

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Project/RFP Title:
Contractor Name:
Contractor Address:

Enter the total number of employees for each classification.

EEO Job Category	Total Workforce	Work force by Gender		Workforce by Race/Ethnic Identification																
		Total Male (M)	Total Female (F)	White		Black		Hispanic		Asian/Pacific Islander		American Indian/Alaskan Native								
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)					
Officials/Administrators																				
Professionals																				
Technicians																				
Sales Workers																				
Administrative Support Workers																				
Craft Workers																				
Laborers																				
Service Workers																				
Temporary/Apprentices																				
Totals																				

PREPARED BY (Signature):	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	
PHONE # AND EMAIL ADDRESS OF PREPARER:	

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General instructions: Where the workforce to be utilized in the performance of the State contract can be separated out from the contractor's total workforce, the vendor shall complete this form only for the anticipated workforce to be utilized on the State contract. Where the workforce to be utilized in the performance of the State contract cannot be separated out from the contractor's total workforce, the vendor shall complete this form for the contractor's total workforce.

Instructions for completing:

1. Enter the Project/RFP that this report applies to along with the name and address of the contractor.
2. Enter the total workforce by EEO job category.
3. Break down the total workforce by gender and enter under the heading "Workforce by Gender."
4. Break down the total workforce by race/ethnic background and enter under the heading "Workforce by Race/Ethnic Identification." Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK - A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN / PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN / ALASKAN NATIVE (Not of Hispanic Origin) - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.