



WISCONSIN CIVIL SERVICE REQUEST FOR EXAMINATION ACCOMMODATIONS

Please read the following information before completing this form.

This form is only used to request exam accommodations, and not for disabled expanded certification which gives persons with disabilities an increased opportunity to be interviewed for jobs in state government. To request disabled expanded certification, please submit the *Disabled Expanded Certification Verification* form, located on www.Wisc.Jobs, under "Application Information", "State of Wisconsin Application Materials" or call (608) 266-1731 to request a form to be mailed to you.

Classified Civil Service positions require an objective and reliable assessment of job qualifications and the State of Wisconsin uses several different evaluation methods. 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 to provide responses. Someone who is deaf or hard of hearing may need to communicate with proctors in-writing, or may need a sign language interpreter for an oral exam. Certain types of orthopedic impairments may require an accommodation such as a table or chair for the person's physical comfort.

IMPORTANT: If you have registered to take an examination and think you need an accommodation in order to take that examination, submit this form to ESC@Wisconsin.gov.

If you do not have access to e-mail, you may fax or mail this form to:

Department of Administration
Division of Personnel Management
Bureau of Merit Recruitment and Selection
P.O. Box 7855; Madison, WI 53707-7855
Fax: (608) 267-1000

You can register for civil service examinations on the www.Wisc.Jobs website by selecting the "Monthly State Exams" tab.

Be sure to completely and accurately provide all information requested. You will need to complete pages 2 and 3 of this form. Specific questions can be directed to (608) 266-1731 or ESC@Wisconsin.gov.

Note: A *Request for Examination Accommodations* form must be submitted for every exam for which you wish to receive accommodations. This form must be submitted **a minimum of ten days** prior to the exam date.

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

Please register on Wisc.Jobs to take this exam prior to submitting this form.

APPLICATION INFORMATION: (Please Print)

Name _____ Applicant ID _____

Mailing Address _____
Street Address City State Zip Code

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

E-mail _____

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

- | | | | |
|-------------|-----------|-------------|-----------|
| Ashland | Green Bay | Madison | Rice Lake |
| Eau Claire | Kenosha | Milwaukee | Superior |
| Fond du Lac | La Crosse | Platteville | Wausau |

EXAMINATION TITLE _____

JOB ANNOUNCEMENT CODE NUMBER _____ EXAM DATE _____

Accommodation Request: Check the accommodation(s) that will best help you compete in the examination process:

- | | |
|---|--|
| <input type="checkbox"/> Writer | <input type="checkbox"/> Additional Time (4 hour time limit extended to 5 hours) |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Examination Waiver |
| <input type="checkbox"/> Large print exam | <input type="checkbox"/> Other (please explain) _____ |

Note that applicants receiving an accommodation for extra time will only be allowed to take one exam per exam date. Speak with the Chief Proctor upon arriving at the exam center for specific instructions. If you have problems with the accommodation(s), call (608) 266-1731 on the Monday following the exam. If you cannot report for the exam, please call the Exam Administration Unit at (608) 266-1731 as soon as possible prior to the exam date so we can cancel the accommodations we have arranged for you.

Leave the rest of this page blank, and continue to page 3.

FOR DPM USE ONLY:

Authorized Accommodations	Time spent on accommodation	Accommodation Provided (Y or N)	Proctor Comments

Result (Check One): Tested Withdrew No show

TO BE COMPLETED AT THE EXAM, AFTER ACCOMMODATIONS ARE RECEIVED:

 Examinee Signature for receipt of accommodation

 Date

Applicant Name: _____

TO ACCOMMODATE YOUR TESTING NEEDS, PLEASE PROVIDE THE FOLLOWING INFORMATION.

1. 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 will be unable to provide the requested accommodation.

2. 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 _____

Email _____

Mailing Address _____

I hereby grant the Division of Personnel Management (DPM) 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 DPM shall be treated in the same manner as a document hand signed by me.

SIGNATURE _____

DATE _____