WISCONSIN CIVIL SERVICE
REQUEST FOR EXAMINATION ACCOMMODATIONS

Please read the following information before completing this form.

Classified Civil Service positions require an objective and reliable assessment of job qualifications, and the State of Wisconsin uses several different evaluation methods for civil service positions. For example, in a multiple -choice exam, applicants record their answers by blackening circles on a computer-scanned answer sheet. In an essay or short-answer test, applicants normally write out their responses longhand. In an oral exam, an applicant appears before a panel of raters and responds orally to questions.

Persons with physical or mental disabilities may need a special accommodation to take an exam. A person with a visual impairment may need a reader and writer or a tape recorder and tapes to provide recorded responses to an essay item. Someone who is deaf or hard of hearing may need a sign language interpreter. Certain types of orthopedic impairments may require an accommodation such as a table or chair for the person's physical comfort.

Examination waivers may be granted for a person with a disability, such as a developmental or cognitive disability, where the person's job qualifications cannot be measured adequately by a particular test. A special evaluation of past training and experience plus the opinion of a disability consultant as to the nature, degree and extent of the disability are required. Waiver requests should be submitted four to six weeks prior to the scheduled test date to allow sufficient time for processing.

IMPORTANT: If you think you need an accommodati on to take an examination, submit this form, OSER-DMRS-40, to:

Office of State Employment Relations
Division of Merit Recruitment and Selection
101 E. Wilson St., 4th Floor
P.O. Box 7855; Madison, WI 53707-7855
E-mail: ESC@Wisconsin.gov

Be sure to completely and accurately provide all information requested. Specific questions can be directed to (608) 267-1003.

This form may be used to request only exam accommodations, not for disabled expanded certification. Disabled expanded certification can be requested with the *Disabled Expanded Certification Verification* form (OSER-DMRS-159), located on the OSER website at http://oser.state.wi.us/docview.asp?docid=1200) or obtained by calling (608) 266-1731.

> Note: This request will be valid for one year. DMRS will not change any information on this form until you tell us to do so. If you need the same accommodation for future examinations of the same type during the year, you do not need to fill out another request form, but you do need to notify us that you will need an accommodation. Please call (608) 267-1003 at least a week prior to the exam to reactivate your request.
>
> If you feel that you will need a different accommodation from what we provided earlier, you are required to submit a new *Request for Examination Accommodations* form.

This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

State of Wisconsin
Office of State Employment Relations

REQUEST FOR EXAMINATION ACCOMMODATIONS

APPLICATION INFORMATION: (Please Print)

Name _____

Mailing Address _____

Phone Numbers: Day (_____) _____ Evening (_____) _____

Exam Date _____

Examination City (Mark the ONE city below where you wish to take the exam.)

☐ Ashland	☐ Green Bay	☐ Madison	☐ Rhinelander	☐ Wausau
☐ Eau Claire	☐ Kenosha	☐ Milwaukee	☐ Rice Lake	☐ Wisconsin Rapids
☐ Fond du Lac	☐ La Crosse	☐ Platteville	☐ Superior	

Position applied for: CIVIL SERVICE TITLE _____

JOB ANNOUNCEMENT CODE NUMBER _____

Accommodation Request: Check the accommodation that you and your counselor have determined will best help you compete in the examination process:

☐ Writer
☐ Reader
☐ Large print exam
☐ Ex
☐ Other
☐ amination waiver
(please explain) _____

Unless we call you, your accommodation will be approved and available at the exam center. Contact the Chief Proctor upon arriving at the exam center for specific instructions. If you have problems with the accommodation(s), call (608) 267-1003 on the Monday following the exam. If you cannot report for the exam, please call the exam administration unit at (608) 267-1003 as soon as possible prior to the exam date so we can cancel the accommodations we have arranged for you.

Confidential Information: Briefly describe your disability and the reason(s) for requesting an accommodation(s). We will use this information to ensure that the appropriate accommodation(s) is provided. If you do not complete this section, we will be unable to evaluate your request and unable to provide the requested accommodation.

_____

_____

_____

Contact Person: Name, mailing address and phone number of a Division of Vocational Rehabilitation Counselor or other qualified professional whom we may contact regarding an appropriate accommodation for you.

Name (Print) _____ Title _____

Phone Number (_____) _____ Institution _____

Mailing Address _____

I hereby grant the Division of Merit Recruitment and Selection (DMRS) permission to discuss my accommodation request with the above named person. I also affirm the statements made on this form as true and accurate to the best of my knowledge. I understand that sending this completed form electronically to DMRS shall be treated in the same manner as a document hand signed by me.

SIGNATURE _____ DATE _____

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