

University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

The University of Pennsylvania is an equal opportunity employer. As a federal contractor, Penn complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name _____ Penn ID _____

Sex: Female Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Yes No

Which best describes your country/continent of origin?

- | | |
|--|---|
| <input type="checkbox"/> Central America _____ | <input type="checkbox"/> Cuba |
| <input type="checkbox"/> Mexico | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Spain | <input type="checkbox"/> South America (excluding Brazil) _____ |
| <input type="checkbox"/> Other _____ | |

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.

Which best describes your country/continent of origin?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Chippewa |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Cherokee |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Sioux |
| <input type="checkbox"/> Other _____ | |

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Which best describes your country/continent of origin?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> China | <input type="checkbox"/> India |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Other _____ |

Black or African American -- A person having origins in any of the black racial groups of Africa.

Which best describes your country/continent of origin?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Africa _____ | <input type="checkbox"/> Caribbean _____ |
| <input type="checkbox"/> Other _____ | |

Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Which best describes your country/continent of origin?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Guam | <input type="checkbox"/> Hawaii |
| <input type="checkbox"/> Samoa | <input type="checkbox"/> Other (excluding Philippines) _____ |

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

Which best describes your country/continent of origin?

- | | |
|--|--|
| <input type="checkbox"/> Europe _____ | |
| <input type="checkbox"/> Middle East _____ | |
| <input type="checkbox"/> Other _____ | |

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Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the University's compliance with relevant federal, state or local law.

Under federal law, a person with a disability is defined as follows:

- Person with a Disability** – A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Faculty and staff who wish to request a reasonable accommodation should contact the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, Suite 228, 3600 Chestnut Street, (215) 898-6993 (voice), (215) 898-7803 (TDD), oaeeop@pobox.upenn.edu, or visit our website at <http://www.upenn.edu/affirm-action/accommodations.html>. Students should contact the **Office of Student Disabilities Services**, Weingarten Learning Resources Center, 3820 Locust Walk, Suite 110, (215) 573-9235 for all academic related accommodations. For student accommodations relating to on-campus employment, contact the Office of Affirmative Action and Equal Opportunity Programs.

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

- Disabled Veteran** - (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran** - (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran**- a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- Recently Separated Veteran** - a 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.
- Armed Forces Service Medal Veteran** - 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 12983 (61 Fed. Reg. 1209).
- Other Protected Veteran** – 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. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

If you have questions or request additional information, please call the Office of Affirmative Action and Equal Opportunity Programs at (215) 898-6993 (voice), (215) 898-7803 (TDD), or e-mail oaeeop@pobox.upenn.edu

Signature: _____

Date: _____