THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO
EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION INFORMATION REQUEST

POST-HIRE

NAME_____ **BADGE NUMBER**_____
(PRINT LAST, FIRST NAME)

TO: NEW EMPLOYEE

As a government contractor, The University of Texas Health Science Center at San Antonio is subject to Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973; and 38 USC 4212.

If you are an individual with a disability covered by the Act and wish to benefit under the affirmative action program, you are invited to self-identify immediately or at any time in the future. Your response to the requested information will not subject you to any adverse treatment. The data will be used solely for federal statistics and affirmative action reporting purposes in compliance with government regulations. The information provided will be kept confidential.

A. GENDER AND GROUP STATUS:

1. Gender: ☐ Male ☐ Female

2. Group status: ☐ White (Non-Hispanic) ☐ Black (Non-Hispanic)
☐ Hispanic ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander

B. QUALIFIED DISABLED INDIVIDUAL: ☐ **YES** ☐ **NO**

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Select the appropriate nature of your disability which should preclude you from performing a job related function.

☐ 1. Visual Impairment
☐ 2. Hearing Impairment
☐ 3. Mobility Impairment or Missing Extremity
☐ 4. Emotional Disorder
☐ 5. Cardiac/Circulatory Disease
☐ 6. Respiratory Disease
☐ 7. Other Disability Conditions
_____

PLEASE BE ADVISED THAT THIS SURVEY IS NOT PART OF YOUR OFFICIAL PERSONNEL FILE AND WILL BE KEPT CONFIDENTIAL.

_____ _____
Employee Signature Date (OHR 05/08 Rev.)