AFFIRMATIVE ACTION PLAN
FISCAL YEAR 2013

Illinois Pollution Control Board
1021 North Grand Avenue East
P.O. Box 19274
Springfield, Illinois 62794-9274
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SECTION I
EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION PROGRAM CERTIFICATION

AGENCY: Illinois Pollution Control Board

ADDRESS: 1021 N. Grand Ave. East, P.O. Box 19274
Springfield, IL 62794-9274

TELEPHONE NUMBER: 217-524-8500

CHIEF EXECUTIVE OFFICER: Thomas Holbrook, Chairman

EEO / AA OFFICER: Kathryn L. Griffin, Fiscal Officer

This is to certify that the attached document represents the Equal Employment Opportunity / Affirmative Action Program of this agency.

Signature: Chief Executive Officer: EEO/ AA Officer
Date: 9/24/12 Date: 9/24/12
POLICY STATEMENT

The Illinois Pollution Control Board ("Board") does not discriminate in its hiring practices, personnel policies, programs, or activities on the basis of race, color, religion, national origin, ancestry, citizenship status, age, sex, sexual orientation, order of protection status, marital status, pregnancy, disability or military status, including veteran status, and unfavorable discharge from military service. The Board will provide reasonable accommodation to the known physical or mental impairment of qualified disabled individuals unless such an accommodation would cause the Board undue hardship. The Board’s practices will be directed towards compliance with the U.S. Constitution, and the Human Rights Act.

The implementation of the aforementioned practices as well as recruitment and promotions will be made in accordance with the provisions set forth in the Department of Central Management Services Personnel Riles, the Civil Service code and when applicable, collective bargaining contracts. Notification to staff regarding recruitment and promotion will be circulated to all Board personnel and posted in the Board’s offices.

The Board is committed to undertaking the affirmative action to increase the number of disabled employees in all levels of employment.

Board employees who believe they have been discriminated against should contact the Equal Employment Opportunity Officer, Kathy Griffin, to seek assistance or to file a discrimination report.

The Board’s Equal Employment Officer and the staff of the Department of Human Rights have my full support a commitment to a positive equal employment opportunity program at this Board.

[Signature]

Thomas Holbrook, Chairman
ILLINOIS POLLUTION CONTROL BOARD

AGENCY PROFILE

The Illinois Pollution Control Board is an independent Board consisting of five (5) technically qualified members who determine, define, and implement environmental control standards applicable to the State of Illinois and may adopt rules and regulations in accordance with the provisions of the Environmental Protection Act.

The Board has the authority to act of the State in regard to the adoption of standards for submission to the United States under any federal law respecting environmental protection.

The Board conducts hearings upon complaints charging violations of the Environmental Protection Act or of regulations thereunder, upon petitions for variance and for petitions for review of the Illinois Environmental Protection Agency’s denial of permits in accordance with provisions of the Environmental Protection Act, and to conduct such other hearings as may be provided by law.

As of June 30, 2012, the Board has 23 employees at its headquarters in the Chicago and Springfield offices, as well as satellite offices in Champaign and Collinsville.

Special Problems:

Due to the technical and legal nature of certain positions at the Illinois Pollution Control Board, and because of the autonomy of its members and its unique structure as defined in the Environmental Protection Act, the recruitment of minorities and the disabled pose unique problems.
IDENTIFICATION AND DUTIES OF THE EEO/AA OFFICER

EEO/AA Officer:

Kathy Griffin
Illinois Pollution Control Board
1021 N. Grand Ave., East
P.O. Box 19274
Springfield, IL 62794-9274
(217) 524-8512

Responsibilities include:

• To develop the Board’s Affirmative Action Plan, goals, and objectives;

• To assist in identifying and solving EEO problems;

• To design and implement internal audits and reporting systems for measuring the effectiveness of the Board’s programs indicating need for remedial action, and determining the degree to which the agency’s goals and objectives have been attained;

• To serve as liaison between the Board and EEO enforcement authorities;

• To serve as liaison between the Board, minorities, women and disability organizations;

• To inform management of developments in the EEO field;

• To assist in the evaluation of employees and job applicants so that minorities, women and disabled persons are given equal employment opportunity;

• To regularly confer with managers, supervisors, and employees to assure that the Board’s EEO policies are observed;

• To advise managers and supervisors if employment practices comply with the Act;

• To report to the Department of Human Rights all internal and external complaints of discrimination against the Board;

• To participate in the external complaint processing procedure;
• In conjunction with the filing of Quarterly Reports, to submit recommendations to the Chairman and the Department of Human Rights for improvements to the Board’s Affirmative Action Plan;

• To immediately notify the Chairman and the Department of Human Rights when unable to resolve employment practices or conditions which have or tend to have disparate impact on minorities, women, or the disabled;

• If the Board is in noncompliance, to work with Central Management Services to develop programs to train staff in hiring and promotional practices, and to notify the Department of Human Rights of such training;

• To report on and/or analyze layoff Reports, Reorganization Reports, Hiring and Promotion Monitors and Exit Questionnaires;

• Evaluating tests, employment policies and practices and reporting to the Chairman any such policies, practices, and evaluation mechanisms which have adverse impact on minorities, women, and the disabled. The Board’s EEO office will also assist in the recruitment of minorities, women, and people with disabilities;

• Provide counseling for any aggrieved employee or applicant for employment who believes that he or she has been discriminated against because of race, color, religion, sex, sexual orientation, national origin, age, marital status, arrest record, military status, unfavorable discharge from military service, citizenship status, and people with disabilities.
ORGANIZATIONAL CHART - EEO NETWORK

Thomas Holbrook
Chairman

Kathryn L. Griffin
EEO / AA Officer
DISSEMINATION OF AFFIRMATIVE ACTION PLAN AND POLICY

POLICY

- Posting of material on office bulletin boards and other conspicuous locations used to display agency notices;
- Include in the employee manual;
- Include in employee orientation packet at time of hire and other appropriate training programs;
- Include information in interviews or at time of hire;
- Information included on agency’s website;
- EEO clause will be placed on all advertisements for employment.

PLAN

- To all Board Members and management staff;
- Notification to all staff that the Affirmative Action Plan is available for review or obtained from the EEO Officer;
- Department of Human Rights;
- State Library;
- Available to all recruitment resources;
- Agency intranet.
SECTION II
LISTING OF JOBS BY EEO CATEGORY

OFFICIALS / MANAGERS
Senior Public Service Administrators (1)
Public Service Administrators (9)
Environmental Scientist II (1)
Environmental Scientist I (1)
Executive II (1)

PROFESSIONALS
Administrative Assistant II (1)
Administrative Assistant I (1)
Paralegal Assistant I (1)
Information Systems Analyst I (3)
Accountant (1)

PARA – PROFESSIONALS
Private Secretary I (2)
Executive Secretary II (1)
## Summary of Workforce Analysis by Region

**Agency:** Illinois Pollution Control Board  
**Region:** Grand Total  
**Reporting Period:** Affirmative Action Plan - 6/30/2012

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<tr>
<th>EEO Category</th>
<th>Grand Total</th>
<th>MALES</th>
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**Grand Total Employees for All Regions:**  
Males: 11  
Females: 12  
Total Minorities: 3

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<tr>
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</table>

**Total:**  
White: 87.0%  
Afr Am: 8.7%  
Hispanic: 0.0%  
Asian: 4.3%  
Nat Am: 0.0%  
Disabled: 8.7%

**Notes:**  
W=White  
AA=African American  
H=Hispanic  
A=Asian  
NA=Native American  
D=Disabled
**Workforce Analysis by Region**

**Agency:** Illinois Pollution Control Board  
**Region:** 1  
**Reporting Period:** Affirmative Action Plan-6/30/2012

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<td>B/AA</td>
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<td><strong>TOTAL</strong></td>
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Grand Total Employees for Region 1:  
- Males: 8  
- Females: 5  
- Total Minorities: 3  
- 61.54%  
- 38.46%  
- 23.08%  

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<th>M</th>
<th>F</th>
<th>W</th>
<th>B/AA</th>
<th>H/L</th>
<th>A</th>
<th>AI/AN</th>
<th>NHOP</th>
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<td>B/AA=Black or African American</td>
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<td>Asian</td>
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<tr>
<td>AI/AN=American Indian and Alaska Native</td>
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<tr>
<td>NHOP=Native Hawaiian or Other Pacific Islander</td>
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</tbody>
</table>

W=White  
B/AA=Black or African American  
H/L=Hispanic or Latino  
A=Asian  
AI/AN=American Indian and Alaska Native  
NHOP=Native Hawaiian or Other Pacific Islander  
D=Disabled

DHR 9 (Rev. Feb. 2012)
### Workforce Analysis by Region

**Agency:** Illinois Pollution Control Board  
**Region:** 6  
**Reporting Period:** Affirmative Action Plan - 6/30/2012

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#### FEMALES

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**Grand Total Employees for Region 6:**  
- Males: 0  
- Females: 1  
- Total Minorities: 0  
- White: 1  
- B/AA: 0  
- H/L: 0  
- A: 0  
- AN/PI: 0  
- NH/PI: 0  
- Disabled: 0

**W:** White  
**B/AA:** Black or African American  
**H/L:** Hispanic or Latino  
**A:** Asian  
**AN/PI:** American Indian and Alaska Native  
**NH/PI:** Native Hawaiian or Other Pacific Islander  
**D:** Disabled
### Workforce Analysis by Region

**Agency:** Illinois Pollution Control Board  
**Reporting Period:** Affirmative Action Plan - 6/30/2012  
**Region:** 7

### Workforce Analysis Table

<table>
<thead>
<tr>
<th>EEO Category</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>M</td>
</tr>
<tr>
<td>Officials/Administrators</td>
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<tr>
<td>Professionals</td>
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<td>2</td>
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</tr>
<tr>
<td>Technicians</td>
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</tr>
<tr>
<td>Protective Service</td>
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<tr>
<td>Para-professionals</td>
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<td>Skilled Craft</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>8</td>
<td>3</td>
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</tbody>
</table>

**Grand Total Employees for Region 7:**  
Males: 3  
Females: 5  
Total Minorities: 0  
White: 8  
B/AA: 0  
H/L: 0  
Asian: 0  
AI/AN: 0  
NHOPI: 0  
Disabled: 1  

W=White  B/AA=Black or African American  H/L=Hispanic or Latino  A=Asian  AI/AN=American Indian and Alaska Native  NHOPI=Native Hawaiian or Other Pacific Islander  D=Disabled

DHR-9 (Rev. Feb. 2012)
| EEO Category       | Total | White | B/AA | H/L | A | AN | OPI | D | MALES | Total | White | B/AA | H/L | A | AN | OPI | D | FEMALES | Total | White | B/AA | H/L | A | AN | OPI | D | PERCENTAGES |
|--------------------|-------|-------|------|-----|---|----|-----|---|-------|-------|-------|------|-----|---|---|----|-----|---|---------|-------|-------|------|-----|---|---|----|-----|---|---------|
| Officials / Administrators | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Professionals      | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Technicians        | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Protective Service | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Para-professionals | 1     | 1     | 1    | 1   | 1 | 1  | 1   | 1 |       | 1     | 1     | 1    | 1   | 1 | 1 | 1  | 1   | 1 | 1       | 1     | 1     | 1    | 1   | 1 | 1 | 1  | 1   | 1 | 1       |
| Office / Clerical  | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Skilled Craft      | 0     | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| Service / Maintenance | 0   | 0     | 0    | 0   | 0 | 0  | 0   | 0 |       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       | 0     | 0     | 0    | 0   | 0 | 0 | 0  | 0   | 0 | 0       |
| **TOTAL**          | 1     | 1     | 1    | 1   | 1 | 1  | 1   | 1 |       | 1     | 1     | 1    | 1   | 1 | 1 | 1  | 1   | 1 | 1       | 1     | 1     | 1    | 1   | 1 | 1 | 1  | 1   | 1 | 1       |

**Grand Total Employees for Region 9:**
- Males: 0
- Females: 1
- Total Minorities: 0

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<th>Males</th>
<th>Females</th>
<th>Total Minorities</th>
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</thead>
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<td></td>
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<tr>
<td>B/AA</td>
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<td></td>
</tr>
<tr>
<td>H/L</td>
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<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
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<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>NHOPi</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
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<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

W=White  B/AA=Black or African American  H/L=Hispanic or Latino  A=Asian  AI/AN=American Indian and Alaska Native  NHOPi=Native Hawaiian or Other Pacific Islander  D=Disabled

DHR-9 (Rev. Feb. 2012)
## Summary of Workforce Transactions Report by EEO Category

**Agency:** Illinois Pollution Control Board

**EEO Category:** GRAND TOTAL

**Reporting Period:** Affirmative Action Plan- 6/30/12

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Grand Total</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
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<td></td>
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<td>H</td>
<td>A</td>
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<tr>
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<tr>
<td>Intra-Agency Transfers</td>
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</tr>
<tr>
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<td>Discharges</td>
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<tr>
<td>Demotions</td>
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<tr>
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<tr>
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</tbody>
</table>

W=White  AA=African American  H=Hispanic  A=Asians  NA=Native American  D=Disabled

DHR-10 (Rev. 5-08)
**Summary of Workforce Transactions Report**
by EEO Category

**Agency:** Illinois Pollution Control Board

**EEO Category:** OFFICIALS / MANAGERS

**Reporting Period:** Affirmative Action Plan - 6/30/12

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Grand Total</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>W  AA  H  A  NA  D</td>
<td></td>
<td>W  AA  H  A  NA  D</td>
<td>M  F  W  AA  H  A  NA  D</td>
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<tr>
<td>Promotions</td>
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<td></td>
<td>0</td>
<td>0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%</td>
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<td>Intra-Agency Transfers</td>
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<td></td>
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<td>0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%</td>
</tr>
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</tr>
<tr>
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<td></td>
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<td>0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%</td>
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<tr>
<td>Demotions</td>
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<tr>
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</tr>
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<td>Reemployment</td>
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</tr>
</tbody>
</table>

W=White  AA=African American  H=Hispanic  A=Asian  NA=Native American  D=Disabled

DHR-10 (Rev. 5-06)
Summary of Workforce Transactions Report
by EEO Category

Agency: Illinois Pollution Control Board

EEO Category: PARAPROFESSIONALS

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Grand Total</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
<tr>
<td>Promotions</td>
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<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Intra-Agency Transfers</td>
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<td>—</td>
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<td>Suspensions</td>
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<td>Discharges</td>
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</tr>
</tbody>
</table>

W=White AA=African American H=Hispanic A=Asian NA=Native American D=Disabled

DHR-10 (Rev. 5-08)
SECTION III
NUMERICAL GOALS

The Illinois Pollution Control Board does not meet the criteria to develop an Availability Analysis which indicates underutilization in a specific area. The current criteria states ten or more employees must be in a job category within the same region to develop the study. When the Board's staffing meets the specified criteria, analyses will be completed.
PROGRAMMATIC GOALS

Goal #1: Enroll all new hires in a sexual harassment training session that is offered by State agency.

Goal #2: Training sessions for supervisors and managers regarding performance evaluations.

Goal #3: Supervisors and managers to participate in training outside of the Board.

Goal #4: Ensure that all managerial and supervisory personnel are aware of their role and responsibilities with respect to EEO/AA and the implementation of the Board’s Affirmative Action Plan.

Assignment of responsibility: EEO/AA Officer

Completion target date: Ongoing

Monitoring procedure: Quarterly report vacancies to DHR
SECTION IV
EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT INVESTIGATION PROCEDURES

POLICY

The Board affirms its commitment to a policy of Equal Employment Opportunity through the implementation of an EEO Complaint Investigation Procedure to promote the internal resolution of employee complaints of alleged discrimination. It is the conviction of the Board that the establishment of this EEO Complaint Investigation Procedure shall provide an internal avenue of redress to informally resolve complaints of alleged discrimination at the lowest organizational level, reducing the backlog, delay, and expense of a prolonged formal investigation.

To that end, the EEO/AA Officer shall advise and support management in the investigation of complaints, documentation of facts, the presentation of findings, and recommendations to resolve the dispute.

The use of this internal EEO Complaint Investigation Procedure does not preclude the rights of an employee to file a charge directly with the State (DHR) of the federal government (EEOC). The filing of any complaint of alleged discrimination may not be used as a basis for future retaliation adversely affecting the rights of any employee.

PROCEDURES

The EEO Discrimination Complaint Form (attached) shall be used to clearly record the date, nature, and other pertinent information of the complaint of alleged discrimination submitted to the EEO/AA Officer for investigation.

Scope and Timeliness

Unless of a continuing nature, all complaints must be received by the EEO/AA Officer in writing within ten days as is the Board’s practice. The scope of the investigation shall be restricted to the specific allegations cited in the charge.

Intake-Screening

Immediately upon receipt of the discrimination complaint form, the EEO/AA Officer shall review the form to determine the initial timeliness, validity, and thoroughness of the information submitted in the complaint.

The EEO/AA Officer shall inform the employee in writing of the acceptance of the complaint for investigation within ten days consistent with Board practice. The complainant shall be promptly notified if further information or documentation is required to support the charge.
Investigation

Within a timeframe of ten days that is consistent with the Board’s practice, the EEO/AA Officer shall initiate a thorough investigation of the allegation(s) of discrimination cited in the complaint. In order to document the merits of the charge, the investigation shall entail the verification of information with the immediate supervisors, staff, and witnesses to the alleged discriminatory employment practice. The investigation shall be concluded within ten days after acceptance of the complaint.

Withdrawal of the Complaint

The complaint, or any part of the allegation may be withdrawn during the investigation upon a written request for withdrawal by the complainant.

Settlement During Investigation

If a settlement is reached, an agreement shall be obtained in writing with the approval of management before the complaint shall be considered closed.

Dismissal of the Complaint

After an analysis of the complaint and there is a lack of substantial evidence to indicate that discrimination has occurred, the complainant shall be notified of the findings in writing and informed of the right to appeal within a ten-day timeframe.

Investigation Findings

At the conclusion of the investigation and there exists substantial evidence that discrimination may have occurred, the EEO/AA Officer shall submit a written notice to the Chairman with the findings and recommendations to resolve the complaint. Within ten days, a conciliation meeting shall be initiated and the EEO/AA officer shall participate to seek an equitable resolution of the complaint.

Conciliation Efforts

The EEO/AA Officer shall conduct and coordinate conciliation efforts by conferring with the parties in an attempt to secure a settlement. A conciliation conference may be convened, which all parties may attend in person or by representative, to propose, discuss, and agree to a resolution of the complaint.

If the complaint cannot be satisfactorily resolved at this level within a ten-day period, the EEO/AA Officer shall document the efforts made to resolve the complaint and shall provide a written explanation of the reasons why the complaint was not able to be resolved.
The findings, conciliation efforts, and proposed settlement shall be forwarded to the Chairman of the Board for final review, approval or other determination. The Chairman shall make known to the EEO/AA Officer, the official position of the Board within ten days of receipt of the EEO/AA Officer's written report.

Internal Complaint

An employee who files an internal complaint through the EEO Officer also has the right to file such complaint simultaneously with the Department of Human Rights or the Equal Employment Opportunity Commission. The EEO Officer shall represent the Board in responding to any charges by the Department of Human Rights or the Equal Employment Opportunity Commission.

To initiate an internal charge of discrimination, you must do so in writing and you may use the attached form to file with the EEO/AA Officer within 20 days which is consistent with the Board's practices.

The employee also has the right to file a formal charge within 180 days of the alleged violation with the Illinois Department of Human Rights and/or within 300 days of the alleged violation with the Equal Employment Opportunity Commission.

Illinois Department of Human Rights
222 South College, Room 101A
Springfield, Illinois 62704
(217) 785-5100
TTY (866) 740-3953

Illinois Department of Human Rights
James R. Thompson Center
100 West Randolph Street, Suite 10100
Chicago, Illinois 60601
(312) 814-6200
TTY (866) 740-3953

Equal Employment Opportunity Commission
500 West Madison Street, Suite 2800
Chicago, Illinois 60661
(312) 353-2713
TTY (312) 353-2421

Equal Employment Opportunity Commission
1222 Spruce Street, Room 8-100
St. Louis, Missouri 63103
(314) 539-7800
TTY (314) 425-6547
Discrimination Complaint Form
To: Agency EEO/AA Officer

__________________________
Name of Agency

1. Name __________________________ Telephone ____________________________
   Home Address ____________________________

2. Are you currently employed by the agency? Yes_______ No_______

3. Indicate your present job title, status, work unit, address, telephone number and length of service in your current title:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Status</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Phone Number</td>
<td>Length of Service in Classification</td>
</tr>
</tbody>
</table>

4. Date of the alleged discriminatory practice: ____________________________

5. Basis of the alleged discriminatory practice:

   - Race
   - Color
   - Sex
   - Religion
   - Age
   - Disability
   - National Origin
   - Ancestry
   - Marital Status
   - Military Status
   - Pregnancy
   - Retaliation
   - Sexual Orientation
   - Other ____________________________

6. The discrimination occurred in connection with:

   - Interview
   - Hiring Selection
   - Promotion
   - Disciplinary Action
   - Compensation
   - Transfer
   - Lay Off
   - Training Opportunity
   - Other (specify) ____________________________

7. The facts of the alleged discriminatory employment practice are:

   (Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

   Name __________________________ Title __________________________ Location __________________________ Phone Number __________________________

   Name __________________________ Title __________________________ Location __________________________ Phone Number __________________________

9. Please supply evidence to document the basis for the disciplinary practice you are claiming, as indicated in your response to number five of the form.
   I have attached supporting evidence: Yes_______ No_______ If yes, describe attachments:

   (Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your supervisors, the grievance procedure or with any public or private organization? Yes_______ No_______
    If yes, please explain indicating the outcome of the efforts:

    (Continue on additional sheets, if necessary)
SECTION V
### Labor Force Analysis for People with Disabilities

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Illinois Pollution Control Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year:</td>
<td>2013</td>
</tr>
<tr>
<td>Total Employees:</td>
<td>23</td>
</tr>
<tr>
<td>Percent of People with Disabilities in Illinois Labor Force:</td>
<td>4.40%</td>
</tr>
<tr>
<td>Labor Force Number:</td>
<td>1</td>
</tr>
<tr>
<td>Number of Employees with Disabilities in Agency:</td>
<td>2</td>
</tr>
<tr>
<td>Underutilization or Parity:</td>
<td>P</td>
</tr>
</tbody>
</table>

DHR 34-AAP (6-11)
Numerical Goal for Persons with Disabilities

Area to be Addressed: Parity has been met for persons with disabilities at this time.

Goal: Maintain parity in this area.

Objective: If the current parity should change during this fiscal year, every effort will be made to obtain parity once again through hiring or promoting a person with disabilities.

Actions to Assist in Objective:

- Identify recruitment sources for the disabled.
- Send job vacancies to recruitment resources.
REASONABLE ACCOMMODATION POLICY

In compliance with the U.S. Americans with Disabilities Act of 1990 and the Illinois Human Rights Act, it is the policy of the Illinois Pollution Control Board to reasonably accommodate the known physical or mental limitations of otherwise qualified applicants and employees with disabilities. The Illinois Pollution Control Board recognizes the right of a qualified applicant or employee with a disability to request accommodation to the job application procedure and to any aspect of his or her subsequent employment with the agency.

It is the responsibility of the Illinois Pollution Control Board to provide accommodation to qualified applicants and employees with disabilities, when such accommodation does not pose an undue hardship to the operation of the Board’s business.

The agency Equal Employment Opportunity Officer and the Americans with Disabilities Act Coordinator can provide further information about the Board’s policy in this area.

[Signature]
Chairman

[Signature]
9/26/12
Date
State of Illinois
Reasonable Accommodation Request for Employees

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the immediate supervisor, with a copy to the agency's EEO/AA Officer and/or the ADA Coordinator. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Division</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**Functional Limitations**

**SPECIFY TYPE OF ACCOMMODATION NEEDED AND PROVIDE A DETAILED DESCRIPTION OF THE ITEM REQUESTED – PLEASE BE SPECIFIC**

- [ ] Purchase or modification of equipment or devices____________________________________________________
- [ ] Job restructuring or task modification_________________________________________________________________
- [ ] Provision of reader, sign language interpreter or personal assistant_____________________________________
- [ ] Structural modification to work site or facility_________________________________________________________
- [ ] Modification of work schedule or leave policy_________________________________________________________
- [ ] Modification of examinations, training materials or personal assistant____________________________________
- [ ] Reassignment to vacant position_______________________________________________________________
- [ ] Other__________________________________________________________

**Narrative Explanation**

Describe how your functional limitation interferes with performance of a particular duty or participation in an activity sponsored by the employer. Explain how the requested accommodation would be used to enhance job performance or would allow you to participate in an employer-sponsored activity. (Use additional sheets if necessary)

**Employee's Signature**

**Date**

**RAC Recommendation**

(RAC's initials ________)

☐ Grant  ☐ Deny  ☐ Date  Return for _______________________

**Chief Executive Officer's Final Action**

(CEO’s initials ________)

☐ Grant  ☐ Deny  ☐ Date  Return for _______________________

**Remarks**

________________________________________________________________________________________
Accommodation Request Procedures for Employees

The following procedures should be followed in processing reasonable accommodation requests from employees. The agency EEO/AA Officer and/or the ADA Coordinator can provide guidance on the accommodation process.

1. The employee shall submit a completed reasonable accommodation request form to his or her immediate supervisor and give a copy of the form to the agency EEO/AA Officer and/or the ADA Coordinator. The employee should retain a copy of this information in his or her files.

2. Once received, the supervisor shall review the request form for completeness and, in consultation with the EEO/AA Officer and/or the ADA Coordinator, determine whether medical documentation is needed to either establish the presence of a disability or determine an appropriate accommodation. If documentation is needed, the agency should narrowly tailor its request to the issues of whether the employee has a disability under the law and how he or she can be accommodated. The employee should be asked to complete a medical release form (also narrowly tailored), if the agency has additional questions upon review of the medical documentation. When necessary, the employee should be asked to provide documentation to address these issues.

3. Upon receipt of necessary documentation, the supervisor shall make a recommendation, in writing, to the Division Manager within five (5) working days.

4. The Division manager shall review the supervisor’s recommendation and make a recommendation to the Reasonable Accommodation Committee (RAC) within five (5) working days of receipt of the supervisor’s recommendation. The Division Manager shall forward his/her recommendation along with the original reasonable accommodation request form and all documentation to the agency’s EEO/AA Officer and/or the ADA Coordinator.

5. The EEO/AA Officer and/or the ADA Coordinator shall convene a meeting of the Reasonable Accommodation Committee within ten (10) working days of receipt of the Division Manager’s recommendation. The RAC shall review the accommodation request. Once the Committee’s review is complete, the Committee’s recommendation shall be submitted to the Director within five (5) working days of the Committee’s review for the Director’s approval or denial.

6. The Director shall review the RAC’s recommendation and shall render a decision of denial or approval within five (5) working days of receipt from the RAC.

7. Provided that appropriate documentation has been submitted, the EEO/AA Officer and/or the ADA Coordinator shall inform the employee in writing of the agency’s decision to grant or deny the request within thirty (30) working days of receipt of the completed request form and any necessary medical documentation. A copy of the response will also be sent to the supervisor.

8. If the Director approves the accommodation request, the agency shall take appropriate action to comply with the accommodation request. Approved accommodation requests shall be implemented as soon as possible. Please note that the agency may offer alternative suggestions providing an equally effective accommodation to remove the workplace barrier in question.

9. Reconsideration: If an employee wishes to ask the Director to reconsider a decision on a reasonable accommodation request, a written request shall be addressed to the Director within ten (10) working days of notification of the decision. The reconsideration request shall include the reasons that a reconsideration is being requested and, if appropriate, alternative suggestions for reasonable accommodation. After a complete review of the matter, a decision shall be made and the employee shall be notified. The Director’s decision on this recommendation shall constitute the final internal action by the Department on the accommodation request.

10. An employee who has been denied accommodation has the right to file a complaint at the state level with the Illinois Department of Human Rights within 180 days of the denial of the request. An employee may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC) within 300 days, or any other appropriate government agency pursuant to their time frame.

11. The EEO/AA Officer and/or the ADA Coordinator shall document any action taken on a reasonable accommodation request where indicated on the request form and shall retain completed accommodation request forms one year following final action in the matter.
State of Illinois
Reasonable Accommodation Request for Applicants

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the interviewing officer. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Interviewing Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Functional Limitations:</td>
</tr>
</tbody>
</table>

**Type of Accommodation Needed**

- Sign Language Interpreter for the Employment Interview
- Reader Service
- Accessible Interviewing Site
- Re-formatting of Examinations for Learning Disabled Applicant
- Examination Markers for Applicants with Limited Manual Dexterity
- Other (indicate type of accommodation needed)

**Narrative Explanation**

Describe how your functional limitation interferes with a portion of the preemployment process, e.g., applying, testing or interviewing. Explain how the requested accommodation would be used to enable you to complete the application process. (Use additional sheet if necessary).

Applicant's Signature: _______________________________ Date: ____________________________

**Agency Action**

Interviewing Officer's Determination  
- [ ] Grant  
- [ ] Deny

Remarks (If denied, provide explanation) __________________________________________________________________________________________

Final Agency Approval

Signature: _______________________________ Date: ____________________________
Accommodation Request Procedures for Applicants

Qualified applicants and employees with disabilities have the right to request reasonable accommodation under the law. Applicants may request accommodation to any stage of the application process, including the employment application, examination procedure or interviewing process. Note that the Department of Central Management Services is responsible for accommodations to its testing procedures.

Once an individual with a disability has been hired, he or she has the right to request accommodation to the work site, work schedule or work process that would enable him or her to perform the job in question. Procedures for applicants to follow in making an accommodation request are listed below. The EEO/AA Officer and/or the ADA Coordinator can provide additional information about the accommodation process within their agencies.

Procedures:

1. Applicants may request accommodations to the application process orally or in writing (either through correspondence or the use of the accommodation request form for applicants). If the request is made orally or through written correspondence, the agency EEO/AA Officer and/or the ADA Coordinator will complete accommodation request forms in the matter for purposes of processing and documenting the request.

2. Applicants shall submit accommodation requests to the interviewing officer. The interviewing officer should provide a copy of the form to the EEO/AA Officer and/or the ADA Coordinator. In cases where the EEO/AA Officer and/or the ADA Coordinator completes the form for the applicant with a disability, the EEO/AA Officer and/or the ADA Coordinator shall submit completed forms to the interviewing officer and retain a copy for him or herself.

3. A response to the request will be provided to the applicant within five days following receipt of the request by the interviewing officer.

4. If it is within the bounds of the authority of the interviewing officer to grant the request and he or she believes it to be reasonable, the accommodation will be provided. Information regarding the type of accommodation provided will be sent to the EEO/AA Officer and/or the ADA Coordinator.

5. If another official within the agency must be consulted in order for the accommodation to be provided, he or she will determine whether the agency will grant the request.

6. If the agency denies the request, the applicant has the right to file an internal complaint with the EEO/AA Officer and/or the ADA Coordinator and/or external complaint with the Illinois Department of Human Rights within 180 days of the denial. An applicant may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC) within 300 days, or any appropriate government agency pursuant to their time frame.
Physical Barriers

The Illinois Pollution Control Board’s main office is located in the Illinois Environmental Protection Agency building, 1021 North Grand Ave. East, Springfield, Illinois 62794, where reasonable accommodations are provided to applicants, employees and the general public. Reasonable accommodations are also provided at the Board’s Chicago office located at the James R. Thompson center, 100 W. Randolph Street, Suite 11-500, Chicago, Illinois 60601, its Champaign office located at 2125 South First Street, Champaign, Illinois 61820, as well as its Collinsville office located at 2009 Mall Street, Collinsville, IL 62234.

The Board is not aware of any physical barriers at any of its office locations. If an individual brings a physical barrier concern to the Board, everything possible will be done to meet any reasonable accommodation.

Procedural Barriers

Pre-employment Screening/Testing

The Illinois Pollution Control Board does not conduct pre-employment testing or pre-employment physical examinations.

Employment Criteria and Job Description Review

The Illinois Pollution Control Board reviews all Employment Criteria and specific targeted Job Descriptions prior to filling a position. All employment criteria are strictly job-related. Job descriptions are reviewed to ensure that essential job duties can be performed with reasonable accommodations.

ADA Coordinator

Kathy Griffin is the Illinois Pollution Control Board’s ADA Coordinator. She may be contacted at the Board’s Springfield office, as follows:

Kathy Griffin
Illinois Pollution Control Board
1021 North Grand Ave. East
Springfield, Illinois 62794
Tel# (217) 524-8512

Emergency Evacuation Procedures

Employees with disabilities who identify evacuation assistance needs will be accommodated. Evacuation of all Illinois Pollution Control Board facilities is handled by the Affirmative Action Officer, or one of the Board’s Emergency Wardens.
State of Illinois – Disability Hiring Survey

Name: ________________________ Agency: ________________________ Date: ______ Last 4 of SSN: ______

The purposes of this survey are to collect affirmative action statistics and to identify emergency evacuation needs. Any information provided will be accorded confidentiality and will be used in compliance with state and federal Equal Opportunity Non-Discrimination laws. Information submitted in relation to emergency evacuation needs will be shared with safety personnel.

I. Do you have a disability as defined below?

☐ Yes
☐ No

II. If yes, identify which disability you have. Indicate as many as three.

1. ☐ Are you blind or do you have serious difficulty seeing even when wearing glasses?
2. ☐ Are you deaf or do you have serious difficulty hearing?
3. ☐ Do you have serious difficulty walking or climbing stars?
4. ☐ Do you have walking dressing or bathing?
5. ☐ Due to a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
6. ☐ Due to a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping?
7. ☐ Other (Examples: Epilepsy, Heart Condition, Mental Illness, Multiple Sclerosis, Muscular Dystrophy)?
   If “Other” Please Indicate: ______________________________________________________

III. Do you need assistance in the event of an emergency evacuation because of your disability?

☐ Yes
☐ No

Suggested Assistance: ______________________________________________________________

Other Concerns: _________________________________________________________________
(Visual, Auditory, Mobility, etc.)

Work County: _________________________________________________________________

Work Address: _________________________________________________________________

☐ I acknowledge receipt of the Disability Survey and elect not to participate.

Employee Signature: ________________________
SECTION VI
APPLICABLE EEO LAWS

This part should set forth the relevant text of any federal law that mandates the agency to adhere to additional EEO/AA requirements.

CIVIL RIGHTS ACT OF 1964, as amended

Title VI prohibits discrimination on grounds of race, color, or national origin in federally assisted programs.

Title VII prohibits discrimination on the grounds of race, color, religion, sex or national origin by employers or unions with 15 or more employees. The designation employer includes the government of the United States, corporations wholly owned by the United States, and state or political subdivisions thereof.

EQUAL EMPLOYMENT OPPORTUNITY ACT OF 1972

This is an amendment to the Civil Rights Act of 1964, which adds sex and religion to the Title VII portion and extends Equal Employment Opportunity (EEO) to state, local and municipal organizations, all employment agencies (private and public) and to labor organizations. This Act empowers EEOC to bring civil action against any organization, which is alleged to be practicing discrimination. The Act also gives the right to an individual to take a complaint directly to a court of law.

PREGNANCY DISCRIMINATION ACT

This law amended Title VII to make it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

CIVIL RIGHTS ACT OF 1991

The Civil Rights Act of 1991 expands the protections afforded individuals under the Civil Rights Act of 1964. It provides for damages for intentional discrimination and unlawful harassment in the workplace and codifies the concepts of "business necessity" and "job related" as enunciated in various Supreme Court decisions. Additionally, it confirms statutory authority and provides guidelines for disparate impact suits under Title VII of the Civil Rights Act of 1964 and in response to recent Supreme Court decisions, expands the scope of relevant civil rights statutes.
AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967

This Act prohibits arbitrary discrimination against persons 40 years of age or older.

REHABILITATION ACT OF 1973

This Act sets the standards for promoting, expanding, and assisting in employment opportunities for the handicapped in all programs or activities receiving Federal financial assistance. Sections 503 and 504 provide for the prohibition of discrimination against qualified handicapped individuals. The Office of Federal Contract Compliance Programs (OFCCP), U. S. Department of Labor, enforces section 503. Section 504 is enforced by the agency providing the federal funds in question.

EQUAL PAY ACT OF 1963

This Act provides that an employer may not discriminate on the basis of sex by paying employees different wages for doing equal work on jobs requiring equal skill, effort, and responsibility, and which are performed under similar working conditions in the same establishment. The U. S. Equal Employment Opportunity Commission (EEOC) enforces this Act.

AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED BY THE AMERICANS WITH DISABILITIES AMENDMENTS ACT OF 2008

Congress enacted the Americans with Disabilities Act of 1990 ("the ADA") to eliminate discrimination against individuals with disabilities in the areas of employment, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public service. Title I of the ADA prohibits discrimination in employment against individuals with disabilities and establishes the standards governing an employer's affirmative duty to accommodate an individual with a disability. Title II of the ADA prohibits discrimination against individuals with disabilities by state and local governments. The ADA Amendments Act of 2008 broadens the coverage of "disability" and thereby brings more individuals under the protection of the law. EEOC will issue new regulations under this Act.
FAMILY MEDICAL LEAVE ACT of 1993

This act requires employers to provide up to 12 weeks of unpaid job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours during the year preceding the start of the leave, and be employed at a worksite where the employer employs at least 50 employees within a 75-mile radius. The U. S. Department of Labor's Wage and Hour Division is authorized to investigate and resolve complaints of violations.

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Section 585(a) of the National Defense Authorization Act (NDAA) amended the FMLA to provide eligible employees working for covered employers two important leave rights related to military service:

- Qualifying Reason for Leave. Eligible employees are entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation.

- Leave Entitlement. An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the servicemember. This military caregiver leave is available during "a single 12-month period" during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. The U. S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008


This law makes it illegal to discriminate against employees or applicants because of genetic information. Genetic information includes information about an individual’s genetic tests and the genetic tests of an individual’s family members, as well as information about any disease, disorder or condition of an individual’s family members (i.e. and individual’s family medical history). The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.
SECTION VII
HIRING MONITOR

Name of Agency: __________________________ Candidate's Name: __________________________
IDHR Region / (Facility): __________________________ Position Number: __________________________
EEO Job Category: __________________________ E-Par Number: __________________________
Title of Job to be filled: __________________________ Bid Number: __________________________

1. Is the EEO category underutilized? No ▼ If yes, indicate number for each group:
   Women: ________ Black or African American: ________ Hispanic or Latino: ________
   Asian: ________ American Indian and Alaska Native: ________ Disabled: ________
   Native Hawaiian or Other Pacific Islander: ________

2. Indicate: Race of person selected: (Choose One) ▼
   Sex: (Choose One) ▼ Veteran: Yes ▼ Disability: Yes ▼

3. Number of individuals who applied or were on the list of eligible(s)

   Total by Category # Invited # Interviewed # Selected
   Women
   Black or African American
   Hispanic or Latino
   Asian
   American Indian and Alaska Native
   Native Hawaiian or Other Pacific Islander
   Disabled
   Veterans

4. If no candidates from any of the underutilized groups appeared on the list, what efforts were made in the last six months to assist in the recruitment of candidates?

5. If the category is underutilized and a member of an affirmative action group applied and was not hired, give a detailed explanation for the hiring decision.

6. Was the position posted? Yes ▼

7. Name and position of person(s) who interviewed candidates.

8. Name and position of person(s) who recommended the selection of the candidate.

I have reviewed the eligibility list and: (Choose One) ▼ with this hire. Remarks on reverse side.

__________________________ Date __________________________
EEO/AA Officer

__________________________ Date __________________________
I approve of this hire

__________________________ Date __________________________
Chief Executive Officer

No appointment will be processed without this form. [DHR Rules and Regulations Section 2520.770(h)]

DHR-19 (Rev. Feb. 2012)
PROMOTION MONITOR

Name of Agency: __________________________ Candidate's Name: __________________________
IDHR Region / (Facility): __________________________ Position Number: __________________________
EEO Job Category: __________________________ E-Par Number: __________________________
Title of Job to be filled: __________________________ Bid Number: __________________________

Date of Promotion: __________________________

1. Is the EEO category underutilized? [No] [Yes] If yes, indicate number for each group:
   Women: ________ Black or African American: ________ Hispanic or Latino: ________
   Asian: ________ American Indian and Alaska Native: ________
   Native Hawaiian or Other Pacific Islander: ________ Disabled*: ________

2. Indicate the race and sex of person promoted: (Choose One) [No] [Yes]

3. Number of individuals who applied or were on the list of promotable(s):

<table>
<thead>
<tr>
<th>Total by Category</th>
<th># Invited</th>
<th># Interviewed</th>
<th># Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Did it change the employee's EEO Job Category? [No] [Yes]
   If yes, from what EEO job Category? (Choose One)

5. If the category is underutilized and a member of an affirmative action group applied and was not promoted give a detailed explanation.

6. Was the position posted? [No] [Yes]

7. Name and position of person(s) who interviewed candidates.

8. Name and position of person(s) who recommended the selection of the candidate.

I have reviewed the eligibility list and: (Choose One) with this promotion. Remarks on reverse side.

_________________________________________ Date

EEC/AA Officer

I approve of this hire

_________________________________________ Date

Chief Executive Officer

No appointment will be processed without this form. [DHR Rules and Regulations Section 2520.770(h)]

DHR 20 (Rev. Feb. 2012)

*For EEO Monitoring purposes.
EXIT QUESTIONNAIRE

Instructions: This questionnaire will be provided to all employees at the time of their separation from the agency whether voluntary or involuntary. The completion of this questionnaire shall be at the employee’s option. Please send the completed form in an envelope to the Equal Employment Opportunity Officer. The Equal Employment Opportunity Officer shall maintain a separate file of all forms for possible review by the Department of Human Rights.

Name ________________________________ Sex: Male____ Female____ Age: ___
Disability: Yes____ No____ Race_________________________ Hispanic: Yes____ No____
Date of Employment _____________________ Separation Date____________________
Position Title __________________________
Starting Salary _________________________ Current Salary _______________________
Who was your immediate supervisor? ____________________________

Reason for leaving: ______________________________________

Were you terminated while still in your probationary period? If so, what could your agency have done to ensure you successfully met your probationary period resulting in certification?

__________________________________________________________________________

Would you want to work here again? Yes ______ No ______
Explain: ____________________________________________________________

Same Position? Yes ____ No ____ Explain: _________________________________

Same Supervisor? Yes ____ No ____ Explain: _________________________________

Do you feel the working conditions were satisfactory?

Yes ____ No ____ Explain: ________________________________________________
Do you have any suggestions for improving employee morale? __________________________

______________________________________________________________

Were you satisfied with the pay you received for the work performed and with promotions? Yes____ No____
Explain: _______________________________________________________

______________________________________________________________

Did you receive bilingual pay? If so, do you feel it was an appropriate amount? _______________________

______________________________________________________________

Were you satisfied with the supervision and were you trained properly? Yes____ No____ Explain: __________

______________________________________________________________

Do you think management adequately recognized employee contributions? If not, what recommendations would you make to improve this?

______________________________________________________________

Did you receive any equal employment opportunity / affirmative action orientation? Yes____ No____
Explain: _______________________________________________________

______________________________________________________________

During your employment did you request an accommodation based on your disability? Yes____ No____ N/A____
If yes, please explain:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Did you personally experience any discrimination while working in your position?

Yes ____ No ____ Explain: _________________________________________

______________________________________________________________

Are you aware of instances where others have been discriminated against?

Yes ____ No ____ Explain: _________________________________________

______________________________________________________________
If you have answered "Yes" to the last two questions, have you discussed or given written notice of this discrimination to your supervisor or EEO/AA Officer?
Yes _____ No _____ Explain: ____________________________________________________________

Additional comments / concerns: _________________________________________________________

Employee Signature __________________________________________________ Date _____________