

Edit My Details: Disability Save and Close Cancel

Contact Information
 Biographical Info
 Contacts
 Disability

Disability Info

Country: United States
 Self-Disclosed Disability: ☐ I don't wish to answer
 ☐ No, I don't have a disability
 ☐ Yes, I have a disability (or previously had a disability)
 Disclosure Date: 9/17/18
 * Effective Start Date: 9/17/18
 Reasonable Accommodation Request:

Attachments

Actions: View + ×
 No data to display.
 Columns Hidden: 1

Use this section to attach supporting information on your disability

Save and Close

4. Once finished, click

Edit Existing Disability Information

1. Make changes as needed to various fields.

- To add or delete attachments, do so in the Attachments section toward the bottom.

Edit My Details: Disability Save and Close Cancel

Contact Information

Biographical Info

Contacts

Disability

Disability Info

+ ! x

This page is based on Form CC-300, "Your Self-Identification for Disability." The PDF file displays the data that is displayed on this page.

Country: United States

Self-Disclosed Disability: ☐ I don't wish to answer
☒ No, I don't have a disability
☐ Yes, I have a disability (or previously had a disability)

Disclosure Date: 9/17/18

* Effective Start Date: 9/17/18

Reasonable Accommodation Request

Add or delete existing disability information here.

Attachments

Actions View + x

Type	File Name or URL	Title	Description	Attached By	Attached Date
File	Choose File New Hire Open Enrollment Guide.docx	ADA Info	ADA	Test Faculty	9/17/18 6:04 PM

Rows Selected: 1 Columns Hidden: 1

Highlight the document you wish to delete.

- Once finished, click

Save and Close

Delete Existing Disability Information

- Click the x icon toward the top of the page, beneath "Disability Information."

- Once finished, click

Save and Close

Updated Disability Information



My Details

Contact Information

Home Mobile Phone: 1-740-821-1368
Home E-Mail: mkeller@shawnee.edu
Home Address: 123 Main Street, West Union, OH 45693, Adams, United States

Personal Contacts

Spouse: Barnett Faculty
Brother: Jon Walters

Biographical Info

Last Name: Faculty
First Name: Test
Middle Name: A
Preferred Name: T
Date of Birth: 7/31/83
Legislation: United States
Social Security Number: 123-84-0576
Ethnicity: White
Gender: Female
Marital Status: Married

Disability Info

Country: United States
Self-Disclosed Disability: No, I don't have a disability
Disclosure Date: 9/17/18
Attachments: None

Documents

Closing Notes

By following these steps, you have made changes to your Disability information. All new changes are displayed on the main Personal Information page as well as the Disability Information page.