

EEO Reporting Form for Academic Positions

To evaluate our recruitment efforts and to comply with federal data collection and reporting obligations, please complete and submit this form to the Office for Institutional Equity at Box: 90012, Fax: 919-684-8580, or E-Mail: grant.scoggins@duke.edu.

APPOINTEE

Department: _____ Hispanic/Latino: Yes ___ No ___
 Title: _____ Race: _____
 Job Code: _____ Internal Candidate: Yes ___ No ___
 Name: _____ Previous Job Code: _____
 Appointment Starts: _____ Waiver/Target*: Yes ___ No ___
 Gender: _____ **If waiver, attach waiver letter.*

APPLICANT(S)/INTERVIEWEE(S)

Provide demographic information of applicants and interviewees below. Information must be self-identified. If an individual self-identifies as Hispanic/Latino, only count them in the Hispanic/Latino row.

	Qualified Applicant(s)			Interviewee(s)		
	Male	Female	Unknown (Other + Declined)	Male	Female	Unknown (Other + Declined)
Hispanic/Latino						
American Indian or Native Alaskan						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown (Other + Declined)						
Two or More / Multiple Selected						
Totals						

Number of applicants who have or previously had a disability .	
Number of applicants who are a veteran .	

PERSON COMPLETING THIS FORM

Name (PRINTED) _____ Title _____ Phone _____ Date _____