



THE SCHOOL DISTRICT OF PHILADELPHIA

EMPLOYEE ETHNICITY SELF-REPORTING FORM

Complete this form to change your information with the School District of Philadelphia.

REQUIRED INFORMATION

Employee Name

Employee ID or
Last 4 digits of
social security
number

Ethnicity
(Check one)

- 0 - CAUCASIAN
- 1 - AFRICAN AMERICAN
- 2 - LATINA/ LATINO
- 3 - NATIVE AMERICAN/INUIT
- 4 - ASIAN/PACIFIC ISLANDER
- 5 - OTHER
- 6 - PREFER NOT TO DISCLOSE

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The School District of Philadelphia does not discriminate in employment based on race, color, religion, sex, and national origin. Everyone is protected from race and color discrimination Whites, Blacks, Asians, Latinos, Arabs, American Indians, Alaska Natives, Native Hawaiians, Pacific Islanders, persons of more than one race, and all other persons, whatever their race, color, or ethnicity.

The information requested is voluntary and refusal to provide will not affect you adversely. The School District of Philadelphia uses this information only to report aggregated and anonymous data in broad occupational categories and subcategories to the Department of Labor and the U.S. Equal Employment Opportunity Commission (EEOC).

Submit this form to:

School District of Philadelphia
440 North Broad Street, Suite G-10
Philadelphia, PA 19130

OR

Fax: (215) 400-4631
E-mail: benefits@philasd.org

I am requesting that my employer, the School District of Philadelphia, change the above information. I attest that the above information is true. I understand that the information will not be changed if the form is incomplete.

Employee Signature

Date

Day time phone number