

SAMPLE EEO-5 REPORT

NOTICE:

SAMPLE EEO-5 Report

This is a “sample” EEO-5 Report generated by the EEOC’s *EEO-5 Online Filing System (OFS)*. Filers are **not** permitted to submit EEO-5 workforce demographic data using this sample. The EEOC requires electronic submission of an EEO-5 Report through the *OFS*, the agency’s web-based data collection application (i.e., portal). The *OFS* is accessible at [LINK WILL BE INSERTED BY EEOC FOR EACH DATA COLLECTION YEAR].

The EEOC will only accept EEO-5 Reports submitted and certified through the *OFS*. The EEOC will **not** 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-5 filing obligation.

DRAFT FOR OMB REVIEW

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION 20YY ELEMENTARY-SECONDARY STAFF INFORMATION REPORT (EEO-5) Public Elementary and Secondary School Systems and Districts										EEOC Form 168A Revised: MM/20YY OMB Control Number: 3046-0003 Expiration: MM/DD/20YY					
SECTION A: SCHOOL SYSTEM OR DISTRICT IDENTIFICATION															
REGISTRATION ID [REGISTRATION ID]					NAME OF SCHOOL SYSTEM OR DISTRICT [NAME OF SCHOOL SYSTEM OR DISTRICT]										
STREET ADDRESS [Address 1] [Address 2]			CITY [City]			STATE [State]		ZIP CODE [ZIP]							
SECTION B: SCHOOL SYSTEM OR DISTRICT FILING ELIGIBILITY															
<input type="checkbox"/> YES (Eligible to File)		<input type="checkbox"/> No (Consolidated)		<input type="checkbox"/> No (Closed)		<input type="checkbox"/> No (Other): [REASON_OTH]									
SECTION C: SCHOOL SYSTEM OR DISTRICT INFORMATION ON OCTOBER 1															
TOTAL NUMBER OF SCHOOLS OPERATED [SCHOOL_TOT]				TOTAL NUMBER OF ANNEXES OPERATED [ANNEX_TOT]				TOTAL ENROLLMENT [ENROLL_TOT]							
SECTION D: WORKFORCE SNAPSHOT PERIOD (FULL-TIME AND PART-TIME STAFF)															
START DATE [WSP_START_DATE]					END DATE [WSP_END_DATE]										
SECTION E: WORKFORCE DEMOGRAPHIC DATA - FULL-TIME STAFF															
Activity Assignment Classification	Hispanic or Latino		Not Hispanic or Latino											Row Total	
	Male	Female	Male						Female						
			White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native		Two or More Races
1. Officials, Administrators, Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Principals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Assistant Principals (Teaching)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Assistant Principals (Non-Teaching)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Elementary Classroom Teachers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Secondary Classroom Teachers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Other Classroom Teachers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Guidance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Psychological	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Librarians/ Audiovisual Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Consultants and Supervisors of Instruction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Other Professional Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Teacher Aides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Skilled Crafts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL (1 - 18)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION F: FULL-TIME STAFF COMMENTS (optional)															
[COMMENTS_FT]															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION										EEOC Form 168A					
20YY ELEMENTARY-SECONDARY STAFF INFORMATION REPORT (EEO-5)										Revised: MM/20YY					
Public Elementary and Secondary School Systems and Districts										OMB Control Number: 3046-0003					
REGISTRATION ID										NAME OF SCHOOL SYSTEM OR DISTRICT					
[REGISTRATION ID]										[NAME OF SCHOOL SYSTEM OR DISTRICT]					
SECTION G: WORKFORCE DEMOGRAPHIC DATA – PART-TIME STAFF															
Activity Assignment Classification	Hispanic or Latino		Not Hispanic or Latino										Row Total		
	Male	Female	Male						Female						
			White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander		American Indian or Alaska Native	Two or More Races
20. Professional Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. All Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. TOTAL (20 – 21)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION H: PART-TIME STAFF COMMENTS (optional)															
[COMMENTS_PT]															
SECTION I: WORKFORCE DEMOGRAPHIC DATA – FULL-TIME NEW HIRES (JULY 1 THROUGH SEPTEMBER 30)															
Activity Assignment Classification	Hispanic or Latino		Not Hispanic or Latino										Row Total		
	Male	Female	Male						Female						
			White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander		American Indian or Alaska Native	Two or More Races
23. Officials, Administrators, Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Principals/Assistant Principals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Classroom Teachers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Other Professional Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Nonprofessional Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. TOTAL (23 – 27)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION J: FULL-TIME NEW HIRES COMMENTS (optional)															
[COMMENTS_FTNH]															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION 20YY ELEMENTARY-SECONDARY STAFF INFORMATION REPORT (EEO-5) <i>Public Elementary and Secondary School Systems and Districts</i>		EEOC Form 168A Revised: MM/20YY OMB Control Number: 3046-0003 Expiration: MM/DD/20YY
REGISTRATION ID [REGISTRATION ID]	NAME OF SCHOOL SYSTEM OR DISTRICT [NAME OF SCHOOL SYSTEM OR DISTRICT]	
SECTION K: OFFICIAL CERTIFICATION OF SUBMISSION		
CERTIFICATION COMMENTS (optional) [CERT_COMM]		
CERTIFICATION STATEMENT I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions. Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001		
DATE OF CERTIFICATION [CERT_DATE]		
SCHOOL SYSTEM OR DISTRICT CERTIFYING OFFICIAL		
NAME [CERT_OFF_NAME]	TITLE [CERT_OFF_TITLE]	
EMAIL [CERT_OFF_EMAIL]	TELEPHONE NUMBER [CERT_OFF_TEL]	
PRIMARY POINT OF CONTACT (POC) FOR EEO-5 REPORTING		
NAME [POC_NAME]	TITLE [POC_TITLE]	
EMAIL [POC_EMAIL]	TELEPHONE NUMBER [POC_TEL]	