

**CITY OF MADISON**  
**INTER-DEPARTMENTAL**  
**CORRESPONDENCE**

DATE: May 22, 2019

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 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 Sherry Severson at (608) 267-1156 or [sseverson@cityofmadison.com](mailto:sseverson@cityofmadison.com).

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**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.

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

_____ Last Name	_____ First	_____ Initial	_____ Department/Division
_____ Date of Hire	Work Status: _____ Perm	_____ Hrly/Seasonal	_____ Work Telephone
			_____ Job Title

**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. **Complete only section A if no disability is declared.** 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 FRONT OF THIS FORM REGARDING THE DEFINITION OF DISABILITY AND THEN COMPLETE EITHER A or B.**

<b>A. I DO NOT WISH TO DECLARE A DISABILITY</b>
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>B. I WISH TO DECLARE A DISABILITY FOR EMPLOYMENT PURPOSES.</b>
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1. What is the nature of your condition(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Phone

**PLEASE SEAL THIS FORM IN THE ATTACHED ENVELOPE AND RETURN IT BY INTERDEPARTMENTAL MAIL TO:**

Occupational Accommodations Specialist, Madison Municipal Building, Suite 261,  
215 Martin Luther King Jr. Blvd., Madison, WI 53703  
**(608) 267-1156**