

HUMAN RESOURCES MEMORANDUM 14-021		DATE ISSUED: November 4, 2014
SUBJECT: Revised State Employee Race/Ethnicity Questionnaire		REFERENCE: PML 2014-029
TO: Personnel Liaisons and Attendance Clerks		SUPERSEDES:

PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH YOUR EMPLOYEES

Purpose The California Department of Human Resources (CalHR) revised the State Employee Race/Ethnicity Questionnaire form in February 2013, to conform with Federal and State requirements. The form, dated February 2013, and corresponding communication memorandum contained erroneous authority citations.

Action Please replace your stock of the previous form dated 02/13 with the new revised form dated 08/14. This form may be downloaded from CalHR's webpage: <http://www.calhr.ca.gov/Documents/calhr-1070.pdf>.

CalHR regrets any inconvenience this may have caused.

Questions If you have any questions, please contact the Office of Civil Rights at civilrights@calhr.ca.gov or (916) 324-0970 or California Relay Service, 7-1-1.

ANGIE BOLDRINI, Personnel Officer
Office of Human Resources

AB:tbw

Attachment:

Sample State Employee Race/Ethnicity Questionnaire, CalHR 1020 (Rev. 08/14)

California Department of Human Resources
STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE
 (For all New Hires and Rehires)
 CalHR 1070 (Rev. 08/14)

INSTRUCTIONS:

All new/rehired employees are requested to voluntarily self-identify their race/ethnicity and gender in order to monitor and evaluate the provision of equal employment opportunity and non-discriminatory employment practices within the state civil service. Complete the form promptly and return it to your department's Personnel Office with your other hiring documents.
Note: If you choose not to identify, the department is required to visually identify under federal law.

Department	Employee's Name	Last 4 digits of Social Security Number	Person ID Number (If applicable)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

Please check one of the boxes that best describes your race/ethnicity heritage.

Asian Groups

- Asian Indian (M)
- Cambodian (U)
- Chinese (J)
- Filipino (G)
- Japanese (I)
- Korean (K)
- Laotian (V)
- Vietnamese (L)
- Other Asian Group (S)

Hispanic Groups

- Cuban (C)
- Mexican/Mexican-American (A)
- Puerto Rican (B)
- Other Hispanic/Latino Group (D)

Pacific Islander Groups

- Guamanian or Chamorro (R)
- Hawaiian (P)
- Samoan(Q)
- Other Pacific Islander Group (T)

Other Groups

- Aleut (O)
- American Indian/ Native American (H)
- Black/African-American (F)
- Eskimo (N)
- White (E)
- Choose not to identify

Employee Signature _____

Date _____

PRIVACY STATEMENT

AUTHORITIES

Collection of race/ethnicity and gender information on state employees is authorized pursuant to Government Code sections 19792 (h), 19799 and 8310.5, which requires the California Department of Human Resources (CalHR) to maintain a statistical information system designed to yield the data and the analysis necessary for the evaluation of equal employment opportunity programs in the state civil service, and use separate collection categories.

The data is encoded by the department's Personnel Office and becomes part of the employment history system kept by the State Controller's Office. It is shared only with CalHR and the employing department and is used only for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

SOCIAL SECURITY NUMBER

Providing the last four digits of your Social Security Number is voluntary in accordance with the Privacy Act of 1974, Pub. L. No. 93-579, 5 U.S. C. 552a (2010). If you do not provide this, your information cannot be accurately counted and included in your department's workforce statistics. The information contained on this form is confidential.

DEPARTMENT

If an employee chooses not to identify, visual identification is required by federal law and regulation to meet EEO-4 reporting requirements Equal Employment Opportunity Commission, 29 C.F.R. 1602.30. Departments may confidentially destroy this form after it has been keyed.