



UNIVERSITY OF WASHINGTON
AFFIRMATIVE ACTION DATA FORM
 EQUAL OPPORTUNITY OFFICE

Please Type or Print Clearly

Employee ID (EID)	Employee Name (Last, First & M.I.)	
Home Department Name	Box Number	

RACE/ETHNICITY

Are you Hispanic, Latino or Spanish? (see definitions on page 2)

No Yes (Check all which apply)

Mexican Puerto Rican Cuban Other Hispanic (specify) _____

Which race do you consider yourself? (Check all which apply) (see definitions on page 2)

<input type="checkbox"/> White	Asian:	Native Hawaiian or Pacific Islander:	<input type="checkbox"/> Alaskan Native/Aleut:
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	_____
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	print the name of corporation, village or association
	<input type="checkbox"/> Filipino	_____	
	<input type="checkbox"/> Taiwanese	specify	
	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Race:
	<input type="checkbox"/> Korean	<input type="checkbox"/> American Indian:	_____
	<input type="checkbox"/> Thai	print name of enrolled or principal tribe	specify
	<input type="checkbox"/> Asian Indian		
	<input type="checkbox"/> Other Asian (specify) _____		

PHYSICAL, SENSORY OR MENTAL IMPAIRMENT

No Yes Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, or learning)?

No Yes Do you have a physical, mental, or other health condition that has lasted for 6 or more months and which limits the kind or amount of work you can do at a job?

SEX
 Sex
 Male Female

BIRTHDATE
 Birthdate Mo. Dy. Yr.

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MILITARY

Are you a United States Veteran? Yes No
 (If yes, complete next section)

VETERAN STATUS

U.S. Veteran Status: (Check all which apply) (see definitions page 2)

Vietnam Era Veteran Disabled Veteran Other Covered Veteran Other Veteran

EMPLOYEE SIGNATURE

Employee Signature	Work Phone	Date
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The completed information on this form should be treated as confidential and should not be seen by anyone other than the employee to whom it refers; no copies should be made of completed forms.

For your information, the following definitions apply:

Hispanic or Latino or Spanish Origin: (ethnicity) means a person with origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

White: (race) means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: (race) means a person with origins in any of the Black racial groups of Africa.

American Indian or Alaska Native: (race) means a person with origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or has community recognition as an American Indian or Alaska Native.

Asian: (race) means a person with 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.

Native Hawaiian or Other Pacific Islander: (race) means a person having origins in any of the original peoples of Hawaii Guam, Samoa, or other Pacific Islands. (*Native Hawaiian* does not include individuals who are native to the state of Hawaii by virtue of being born there.)

Vietnam Era veteran: A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5 1964 and May 7, 1975, in all other cases; (b) was discharged or released from active duty for a service-connected disability if any part of such activity was performed during the times and places specified under (a).

Disabled veteran: A person entitled to disability compensation under Veterans Administration for a disability rate of 30% or more, or whose discharge/release from active duty was for a disability incurred or aggravated in the line of duty.

Other covered veteran: Means a person 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 other than special disabled veterans, or veterans of the Vietnam War.

DEFINITION SOURCE: 1999 OMB Guidelines, 41 CFR 60-250, Date: 11.07.2002.