

**Section I - Cover Page**

**Request for Exemption  
(based on number of employees)**

Effective \_\_\_\_\_ through \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
1. Company

\_\_\_\_\_  
2. Address

\_\_\_\_\_  
3. City/State/Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
4. Telephone

(\_\_\_\_\_) \_\_\_\_\_  
5. FAX

\_\_\_\_\_  
6. E-mail Address

\_\_\_\_\_  
7. Website

\_\_\_\_\_  
8. Chief Executive Officer

\_\_\_\_\_  
9. EEO/AA Officer

\_\_\_\_\_  
10. Date

11. Check One:

- Public Works
- Vendor & Supplier
- Community-Based Organization

PW#  
(FOR OFFICE USE ONLY)

Department of Civil Rights Affirmative Action Division  
210 Martin Luther King, Jr. Boulevard, Room 523  
Madison, Wisconsin 53703  
PH 608 266 4910  
FAX 608 266 6514  
TTY/Textnet 866 704 2314  
[www.cityofmadison.com/dcr](http://www.cityofmadison.com/dcr)

## Section II - Request for Exemption (based on number of employees)

This form must be completed and returned with your prequalification documents. Failure to complete this form in its entirety will result in your plan being returned as incomplete.

Note: If your entire company has fewer than fifteen (15) employees and you are requesting an exemption from submitting an affirmative action plan, complete the cover page and page 1 (Number of Employees Worksheet) only.

Job Category	Number of Employees Worksheet										TOTALS				
	Male					Female									
	White (not of Hispanic origin) A	Black (not of Hispanic origin) B	Hispanic C	Asian or Pacific Islander D	American Indian or Alaskan Native E	White (not of Hispanic origin) F	Black (not of Hispanic origin) G	Hispanic H	Asian or Pacific Islander I	American Indian or Alaskan Native J		K			
12. Officers and Managers															
13. Employees w/Disability															
14. Professionals															
15. Employees w/Disability															
16. Technicians															
17. Employees w/Disability															
18. Sales															
19. Employees w/Disability															
20. Clerical & Admin. Support															
21. Employees w/Disability															
22. Craft Workers															
23. Employees w/Disability															
24. Operatives															
25. Employees w/Disability															
26. Laborers, Helpers & Material Handlers															
27. Employees w/Disability															
28. Service Workers															
29. Employees w/Disability															
30. Total Employees															
31. Total Employees w/Disability															

I certify that the number of employees shown above is accurate and true to the best of this employer's ability.

32. SIGNATURE OF CEO \_\_\_\_\_