Equal Employment Opportunity Self-Identification

New Hires / Employee Survey

Employee Name: _____________________ ID: _____________________ Date: _____________________

Stony Brook University is committed to equal employment and educational opportunity. Stony Brook University prohibits discrimination on the basis of race, sex, sexual orientation, gender identity and expression, religion, age, color, creed, national or ethnic origin, disability, marital status, genetic information, criminal conviction, domestic violence victim status, veteran and or military status in the administration of its policies, programs, activities, or employment.

Stony Brook University is required by federal regulations to report information as requested below. Completion of this form is voluntary, and is strictly confidential and will be maintained separate from your personnel file. You may inform us of your status related to the following data or your change in status at this time or in the future.

*To provide information via Solar, please go to page 6 for instructions.*

Choose each category. Definitions below:

<table>
<thead>
<tr>
<th>Sex:</th>
<th>___ Male</th>
<th>___ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Group:</td>
<td>___ Hispanic or Latino</td>
<td>___ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race:</td>
<td>___ Asian</td>
<td>___ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>Please select one of more</td>
<td>___ Black or African American</td>
<td>___ White</td>
</tr>
<tr>
<td></td>
<td>___ American Indian or Alaska Native</td>
<td></td>
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</tbody>
</table>

Definitions of Race / Ethnic Groups

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

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

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

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

**Asian** – 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.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Survey of Protected Veteran Status

Stony Brook University is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (“VEVRAA”), which requires Government contractors to take affirmative action to employ and advance in employment:

1. disabled veterans;
2. recently separated veterans;
3. active duty wartime or campaign badge veterans; and
4. Armed Forces service medal veterans.

These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - 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
  - a person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any 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.

- An “active duty wartime or campaign badge veteran” means 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 under the laws administered by the Department of Defense.

- An “Armed forces service medal veteran” means 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 12985.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

[ ] DISABLED VETERAN
[ ] RECENTLY SEPARATED VETERAN
[ ] ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
[ ] ARMED FORCES SERVICE MEDAL VETERAN
[ ] I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
[ ] I am NOT a protected veteran.
Survey of Protected Veteran Status

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

This Company abides by the requirements of 41 CFR 60-300.5(a). This regulation requires affirmative action by covered contractors to employ and advance in employment qualified protected veterans.
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

__________________________________  __________________________________
Your Name                              Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
Information for Requesting Information About An Accommodation

For Information about reasonable accommodation procedures:  
http://www.stonybrook.edu/diversity/accessibility/index.html

Stony Brook University has appointed the following individuals as the official responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

<table>
<thead>
<tr>
<th>Stony Brook University and Research Foundation Human Resource Services:</th>
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</table>
| **Name:** Kristin Galindez  
**Phone:** (631) 632-6161  
**Fax:** (631) 632-6208  
**Email:** hrs_benefits@stonybrook.edu |

<table>
<thead>
<tr>
<th>Stony Brook University Hospital Human Resources:</th>
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</table>
| **Name:** Tami Goldberg  
**Phone:** (631) 444-4734  
**Fax:** (631) 444-4724  
**Email:** tami.goldberg@stonybrook.edu |

<table>
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<tr>
<th>LI State Veterans Home Human Resources:</th>
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</table>
| **Name:** Denise Muscarella  
**Phone:** (631) 444-8617  
**Fax:** (631) 444-8517  
**Email:** lisvhr@stonybrook.edu |

You may also enter this information in Solar:  
http://it.stonybrook.edu/services/solar

- Click on Solar Login  
- Login to your Solar Account, once in your Solar account please go to  
- Security and Personal Data>  
  - Ethnicity  
  - Disability  
  - Veteran Status  
- Answer the questions accordingly  
- Please be sure to Click “Save” or “Submit”

OR submit the forms to:

1) E-mail: vaais@stonybrook.edu  
2) Fax: (631) 632-9428  
3) Office of Institutional Diversity and Equity  
   Administration Room 201  
   Stony Brook University  
   Stony Brook NY 11794-0251