

CITY OF MADISON
INTER-DEPARTMENTAL
CORRESPONDENCE

DATE: May 16, 2025

TO: All City of Madison Employees

FROM: Leah Reinardy, Occupational Accommodations 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 disabling condition.

The 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, disclosing a disability is **voluntary** on the part of the employee. Verification of disability is only required when a reasonable job accommodation is requested.

Your completed form will not be filed in your personnel file. The Occupational Accommodations Specialist in the Human Resources Department will retain it in a separate file. All information provided shall remain **confidential** and will not be released to anyone without prior written permission of that individual, and would only be used to secure positive employment benefits. 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 wish to declare a disability, and seal it in the white confidential envelope.

If you have any questions or concerns, please feel free to contact Leah Reinardy at (608) 267-1156 or accommodations@cityofmadison.com.

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.
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, specific names are not 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.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name (Print): _____

Date: _____

Signature: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability.
- ☐ I have had a disability in the past.
- ☐ No, I do not have a disability and have not had one in the past.
- ☐ I do not want to answer

If you have declared a current disability, please answer the questions below:

Have you received reasonable accommodations in the past to help you be successful in work or school?

☐ No ☐ Yes: (please specify) _____

If you haven't received accommodation in the past, is there any accommodations that would help you in the workplace going forward? (For ideas on potential accommodations, check out the [Job Accommodation Network](http://JobAccommodationNetwork))

☐ No ☐ Yes: (please specify) _____

The Occupational Accommodation Specialist is here to assist you with the accommodation process. Would you like to be contacted by the Occupational Accommodation Specialist? ☐ Yes ☐ No

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.