Department of Human Resources
Memorandum

TO: Personnel Management Liaisons (PML)

SUBJECT: Revised State Employee Race/Ethnicity Questionnaire	REFERENCE NUMBER: 2014-029
DATE ISSUED: 09/29/14	SUPERSEDES:

This memorandum should be forwarded to:

Personnel Officers
Equal Employment Opportunity Officers

FROM: Department of Human Resources
Office of Civil Rights

CONTACT: Office of Civil Rights
(916) 324-0970
Fax: (916) 327-2349
Email: civilrights@calhr.ca.gov

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.

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. We apologize for any inconvenience this may have caused. 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.

/s/Martha Chavez

Martha Chavez, Program Chief
Office of Civil Rights

Attachment: Sample State Employee Race/Ethnicity Questionnaire, CalHR 1070 (rev. 08/14)

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

PML 2014-029_A
Sample -- State Employee Race/Ethnicity Questionnaire

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
				◯ Male ◯ Female

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

Asian Groups	Hispanic Groups	Pacific Islander Groups	Other Groups
◯ Asian Indian (M)	◯ Cuban (C)	◯ Guamanian or Chamorro (R)	◯ Aleut (O)
◯ Cambodian (U)	◯ Mexican/Mexican-American (A)	◯ Hawaiian (P)	◯ American Indian/ Native American (H)
◯ Chinese (J)	◯ Puerto Rican (B)	◯ Samoan(Q)	◯ Black/African-American (F)
◯ Filipino (G)	◯ Other Hispanic/Latino Group (D)	◯ Other Pacific Islander Group (T)	◯ Eskimo (N)
◯ Japanese (I)			◯ White (E)
◯ Korean (K)			
◯ Laotian (V)			◯ Choose not to identify
◯ Vietnamese (L)			
◯ Other Asian Group (S)			

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.

SAMPLE