EEO Reporting Form for Academic Positions

To evaluate our recruitment efforts and to comply with federal data collection and reporting obligations, please complete and submit this form to the Office for Institutional Equity at Box: 90012, Fax: 919-684-8580, or E-Mail: grant.scoggins@duke.edu.

APPOINTEE

Department: __________________________ 
Title: ________________________________
Job Code: ____________________________
Name: _______________________________
Appointment Starts: __________________
Gender: _____________________________
Hispanic/Latino: Yes ☐ No ☐
Race: ______________________________
Internal Candidate: Yes ☐ No ☐
Previous Job Code: __________________
Waiver/Target*: Yes ☐ No ☐

*If waiver, attach waiver letter.

APPLICANT(S)/INTERVIEWEE(S)

Provide demographic information of applicants and interviewees below. Information must be self-identified. If an individual self-identifies as Hispanic/Latino, only count them in the Hispanic/Latino row.

<table>
<thead>
<tr>
<th>Qualified Applicant(s)</th>
<th>Interviewee(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Hispanic/Latino
American Indian or Native Alaskan
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Unknown (Other + Declined)
Two or More / Multiple Selected

Number of applicants who have or previously had a disability.
Number of applicants who are a veteran.

PERSON COMPLETING THIS FORM

Name (PRINTED)         Title         Phone         Date

Revised 05/2020