NOTICE: SAMPLE EEO-1 COMPONENT 1 REPORT

As discussed in the 30-day Notice published in the Federal Register on May 2, 2023, the EEOC created the Office of Enterprise Data and Analytics (OEDA) in May 2018 with the goal of creating a modern data and analytics organization at the agency. Since its creation, OEDA, which administers the agency's EEO data collections, including the EEO-1 Component 1, has worked to modernize the collections and improve the quality of data collected. OEDA has also streamlined functions, such as providing additional self-service options, resource materials, and an online support message center.

As part of its ongoing modernization efforts and in response to feedback from filers in prior collections, OEDA has redesigned the format of the certified report(s) generated by the *EEO-1 Component 1 Online Filing System* (OFS). The report(s), which filers will be able to download and save as a PDF, contain several enhancements to how information provided by filers is displayed. For example, the updated report(s) now have delineated sections and headers that clearly identify the information being displayed and filers' answers to reporting questions such as eligibility and federal contractor status.

<u>Please Note</u>: This is a "sample" EEO-1 Component 1 report generated by the EEOC's *EEO-1 Component 1 Online Filing System* (OFS). Filers are <u>not</u> permitted to submit EEO-1 Component 1 workforce demographic data using this sample. The EEOC requires electronic submission of EEO-1 Component 1 report(s) through the OFS, the agency's web-based data collection application (i.e., portal). The OFS is accessible at <u>www.eeocdata.org/eeo1</u>.

The EEOC will only accept EEO-1 Component 1 report(s) submitted and certified through the OFS. The EEOC will <u>not</u> accept reports submitted via paper or through other non-OFS electronic means (e.g., email, CD-ROM). The EEOC will consider filers submitting reports outside of the OFS to be non-compliant for purposes of their mandatory EEO-1 Component 1 filing obligation.

SPECIFIC REPORTING YEAR W	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) [SPECIFIC REPORTING YEAR WILL BE INSERTED BY EEOC] EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)							EEOC Standard Form 100 (SF 100) Revised MM/2023 OMB No. 3046-0049 Expiration: MM/DD/YYYY								
			SECT	ION A	– TYPI	E OF RI	EPORT									
OFS COMPANY ID SECTION B – EMPLOYER IDENTIFICATION EMPLOYER NAME																
ADDRESS							CI	TY/TOW	VN			STATE ZIP CODE				
SECTION C - HE	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHMI	ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE							DDE								
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□ YES (Employer Is Eligible						FILING				NOLOI	NGER	IN RUS	INESS			
				CON	FRACT	OR DE	SIGNA					11 005	11255			
Unique Entity ID (UEI):																
□ YES (Headquarters is Federal Contractor) □ YES (Establishment is Federal Contractor) □ YES (One or More Establishments is Federal Contractor) SECTION G - NAICS INFORMATION																
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		SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity Hispanic Not Hispanic or Latino											_			
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Executive/Senior Level Officials and Managers						-0						-0		•		
First/Mid-Level Officials and Managers Professionals																
Technicians Sales Workers																
Administrative Support Workers																
Craft Workers Operatives																
Laborers and Helpers Service Workers																
CURRENT <mark>[SPECIFIC YEAR WILL BE INSERTED BY EEOC]</mark> REPORTING YEAR TOTAL																
PRIOR [SPECIFIC YEAR TO BE INSERTED BY EEOC] REPORTING YEAR TOTAL																
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SECTION J	– HEAI	DQUAR	TERS	OR ES	STABL	SHME	NT-LEV	VEL CO	DMME	NTS (op	tional)					

U.S. EQUAL EM <mark>SPECIFIC REPORTING YE</mark>	EEOC Standard Form 100 (SF 100) Revised MM/2023 OMB No. 3046-0049 Expiration: MM/DD/YYYY								
	SECTION K – OFFICIAL CH	CRTIFICATION OF SUBMISSION							
	EMPLOYER	IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
	22			ZID CODE					
ADDRE	85	CITY/TOWN	STATE	ZIP CODE					
	CEDTIEICATION	COMMENTS (optional)							
	CERTIFICATION								
ERTIFICATION STATEMENT T certify: that the functions, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conforming with the directions set forth in the form and accompanying instructions."									
	DATE OF C	CERTIFICATION							
		ERTIFYING OFFICIAL	TT 1 1	1 60 201 00011					
Name of Employer's Certifying Official	Title of Certifying Official	Email Address of Certifying Official	Telephone Nu	umber of Certifying Official					
		C) FOR EEO-1 COMPONENT 1 REPORTIN							
Name of Primary POC	Title and Employer of Primary POC	Email Address of Primary POC		Number of Primary POC					