

SAMPLE EEO-3 REPORT

NOTICE:

SAMPLE EEO-3 Report

This is a “sample” EEO-3 report generated by the EEOC’s *EEO-3 Online Filing System (OFS)*. Filers are **not** permitted to submit EEO-3 demographic data using this sample. The EEOC requires electronic submission of EEO-3 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-3 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-3 filing obligation.

DRAF FOR OMB REVIEW

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION												EEOC Form 274	
20YY LOCAL UNION REPORT (EEO-3)												Revised: MM/20YY	
												OMB Control Number: 3046-0006	
												Expiration: MM/DD/20YY	
PART A: LOCAL UNION IDENTIFICATION													
REGISTRATION ID [REGISTRATION ID]			NAME OF LOCAL UNION [Name of Local Union]									AFL/CIO AFFILIATION [Yes/No]	
ADDRESS [Address 1] [Address 2]			CITY [City]			STATE [State]			ZIP CODE [ZIP]				
AFFILIATED NATIONAL/INTERNATIONAL UNION OR NATIONAL FEDERATION													
NAME OF AFFILIATED NATIONAL/INTERNATIONAL UNION OR NATIONAL FEDERATION [Name of Affiliated Union or National Federation]													
ADDRESS [Address 1], [Address 2]			CITY [City]			STATE [State]			ZIP CODE [ZIP]				
PART B: LOCAL UNION FILING ELIGIBILITY													
<input type="checkbox"/> YES (Eligible)		<input type="checkbox"/> No (Total Staff)		<input type="checkbox"/> No (Merged)		<input type="checkbox"/> No (Closed)		<input type="checkbox"/> No (Not Local Union)		<input type="checkbox"/> No (Other): [REASON_OTH]			
PART C: LOCAL UNION DEMOGRAPHIC DATA													
A. MEMBERSHIP IN REFERRAL UNION													
1. Total Membership													
2. Total Applicants for Membership													
B. REFERRALS DURING SELECTED TWO-MONTH PERIOD													
3. Number of Members Referred													
4. Number of Referrals													
5. Applicants for Referral													
Dates of Selected Two-Month Period: [START_DATE] – [END_DATE]													
C. REMARKS (OPTIONAL) [REMARKS]													
PART D: CERTIFICATION													
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]													
LOCAL UNION 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-3 REPORTING													
NAME [POC_NAME]							TITLE [POC_TITLE]						
EMAIL [POC_EMAIL]							TELEPHONE NUMBER [POC_TEL]						