U.S. Department of Labor Office of Federal Contract Compliance Programs Equal Opportunity Survey of Federal Contractor Establishments



INTRODUCTION:

The U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) is conducting this Equal Opportunity Survey (EO Survey) to obtain employment information from federal contractor establishments. We suggest that your EEO/Human Resource Director or Affirmative Action Officer be responsible for completing and/or coordinating the completion of this EO Survey.

WHO MUST COMPLETE THE EO SURVEY

You must complete and return this Survey if **both** of the following statements are true:

.....Your company or corporation is a Federal contractor or subcontractor;Your company or corporation has 50 or more employees;

....and any one of the following statements is true

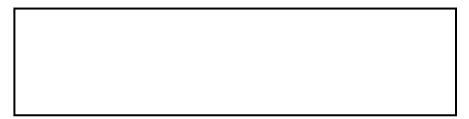
.....Your company or corporation has a Federal contract or subcontract of \$50,000 or more.Your company or corporation is a financial institution that is an issuing agent for U.S. Savings Bonds and Notes.Your company or corporation serves as a depository of Government funds in any amount.Your company or corporation has Government bills of lading which in any 12-month period total or will likely total \$50,000 or more.Your company or corporation has an open-ended or indefinite quantity Federal contract or subcontract (such as a procurement order or standing invoice) that will total \$50,000 or more.

Note: Your facility may or may not be the same location where your company or corporation is performing work under the federal contract or subcontract, but your facility is still considered a federal contractor or subcontractor establishment. For example, Company X has a federal contract or subcontract and has two facilities, A and B. Facility A is performing work under the federal contract or subcontract, Facility B is not. **Both Facility A and B of Company X are federal contractor establishments.**

Note: Your facility is considered a federal subcontractor establishment if it is a subcontractor to a federal contractor and is performing work related to that contract. For example, Company X is performing work under a federal contract. Company Y and Company Z are subcontractors of Company X. Company Y is performing work related to Company X's federal contract. Company Z is not performing work related to Company X's federal contract or subcontractor.

Company X and Company Y are federal subcontractor establishments; Company Z is not a federal subcontractor establishment.

If your establishment should not complete this EO Survey, please (1) check here \Box , (2) explain in the space provided below why your establishment should not complete this EO Survey, and (3) sign and date the certification on Page 2 and return the EO Survey in the envelope provided to the address shown at right.



INSTRUCTIONS:

This survey has three Parts – A, B, and C. Part A is self-explanatory. Please read all instructions for parts B and C before you begin. If you have any questions, or if you need assistance in completing the EO Survey, you may call our EO Survey Technical Assistance Help Desk at 1-800-397-6443 for technical assistance or the EO Survey Policy Assistance Help Desk at 1-800-397-6251 for policy assistance.

HOW TO SUBMIT THE EO SURVEY:

A pre-addressed business reply envelope is included for your convenience. Please return the entire completed and signed survey, including these instructions, **by March 26, 2004**, to:

EO Survey Office Office of Federal Contract Compliance Programs U.S. Department of Labor 141 Canal Street Nashua, NH 03064-2879



DID YOU KNOW YOU CAN SUBMIT THE EO SURVEY ELECTRONICALLY ON THE WEB?

Access our electronic survey and instructions for electronic submission at http://www.EOSURVEY.dol.gov

IF YOU NEED ANOTHER BLANK COPY OF THE EO SURVEY:

Contact the EO Survey Technical Assistance Help Desk at 1-800-397-6443.

RETAIN A COMPLETED COPY OF THE EO SURVEY

You should retain a copy of your completed EO Survey. This will facilitate any discussions we may have with you should we need to call and clarify your responses.

<u>Note</u>: It is estimated that it will average approximately 21 hours to complete the survey. The collection of information has been approved under OMB number 1215-0196, expiration date March 31, 2005. Send any comments concerning this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Federal Contract Compliance Programs, Room C-3325, 200 Constitution Avenue, N.W., Washington, D.C. 20210. PERSONS ARE NOT REQUIRED TO RESPOND TO THIS COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB NUMBER.

SPECIAL TERMS YOU NEED TO KNOW TO COMPLETE THE SURVEY:

Certifying Officer – An employee of your company or corporation working at this establishment that has the authority to certify the accuracy of EEO-1 Reports, Affirmative Action Programs, etc. (example: Human Resources Manager, Plant Manager, EEO Officer). The Certifying Officer should sign this EO Survey on the line indicated at right.

Federal contracting agency - Any department or agency in the executive branch of Government, including any wholly owned Government corporation, which enters into contracts.

Employer Identification Number - The 9-digit number which each corporation, partnership, or sole proprietorship has been assigned based on its application (Form SS-4) to Internal Revenue Service for an identification number.

Applicant – The concept of an applicant is that of a person who has indicated an interest in being considered for hiring, promotion, or other employment opportunity. This interest might be expressed by completing an application form, or might be expressed orally, depending upon the employer's practice.

Employees - For the purposes of this EO Survey, the term "employees" applies only to your "full time" employees, as the term "full time" is defined by your company. Do not report personnel activity or compensation data on "part time" employees, as the term "part time" is defined by your company.

Promotion - Any personnel action resulting in movement to a position (1) with higher pay or greater rank, or (2) requiring greater skill or responsibility, or (3) with the opportunity to attain increased pay, rank, skill, or responsibility.

Termination - Any separation, voluntary or involuntary, of an employee from your active or inactive payroll. A termination is a complete break in employment status.

Annual Monetary Compensation – An employee's base rate (wage or salary), plus other earnings such as cost-of-living allowance, hazard pay, or other increment paid to all employees regardless of tenure on the job, extrapolated and expressed in terms of a full year.

Tenure – Length of service; the length of time an employee has been employed by your company or corporation.

CONFIDENTIALITY:

OFCCP will treat the information you submit on this EO Survey as sensitive and confidential to the maximum extent possible under the Freedom of Information Act (FOIA), with the same disclosure safeguards that are applied to Affirmative Action Program data of a sensitive or confidential nature.

CERTIFICATION OF EO SURVEY

The following report is accurate and complete and was prepared in accordance with the instructions. Willfully false statements on this report are punishable by law. U.S. Code, Title 18, Section 1001.

Name of Certifying Officer (please print):
Title:
Signature of Certifying Officer:
Date:
Telephone # (please include area code):
Name of Person completing this EO Survey(please print):
Title:

Telephone #
(please include area code):_____



PART A – GENERAL INFORMATION

- 1. Your establishment's Employer Identification Number (IRS 9-digit tax number): |__|_|_|_|_|
- 2. Information regarding a current Federal contract or subcontract for your corporation of at least \$50,000 (You may report any current Federal contract or subcontract of at least \$50,000).

If You are a Federal Contractor:

- a. Name of Federal contracting agency:
- b. Contract number:

#_

If You are a Federal Subcontractor:

- c. Name of Prime contractor:
- d. Contract number: #
- 3. Expiration date of your establishment's current Affirmative Action Program(s) addressing:

a. Race, color, religion, sex, national origin (please enter date in MM/DD/YY format): ___/__/__
If you do not know the expiration date, check this box ------□
If your establishment does not have this document, check this box ------□
b. Individuals with disabilities

(please enter date in MM/DD/YY format):	//

If you do not know the expiration date, check this box ------ \Box

If your establishment does not have this document, check this box ------

c. Vietnam Era, special disabled, and other protected veterans (please enter date in MM/DD/YY format): ___/__/___

If you do not know the expiration date, check this box -------

If your establishment does not have this document, check this box ------

4. Did your establishment list any employment openings with the local office of your state employment service and/or America's Job Bank during the period January 1 through December 31 of the most recently concluded calendar year, or during the 12-month period covered by your most recently concluded Affirmative Action Program (AAP) year, if it does not coincide with the calendar year?

No employment openings were listed------

No employment openings were listed, but all employment openings were either positions filled from within, executive and top management positions, or positions for 3 days employment or less ------

Yes, employment openings were listed------

If yes, how many employment openings were listed?-----[____]

5. If your address or other identifying information on the mailing label was incorrect, please provide the corrected information below:

Establishment:______Street Address or P.O. Box:______

City, State, Zip Code:_____ EEO-1 Number for this establishment:_____

Note: For complete guidance, refer to Executive Order 11246, as amended and its implementing regulations at 41 CFR Parts 60-1 through 60-50; Section 503 of the Rehabilitation Act of 1973, as amended and its implementing regulations at 41 CFR Part 60-741; and 38 U.S.C. 4212, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended and its implementing regulations at 41 CFR Part 60-250.

INSTRUCTIONS FOR PART B:

WHO TO REPORT ON: Part B information should include applicant, hiring, promotion, termination, and incumbency data for <u>"full time" employees only</u>, however the term "full time" is defined by your company.

TIME FRAME FOR REPORTING: Part B information should report on personnel activity covering your choice of one of the following two time frames:

- (1) The period January 1 through December 31, 2003, or
- (2) The 12-month period covered by your most recently concluded Affirmative Action Program (AAP) year, if it does not coincide with the calendar year (for example, April 1, 2002 through March 31, 2003).

Regardless of which of the above time frames you wish to use, all Part B information must cover the same time frame.

Based on your choice of time frames, please report Applicants, Hires, Promotions, and Terminations for January 1 through December 31, 2003, or for the 12-month period covered by your most recently concluded AAP year. Please report "Employees" as of December 31, 2003, or the last day of the most recently concluded AAP year.

EEO-1 CATEGORY: For each personnel activity identified, fill in the total number for the action indicated, by gender, race, and ethnicity and EEO-1 category. The EEO-1 categories are: (1) Officials & <u>Managers: (2) Professionals: (3) Technicians: (4) Sales Workers: (5) Office & Clerical: (6) Craft</u> <u>Workers: (7) Operatives: (8) Laborers: (9) Service Workers</u>. All employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey must be accounted for and reported on in Part C.

WHAT TO REPORT - PERSONNEL ACTIVITY

<u>Applicants</u> - Please indicate the number of applicants for "full time" positions by gender, race, and ethnicity, sorted by EEO-1 category, for the period of January 1 through December 31, 2003, or for the 12-month period covered by your most recently concluded AAP year.

<u>Hires</u> - Please indicate the number of hires for "full time" positions by gender, race, and ethnicity, sorted by EEO-1 category, for the period of January 1 through December 31, 2003, or for the 12-month period covered by your most recently concluded AAP year. Do not include non-competitive transfers from other facilities of your company or establishment.

Promotions - Please indicate the number of promotions of "full time" employees by gender, race, and ethnicity, sorted by EEO-1 category, for the period of January 1 through December 31, 2003, or for the 12-month period covered by your most recently concluded AAP year. Report the number of promotions within the EEO-1 category where it occurred, however, in instances where there are promotions from one EEO-1 category to another EEO-1 category, report those promotions in the EEO-1 category the individual was promoted into. For example, a person who is promoted from a junior engineer to a senior engineer would be counted as a promotion within the "Professional" EEO-1 category. A person promoted from a senior engineer to a manager would be counted as a promotion into the "Officials and Managers" EEO-1 category.

Terminations - Please indicate the number of terminations of "full time" employees by gender, race, and ethnicity, sorted by EEO-1 category, for the period of January 1 through December 31, 2003, or for the 12-month period covered by your most recently concluded AAP year. Include voluntary and involuntary terminations.

<u>Employees at end of Calendar/AAP Year</u> - Please indicate the number of incumbent "full time" employees by gender, race, and ethnicity, sorted by EEO-1 category, as of December 31, 2003, or the last day of the most recently concluded AAP year. ABOUT RACE/ETHNIC IDENTIFICATION FOR PART B -You may acquire race/ethnic information necessary for this survey either by visual observation of the work force, or from employment records. If you maintain records, we recommend that you keep them separately from the employee's basic personnel file or other records available to those responsible for personnel decisions. Since OFCCP permits visual observations, the fact that race/ethnic identifications are not present on employment records is not an excuse for omitting the data we request.

Note: The following reflects OMB guidelines regarding the recording and reporting of Hispanic or Latino ethnicity separately from the recording and reporting of racial data, and the establishment of "Native Hawaiian or Other Pacific Islander" as a separate racial category. For the purposes of this Survey only, you may submit data in either of the formats listed below (as FORMAT 1 and FORMAT 2).

FORMAT 1: Complete Part B using the following categories. Although persons may identify with more than one racial category, for this EO Survey count each person only once:

<u>American Indian or Alaskan Native</u> – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

<u>Asian</u> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

<u>Native Hawaiian or Other Pacific Islander</u> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

<u>Hispanic or Latino (All races)</u> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

<u>Hispanic or Latino (White race only)</u> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

<u>Hispanic or Latino (all other races)</u> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

<u>Race missing or unknown</u> - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

FORMAT 2: This is the same format as FORMAT 1, above, except:

- Record all actions pertaining to Hispanics or Latinos in the "<u>Hispanic or Latino (all races)</u>" columns on pages 5, 6, 7, 8, and 9 of this EO Survey.
- Leave the "<u>Hispanic or Latino (White)</u>" and "<u>Hispanic and Latino (all other races</u>)" columns blank on pages 5, 6, 7, 8, and 9 of this EO Survey.
- Record all actions pertaining to Asians, Hawaiians, and Other Pacific Islanders in the "<u>Asian</u>" columns on pages 5, 6, 7, 8, and 9 of this EO Survey.
- Leave the "Native Hawaiian or Other Pacific Islander" columns blank on pages 5, 6, 7, 8, and 9 of this EO Survey.

PART B - PERSONNEL ACTIVITY BY EEO-1 CATEGORY - APPLICANTS

Time Frame: (check one):

The following personnel activity covers the period January 1 through December 31, 2003
 The following personnel activity covers the most recently concluded Affirmative Action Program year, which is not January 1 through December 31, 2003

					14.0.1.				
OFFICIALS AND	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific	White	Hispanic or Latino (all races)	Hispanic or Latino (White	Hispanic or Latino (all other	Race unknown
MANAGERS	Of Alaska Mative		American	Islander		Latino (an laces)	race only)	races)	
Male									
Female									
	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
PROFESSIONALS	or Alaska Native		American	or Other Pacific Islander		Latino (all races)	Latino (White race only)	Latino (all other races)	
Male									
Female									
	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
TECHNICIANS	or Alaska Native		American	or Other Pacific Islander		Latino (all races)	Latino (White race only)	Latino (all other races)	
Male							ideo only		
Female									
	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
SALES WORKERS	or Alaska Native		American	or Other Pacific Islander		Latino (all races)	Latino (White	Latino (all other	
Male				Islander			race only)	races)	
Female									
	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
OFFICE AND CLERICAL	or Alaska Native	Asian	American	or Other Pacific	Winte	Latino (all races)	Latino (White	Latino (all other	
Male				Islander			race only)	races)	
Female		<u>.</u>			14/1 1/2				-
CRAFT	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific	White	Hispanic or Latino (all races)	Hispanic or Latino (White	Hispanic or Latino (all other	Race unknown
WORKERS	ļ			Islander		· · · /	race only)	races)	
Male									
Female	<u> </u>								
	American Indian	Asian	Black or African	Native Hawaiian or Other Pacific	White	Hispanic or	Hispanic or Latino (White	Hispanic or	Race unknown
OPERATIVES	or Alaska Native		American	Islander		Latino (all races)	race only)	Latino (all other races)	
Male									
Female									
	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
LABORERS	or Alaska Native		American	or Other Pacific Islander		Latino (all races)	Latino (White race only)	Latino (all other races)	
Male							,,		
Female									
SERVICE	American Indian	Asian	Black or African	Native Hawaiian	White	Hispanic or	Hispanic or	Hispanic or	Race unknown
WORKERS	or Alaska Native		American	or Other Pacific Islander		Latino (all races)	Latino (White race only)	Latino (all other races)	
Male				131011001			race only	10000)	
Female	+								
	<u> </u>								

PART B - PERSONNEL ACTIVITY BY EEO-1 CATEGORY - HIRES For Time Frame as Specified on Page 5 in Part B of this EO Survey

OFFICIALS AND MANAGERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
PROFESSIONALS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
TECHNICIANS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SALES WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OFFICE AND CLERICAL	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
CRAFT WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OPERATIVES	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
LABORERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SERVICE WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								

PART B - PERSONNEL ACTIVITY BY EEO-1 CATEGORY - PROMOTIONS For Time Frame as Specified on Page 5 in Part B of this EO Survey

OFFICIALS AND MANAGERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
PROFESSIONALS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
TECHNICIANS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SALES WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OFFICE AND CLERICAL	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
CRAFT WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OPERATIVES	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
LABORERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SERVICE WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								

PART B - PERSONNEL ACTIVITY BY EEO-1 CATEGORY - TERMINATIONS For Time Frame as Specified on Page 5 in Part B of this EO Survey

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OFFICIALS AND MANAGERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Female								
PROFESSIONALS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
TECHNICIANS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SALES WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OFFICE AND CLERICAL	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
CRAFT WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OPERATIVES	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
LABORERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SERVICE WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								

PART B - PERSONNEL ACTIVITY BY EEO-1 CATEGORY - FULL TIME EMPLOYEES AT END OF YEAR (CALENDAR OR AAP) For Time Frame as Specified on Page 5 in Part B of this EO Survey

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OFFICIALS AND MANAGERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
PROFESSIONALS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
TECHNICIANS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								,
Female								
SALES WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OFFICE AND CLERICAL	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
CRAFT WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
OPERATIVES	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
LABORERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								
SERVICE WORKERS	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino (all races)	Hispanic or Latino (White race only)	Hispanic or Latino (all other races)
Male								
Female								

INSTRUCTIONS FOR PART C:

WHO TO REPORT ON: In order for your EO Survey to be considered a valid submission Part C <u>must</u> contain annual monetary compensation and tenure data for all employees listed as "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey, and it <u>must not</u> include monetary compensation and tenure data for anyone else.

TIME FRAME FOR REPORTING: The time frame is December 31, 2003, or the last day of the most recently concluded AAP year, whichever you chose for reporting on Page 9, Part B of this EO Survey.

MINORITY/NON-MINORITY: Employees are to be grouped and reported in four groups: **minority female, non-minority female, minority male, and non-minority male employees**. For the purposes of this EO Survey, a "non-minority" is defined as someone of the White race who is not of Hispanic (or Latino) ethnicity. A "minority" is defined as all races other than White or someone of the White race who is of Hispanic (or Latino) ethnicity, or someone who has reported more than one race.

EEO-1 CATEGORY: Employees are also to be sorted by EEO-1 category. The EEO-1 categories are: (1) Officials & Managers; (2) Professionals; (3) Technicians; (4) Sales Workers; (5) Office & Clerical; (6) Craft Workers; (7) Operatives; (8) Laborers; (9) Service Workers.

In order for your EO Survey to be considered a valid submission all end-ofyear employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey must be accounted for and reported on in Part C.

WHAT TO REPORT - ANNUAL MONETARY COMPENSATION: For the purposes of this EO Survey, annual monetary compensation is defined as an employee's base rate (wage or salary), plus other earnings such as cost-of-living allowance, hazard pay, or other increment paid to all employees regardless of tenure on the job. Annual monetary compensation should not include the value of benefits, overtime, or one-time payments such as relocation expenses. Annual monetary compensation should be expressed in terms of an annual amount. Report total annual monetary compensation information for all employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey. While all annual monetary compensation figures should be expressed in terms of a full year, please note that this figure *may not reflect an employee's actual earnings for a year.* For those employees who have worked less than a full year, (e.g., those employees hired within the last year), please project (extrapolate) their hourly or weekly rate to compute an annual rate.

WHAT TO REPORT - TENURE: For the purposes of this EO Survey, tenure is defined as the length of time an employee has been with your company.

For each relevant EEO-1 category please indicate:

Total Annual Monetary Compensation for All Employees - Please indicate the annual monetary compensation earned by "full time" minority females, non-minority females, minority males, and non-minority males within each EEO-1 category. Include only those employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey.

Lowest Annual Monetary Compensation of any Single Employee - From the figures used to compute the Total Annual Monetary Compensation above, please indicate the lowest single annual monetary compensation among "full time" minority females, non-minority females, minority males, and non-minority males within each EEO-1 category. Include only those employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey.

Highest Annual Monetary Compensation of any Single Employee - From the figures used to compute the Total Annual Monetary Compensation above, please indicate the highest single annual monetary compensation among "full time" incumbent minority females, non-minority females, minority males, and non-minority males within each EEO-1 category. Include only those employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey.

Average Tenure of Employees with Firm - Please indicate the average length of time, in years and months, that "full time" incumbent minority females, nonminority females, minority males, and non-minority males within each EEO-1 category. Include only those employees reported in "Full Time Employees At End Of Year (Calendar or AAP)" on Page 9 in Part B of this EO Survey.

PART C -- COMPENSATION DATA BY EEO-1 CATEGORY

Annual Monetary Compensation and Tenure Data by EEO-1 Category for Employees reported in "FULL TIME EMPLOYEES AT END OF YEAR (CALENDAR OR AAP)" on Page 9 in Part B of this EO Survey

Check one:

D - The following compensation data covers full time employees as of December 31, 2003

- The following compensation data covers full time employees as of the most recently concluded Affirmative Action Program year,

which is not January 1 through December 31, 2003

		MINORITY FEN	NON-MINORITY FEMALES									
	Total Annual Monetary Compensation for All Minority Female Employees	Lowest Annual Monetary Compensation of any Single Minority Female Employee	Highest Annual Monetary Compensation of any Single Minority Female Employee	v		Minority Female Employees with Firm		Total Annual Monetary Compensation for All Non-Minority Female Employees	Lowest Annual Monetary Compensation of any Single Non-Minority Female Employee	Highest Annual Monetary Compensation of any Single Non-Minority Female Employee	Minor Employe	enure of Non- ty Female es with Firm MONTHS
OFFICIALS AND MANAGERS												
PROFESSIONALS												
TECHNICIANS												
SALES WORKERS												
OFFICE AND CLERICAL												
CRAFT WORKERS												
OPERATIVES												
LABORERS												
SERVICE WORKERS												

PART C -- COMPENSATION DATA BY EEO-1 CATEGORY

Annual Monetary Compensation and Tenure Data by EEO-1 Category for Employees reported in "FULL TIME EMPLOYEES AT END OF YEAR (CALENDAR OR AAP)" on Page 9 in Part B of this EO Survey

		MINORITY MA	NON MINORITY MALES							
	Total Annual Monetary Compensation for All Minority Male Employees	Lowest Annual Monetary Compensation of any Single Minority Male Employee	Highest Annual Monetary Compensation of any Single Minority Male Employee	Average Minori Employees YEARS	Tenure of ty Male s with Firm MONTHS	Total Annual Monetary Compensation for All Non-Minority Male Employees	Lowest Annual Monetary Compensation of any Single Non-Minority Male Employee	Highest Annual Monetary Compensation of any Single Non-Minority Male Employee	Average Tenure of Non-Minority Male Employees with Firm YEARS MONTHS	
OFFICIALS AND MANAGERS										
PROFESSIONALS										
TECHNICIANS										
SALES WORKERS										
OFFICE AND CLERICAL										
CRAFT WORKERS										
OPERATIVES										
LABORERS										
SERVICE WORKERS										