

**DEMOGRAPHIC DATA TRANSMITTAL**  
**U5605 (R6/10) University of California Human Resources**

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CAMPUS	DEPARTMENT/ORGANIZATIONAL UNIT	BIRTHDATE		
			MO	DY	YR

As a Federal contractor, the University of California is required to collect and report information regarding the ethnic and racial background of its employees (see reverse for Privacy Notification Statement). Please self-identify your ethnicity and race by completing Sections 1A and 1B of this form.

Additionally, to comply with Federal recordkeeping mandates, the University of California is required to monitor the number of its employees who have a disability or are protected veterans. Please self-identify your status as disabled individual and/or protected veteran by completing Section 2 and/or Section 3 of this form as applicable to you.

**1. ETHNICITY AND RACE**

**Please complete Sections 1A and 1B below.** The information must be collected in both sections in order for the University to comply with U.S. Department of Education requirements for the collection and reporting of ethnicity and race data as well as Affirmative Action program reporting requirements. **The University of California will not be able to accurately report your information if both sections are not completed.**

**A.** Are you of Hispanic, Latino or Other Spanish origin?  YES  NO

In addition, please select one or more of the racial categories that are applicable to you.

American Indian or Alaska Native  Asian  Black/African American  Native Hawaiian or Other Pacific Islander  White

**B.** For Affirmative Action program reporting, the University of California is required to provide only ONE race/ethnicity description for its employees. Please place an "X" in the box that best identifies the single option from Section 1B that you want us to report for you.

**American Indian or Alaska Native** (C) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**Asian**

Chinese/Chinese American (2) – A person having origins in any of the original peoples of China.

Filipino/Pilipino (L) – A person having origins in any of the original peoples of the Philippine Islands.

Japanese/Japanese American (B) – A person having origins in any of the original peoples of Japan.

Native Hawaiian or Other Pacific Islander (Z) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

Pakistani/East Indian (R) – A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

Other Asian (X) – A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Korea, Malaysia, Thailand, and Vietnam).

**Black/African American** (A) – A person having origins in any of the Black racial groups of Africa.  
(not of Hispanic origin)

**Hispanic/Latino**

Mexican/Mexican American/Chicano (E) – A person of Mexican culture or origin regardless of race.

Latin American/Latino (5) – A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

Other Spanish/Spanish American (W) – A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

**White** (not of Hispanic origin) (F) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**2. DISABILITY STATUS**

Please place an "X" in the box below if you are an individual with a disability, otherwise please leave blank.

**INDIVIDUAL WITH A DISABILITY (H)**

An individual with a disability is a person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or who has a record of such impairment.

**All questions regarding ethnic, veterans, or disabled identification should be directed to the campus Equal Employment Opportunity/Affirmative Action Office.**

### 3. VETERAN STATUS

Please place an "X" in each of the boxes below that apply to you (more than one category may be applicable). Leave blank if none apply.

**VIETNAM ERA VETERAN (V)**

Vietnam Era Veteran means a person who:

1. 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: 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
2. Was discharged or released from active duty because of 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 all other cases.

**WAR/CAMPAIGN/EXPEDITION VETERAN (E)**

War/Campaign/Expedition 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. For a list of officially recognized campaigns, please visit the U.S. Office of Personnel Management website at <http://opm.gov/StaffingPortal/vgmedal2.asp>

**DISABLED VETERAN (S)**

Disabled Veteran means:

1. 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
2. A person who was discharged or released from active duty because of a service-connected disability.

**ARMED FORCES SERVICE MEDAL VETERAN (M)**

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 No. 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

**RECENTLY SEPARATED VETERAN (MM,YY)**

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. Separation date: \_\_\_\_/\_\_\_\_ (Month/Year)

FOR INTERNAL USE ONLY														
NOTE TO ACCOUNTING OFFICE: DO NOT COPY OR DUPLICATE THIS FORM														
(1-2)	EMPLOYEE ID NO. (4-12)											DATE PREPARED (13-18)		
												MO	DY	YR
ED	ETHNIC CODE (19)	VET STAT (20)	DIS VET (21)	DIS EE (22)	VET WAR (23)	RCNT VET SEP DATE (24-27)		VET MEDAL (28)	HISP (29)	AMER IND (30)	ASIAN (31)	AFR AMR (32)	NAT HAW (33)	WHITE (34)
						M	M	Y	Y					

**PRIVACY NOTIFICATION STATEMENT** (Revised February 22, 2010 for U5605)

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves.

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102-325), as well as relevant implementing regulations.
2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.
3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.
4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.
5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.