



Equal Opportunity Employment Data Form

The University of North Carolina at Chapel Hill is an Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive campus community. Collection of the following information on gender, race/ethnicity, disability and veteran status is in compliance with Federal laws and regulations, executive orders and applicable State laws and regulations.

The information that you submit will remain **confidential** and be used by the University only for statistical and required reporting purposes. Completion of this form is **voluntary**; failure to provide this information will not adversely affect your employment.

Full Name: _____ Date of Hire: _____

PID: _____ Position Title: _____

Department: _____ Department #: _____

Employment Status: SHRA (SPA) EHRA (EPA)

Gender: Male Female

ETHNICITY: Are you of Hispanic or Latino Origin? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RACE: Select one or more that apply:

American Indian or Alaskan Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Bangladesh, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Sri Lanka, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I Don't Wish to Answer Even if you select this option please return this form to the HR Representative.

Full Name: _____
Department: _____
PID: _____

Invitation to Voluntarily Self-Identify Veteran Status

The University of North Carolina at Chapel Hill is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. We ask that you please consider completing this Invitation to Voluntarily Self-Identify Veteran Status to help us fulfill our commitments to equal opportunity and affirmative action and to meet our obligations as a government contractor under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires us to take affirmative action to employ and advance in employment protected veterans.

While the University is required by VEVRAA to submit an annual report to the U.S. Department of Labor identifying the total number of employees who are "protected veterans" based on the categories listed below, submission of this information is voluntary on your part and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in a manner consistent with VEVRAA.

Protected Veteran classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense, (Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current).
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Self-Identification:

Are you a protected veteran:

I am a protected veteran I am NOT a protected veteran I choose not to ID

Reasonable Accommodation Notice: If you are a disabled veteran and require a reasonable accommodation that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please contact the Equal Opportunity and Compliance Office at 919-966-3576 or eoc@unc.edu.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.