

Annual EEO Self-Identification Update Form

Full Name

Employee ID

Department

Gender

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Prefer Not to Say
- ☐ Other

Ethnicity

- ☐ Hispanic or Latino
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Two or More Races (Not Hispanic or Latino)
- ☐ Prefer Not to Say
- ☐ Other

Disability Status

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say

Veteran Status

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say

Completion of this form is voluntary and the information will be kept confidential in accordance with applicable laws and regulations.

