

CITY OF MADISON  
**INTER-DEPARTMENTAL**  
CORRESPONDENCE

DATE: August 3, 2007

TO: All City of Madison Employees

FROM: Sherry Severson, Occupational Specialist

SUBJECT: **Self-Declaration of Disability Form**

It is City policy to provide equal employment opportunities for all persons. Under Federal law and City ordinances, the City of Madison has the responsibility to collect work force data about the number of employees who have a disability

The attached Self-Declaration of Disability Form is used to determine how many persons with disabilities are represented in our workforce. The information requested is intended for use in connection with the City's voluntary affirmative action efforts. Although the City is required to collect this information, completion of the form is voluntary on the part of the employee. Verification of disability is only required when a reasonable job accommodation is requested.

There is opportunity to indicate your wish to be contacted by the Occupational Accommodations Specialist to discuss this information you submit on the form.

If you declared a disability of your application, you will also need to complete this form.

When you complete and submit this form, the Occupational Accommodations Specialist in the Human Resources Department will retain it in separate files and all information provided shall be **maintained within the bounds of professional confidentiality**. Forms will not be filed in employee personnel files. Any information relative to the disability status of an individual employee will only be used to secure positive employment benefits and will not be released to anyone without prior written permission of that individual. Your refusal to provide the information will not subject you to any adverse treatment.

Please complete the attached Self-Declaration of Disability Form (whether or not you actually wish to declare a disability), sign and date it, seal it in the white confidential envelope and place that envelope in an Inter-Departmental mail envelope addressed to:

Occupational Accommodations Specialist  
Room 306, Madison Municipal Building

If you have any questions concerning the completion of this form or the manner in which the information will be used, please contact Sherry Severson, Occupational accommodations Specialist at 608-267-1156 or [sseverson@cityofmadison.com](mailto:sseverson@cityofmadison.com).

Attachment

**CITY OF MADISON  
SELF-DECLARATION OF DISABILITY FORM**

<hr/> Last Name	<hr/> First	<hr/> Initial	Department/Division <hr/>
<hr/> Work Address			Work Telephone <hr/>
<hr/> Date of Hire		Job Title <hr/>	
Work Status: <input type="checkbox"/> Permanent			
<input type="checkbox"/> Hourly/Limited Term/Seasonal			

**NOTICE TO CITY EMPLOYEES:** *Declaring a disability for employment purposes is voluntary and is only used to assist us in meeting the City's Affirmative Action efforts. Completion and return of this form is required. If no disability is declared, complete only section A below. Information provided on this form shall be maintained within the bounds of professional confidentiality. Any information provided about a disability will only be used to secure positive employment benefits and will not be released without your prior written permission. Refusal to provide the information will not subject you to any adverse treatment.*

**INSTRUCTIONS: READ THE INFORMATION ON THE BACK OF THIS FORM REGARDING THE DEFINITION OF DISABILITY AND THEN COMPLETE EITHER A or B.**

**A. I DO NOT WISH TO DECLARE A DISABILITY**

<hr/> Signature	<hr/> Date
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**B. I WISH TO DECLARE A DISABILITY FOR EMPLOYMENT PURPOSES.**

1. What is the nature of your condition(s)?  

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2. Are there any modifications in your current workplace, the equipment you use, or how your work is done that would help you do your job more efficiently and/or effectively?  No  Yes Please specify:  

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3. Do you wish to be contacted by the City's Occupational Accommodations Specialist?  
 No  Yes *Note: All contacts can be made in a confidential manner at your home address.*

<hr/> Signature	<hr/> Date	
<hr/> Home Address	<hr/> ZIP	<hr/> Home Phone

**PLEASE SEAL THIS FORM IN THE ATTACHED ENVELOPE AND RETURN IT BY INTERDEPARTMENTAL MAIL TO:**  
Occupational Accommodations Specialist, Room 306, Madison Municipal Building,  
215 Martin Luther King Jr. Blvd., Madison, WI 53703  
**608-267-1156**

## **DEFINITION OF “DISABILITY”**

### **American’s with Disabilities Act (ADA)**

An individual with a disability is a person who:

- a. Has a permanent physical or mental impairment that substantially limits one or more major life activities;
- b. Has a record of such impairment; or
- c. Is regarded as having such impairment.

### **Wisconsin Fair Employment Act (WFEA)**

An individual with a disability is a person who:

- a. Has a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work;
- b. Has a record of such impairment; or
- c. Is perceived as having such impairment.

## **USE OF THE SELF-DECLARATION OF DISABILITY FORM**

1. The Self-Declaration Form alerts the Occupational Accommodations Specialist of an employee with a disability, whether or not any modifications may be needed and invites the employee to discuss confidential information and information about reasonable accommodation with the Occupational Accommodations Specialist.
2. Department of Civil Rights, Affirmative Action Division

Disabilities that are declared may be grouped by Job Families City-Wide and utilized by Affirmative Action Division for goal setting. In order to maintain confidentiality, neither specific names nor numbers in the Job Families within departments/divisions are released. The Affirmative Action Division shall only advise a department/division of those Job Families wherein hiring goals should target the recruitment and selection of individuals with disabilities.

A complete description outlining the City’s policy and procedure regarding workplace accommodations, including confidentiality guidelines, is available from the Occupational Accommodations Specialist, Room 306, Madison Municipal Building, 215 Martin Luther King, Jr. Blvd., Madison, WI 53701, 267-1156 or on the Employee Net under APM 2-22.