SECTION

ONE
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION PROGRAM CERTIFICATION

NAME OF AGENCY Illinois Civil Service Commission

ADDRESS 607 East Adams, Suite 801, Springfield, IL 62701

TELEPHONE NUMBER (217) 782-7373

AGENCY DIRECTOR Daniel Stralka

EEO OFFICER Andrew Barris

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

Signature Daniel Stralka Date 8/29/13
Director

Signature Andrew Barris Date 8/29/13
EEO/AA Officer
EEO/AA POLICY STATEMENT

Decisions regarding recruitment, hiring, training, promotion, layoff, and awarding of benefits will be made without regard to race, color, religion, sex, national origin, sexual orientation, disability, perceived disability, citizenship status, order of protection status, marital status, pregnancy, arrest record, military status or age. The Commission will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability unless the accommodation would impose undue hardship. The Commission will take affirmative action to correct the underutilization of minorities, females, and persons with disabilities at all levels of employment where this arises in the Commission. If any Commission employee feels he or she has been discriminated against, he or she should feel free to file a complaint absent from fear of retaliation. The Commission will expect support of all managerial and supervisory staff in implementing the agency affirmative action plan.

Daniel Stralka
Executive Director

8/29/13
Date

EEO/AA Officer

9/29/13
Date
AGENCY PROFILE

The Civil Service Commission oversees personnel matters affecting the State work force. The statutory responsibilities of the Illinois Civil Service Commission include (1) the review of amendments to the Department of Central Management Services Personnel Rules submitted to the Commission, (2) the holding of public hearings on employee appeals concerning discharge, demotion, suspension, layoff, allocation, geographical transfer, or Personnel Code and/or Rule violations, (3) the review and approval or disapproval of changes in position classification plans, (4) the review and approval or disapproval of Jurisdiction B exemption requests in accordance with Section 4d(3) of the Personnel Code, and (5) the review of personnel activities conducted under authority of the Personnel Code to ascertain that its provisions are being complied with.

Due to the size of staff it is difficult for the Commission to make major changes in the status of employee populations. The FY 14 budget provides for 4.0 employees.
THE IDENTIFICATION AND DUTIES OF EEO/AA OFFICER

Andrew Barris is assigned the responsibility for the EEO/AA function for the Civil Service Commission. The office is located at 607 East Adams, Suite 801, Springfield, Illinois 62701. The Commission telephone number is (217) 782-7373. It is his responsibility to develop the agency’s affirmative action plan and to review any Commission layoff plan as provided in Section 2520.770 of the Department of Human Rights Rules. He is also charged with enforcing, when applicable, the duties of an EEO/AA officer as outlined in Section 2520.780(c) of the Department of Human Rights Rules and reporting such action to the Executive Director to whom he is directly responsible.

INTERNAL EEO ORGANIZATIONAL CHART

Daniel Stralka
Executive Director

Andrew Barris
Assistant Executive Director
METHODS OF DISSEMINATING THE AGENCY'S
AA POLICY AND PLAN

INTERNAL: The policy will be posted at the Springfield and Chicago offices of the Commission. Posters received will be displayed in conspicuous locations. The policy will be made available at the State of Illinois library. The policy will be included in new employee orientation.

EXTERNAL: Staff will be notified that the plan is available for review or may be obtained from the EEO officer.
SECTION

TWO
## Workforce Analysis by Region

**Agency:** Civil Service Commission  
**Reporting Period:** 6/30/13  
**Region:** 1

| EEO Category            | Grand Total | MALES Total | W | B/AA | H/L | A | AN | NPI | D | PERCENTAGES | M | F | W | B/AA | H/L | A | AN | NPI | D |
|-------------------------|-------------|-------------|---|------|-----|---|----|-----|---|-------------|---|---|---|------|-----|---|----|-----|---|---|----|-----|-----|---|-----|-----|---|-----|
| Officials / Administrators | 1           | 1           | 1 | 0    | 0   | 0 | 0  | 0   | 0 | 100.00%     | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Professionals           | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Technicians             | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Protective Service       | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Para-professionals       | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Office / Clerical        | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Skilled Craft            | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Service / Maintenance    | 0           | 0           | 0 | 0    | 0   | 0 | 0  | 0   | 0 | 0.00%       | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| **TOTAL**                | 1           | 1           | 1 | 0    | 0   | 0 | 0  | 0   | 0 | 100.00%     | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

### Grand Total Employees for Region 1:
- **Males:** 1  
  - **Total:** 100.00%  
- **Females:** 0  
  - **Total:** 0.00%  
- **Total Minorities:** 0  
  - **Total:** 0.00%

<table>
<thead>
<tr>
<th>White</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
<th>Asian</th>
<th>All/AN</th>
<th>NHOPi</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

DV-1 (Rev. Feb. 2012)
## Workforce Analysis by Region

**Agency:** Civil Service Commission  
**Reporting Period:** 6/30/13  
**Region:** 7

<table>
<thead>
<tr>
<th>EEO Category</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>W B/AA</td>
<td>H/L A AN NP</td>
</tr>
<tr>
<td>Officials / Administrators</td>
<td>1</td>
<td>1 1</td>
<td>0</td>
</tr>
<tr>
<td>Professionals</td>
<td>1</td>
<td>1 1</td>
<td>0</td>
</tr>
<tr>
<td>Technicians</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Protective Service</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Para-professionals</td>
<td>1</td>
<td>0 1</td>
<td>0</td>
</tr>
<tr>
<td>Office / Clerical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Skilled Craft</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Service / Maintenance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3</td>
<td>2 2</td>
<td>0 0 0 0 0 0</td>
</tr>
</tbody>
</table>

**Grand Total Employees for Region 1:**  
Males: 2  
Females: 1  
Total Minorities: 0

<table>
<thead>
<tr>
<th>White: 3</th>
<th>Black/African American: 0</th>
<th>Hispanic/Latino: 0</th>
<th>Asian: 0</th>
<th>All/AN: 0</th>
<th>NHOPi: 0</th>
<th>Disabled: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

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

Agency: Civil Service Commission

Reporting Period: 6/30/13

Region: all

<table>
<thead>
<tr>
<th>EEO Category</th>
<th>Grand Total</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>W</td>
<td>B/AA</td>
<td>H/L</td>
</tr>
<tr>
<td>Officials /</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td>1</td>
<td>1</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Technicians</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Protective Service</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Paraprofessionals</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Office / Clerical</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Skilled Craft</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Service /</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Maintenance</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

### Grand Total Employees for Region 1:

<table>
<thead>
<tr>
<th>Males: 3</th>
<th>Females: 1</th>
<th>Total Minorities: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.00%</td>
<td>25.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>White: 2</th>
<th>Black/African American: 0</th>
<th>Hispanic/Latino: 0</th>
<th>Asian: 0</th>
<th>A/AN: 0</th>
<th>NHOPI: 0</th>
<th>Disabled: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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

DHR-4 (Rev. Feb. 2012)
## Workforce Transactions Report by EEO Category

**Agency:** Civil Service Commission  
**Reporting Period:** 08/30/13

<table>
<thead>
<tr>
<th>EEO Category:</th>
<th>MALES</th>
<th>FEMALES</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transaction</td>
<td>Grand Total</td>
<td>Total W</td>
<td>B/AA</td>
</tr>
<tr>
<td>New Hires</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Promotions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intra-Agency Transfers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suspensions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Separations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discharges</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lay Off</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Demotions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reductions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reinstatements</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reemployment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Upward Reallocations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Downward Reallocations</td>
<td>0</td>
<td>0</td>
<td>0</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  NH=Native Hawaiian or Other Pacific Islander  D=Disabled
SECTION

THREE
DEVELOPING GOALS AND TIMETABLES

Numerical Goals

Due to the fact that the Civil Service Commission has fewer than five employees in each job category no underutilization analysis was conducted.

Programmatic Goals

Area to be Addressed:

Employees' knowledge of EEO/AA policies and procedures.

Goal:

To ensure that employees are aware of their part in the overall effectiveness of EEO/AA policies and procedures.

Objective and Action:

A more stringent review of information concerning EEO/AA policies and procedures on a personal basis with present staff and orientation with new employees to allow opportunity for input and feedback.

Assignment of Responsibility:

EEO officer.

Target for Completion:

Ongoing process.

Monitoring Procedure:

Supervision by EEO officer and reporting to Executive Director.
SECTION

FOUR
EMPLOYMENT DISCRIMINATION INTERNAL COMPLAINT PROCESS

The Commission has never had a complaint filed by an employee. If a complaint should arise, every attempt would be made to resolve the grievance internally on an informal basis. Any internal complaint would be lodged absent fear of retaliation. The complaint would be investigated by the EEO officer following the Equal Employment Opportunity Complaint Investigation Procedure and utilizing the EEO Discrimination Complaint Form on the following page or by referring the employee to the Department of Central Management Services grievance procedure. The results of the investigation would be relayed to the Executive Director who would meet with the employee.

Should the complaint fail to be resolved internally, the complainant would be made aware of his or her right to file an official complaint with the Department of Human Rights or the Department of Central Management Services, depending on the nature of the complaint. The employee would also be advised of his or her right to file discrimination charges with the Department of Human Rights and the U.S. Equal Employment Opportunity Commission.

The employee would receive assistance in the complaint procedure from the EEO officer at the Commission office located at 607 East Adams, Suite 801, Springfield, Illinois 62701.
Discrimination Complaint Form

To:

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:

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
<th>Sex</th>
<th>Religion</th>
<th>Age</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Origin</td>
<td>Ancestry</td>
<td>Marital Status</td>
<td>Military Status</td>
<td>Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

6. The discrimination occurred in connection with:

<table>
<thead>
<tr>
<th>Interview</th>
<th>Hiring Selection</th>
<th>Promotion</th>
<th>Disciplinary Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>Transfer</td>
<td>Lay Off</td>
<td>Training Opportunity</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

FIVE
**LABOR FORCE ANALYSIS FOR PEOPLE WITH DISABILITIES**

<table>
<thead>
<tr>
<th><strong>Agency:</strong></th>
<th>Civil Service Commission</th>
<th><strong>Fiscal Year:</strong></th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Employees</strong></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Percent of People with Disabilities in Illinois Labor Force</strong></td>
<td></td>
<td>4.4 %</td>
<td></td>
</tr>
<tr>
<td><strong>Labor Force Number</strong></td>
<td></td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Employees with Disabilities in Agency</strong></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Underutilization or Parity</strong></td>
<td></td>
<td>Parity</td>
<td></td>
</tr>
</tbody>
</table>

DHR 34-AAP
### EMPLOYEES WITH DISABILITIES BY EEO JOB CATEGORY

**Agency:** Civil Service Commission  
**Report Date:** September 2013

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Employees with Disabilities</th>
<th>Total Employees</th>
<th>Percentage of Employees with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officials/Managers</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Professionals</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Para-Professionals</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Office/Clerical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Craft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>4</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

DHR.28-AR-AAP
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 Civil Service Commission to reasonably accommodate the known physical or mental limitations of otherwise qualified applicants and employees with disabilities. The Civil Service Commission 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 Civil Service Commission to provide accommodation to qualified applicants and employees with disabilities, when such accommodation does not pose an undue hardship to the operation of the agency’s business.

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

Daniel Stralka
Executive Director

8/29/13
Date
Identification of Physical Barriers

Personnel Office - The Commission office is currently accessible to persons with mobility impairments.

Worksite - As noted in the policy statement, the Commission will make reasonable accommodation to the known physical or mental limitation of an otherwise qualified individual with a disability unless the accommodation would impose undue hardship upon the agency.

Procedural Barriers

The Commission does not request pre-employment medical examination.

Pre-Employment Screening

No inquiries regarding an applicant's disability will be posed during the pre-employment stage.

Employment Criteria

The Commission relies on the Department of Central Management Services for employment criteria.

Employment Testing

The Commission relies on the Department of Central Management Services for employment testing.

Identification of ADA Coordinator

The ADA coordinator for the Civil Service Commission is Andrew Barris. The office is located at 607 East Adams, Suite 801, Springfield, Illinois 62701. The telephone number is (217) 782-7373.
Emergency Evacuation Procedures

Before filling a vacancy the Commission will consider agencies serving persons with disabilities as a source of recruitment. Implementation of this process will be the responsibility of the EEO officer. It will be monitored by the Executive Director annually or as vacancies occur.

The Commission has distributed the disability survey forms to all employees. Currently there are no employees identified as needing assistance with fire evacuation. Should this situation change the Commission will make provisions to assist disabled employees as needed.

Recruitment Procedures

Before filling a vacancy the Commission will consider agencies serving persons with disabilities as a source of recruitment. Implementation of this process will be the responsibility of the EEO officer. It will be monitored by the Executive Director annually or as vacancies occur.
EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT INVESTIGATION PROCEDURE

A. Policy

The agency 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 agency 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) or 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.

B. Procedures

The 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.

1. Scope and Timeliness

Unless of a continuing nature, all complaints must be received by the EEO/AA Officer in writing, within 180 days, consistent with agency practice. The scope of the investigation shall be restricted to the specific allegations cited in the charge.

2. 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 30 days consistent
with agency practice. The complainant shall be promptly notified if further information or documentation is required to support the charge.

3. **Investigation**

   Within a consistent with the agency 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 30 days after acceptance of the complaint.

4. **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.

5. **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.

6. **Dismissal of the Complaint**

   After an analysis of the complaint, if 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 30 days.

7. **Investigation Findings**

   At the conclusion of the investigation, if substantial evidence that discrimination may have occurred, the EEO/AA Officer shall submit a written notice to the CEO with the findings and recommendations to resolve the complaint. Within 30 days, a conciliation meeting shall be initiated and the EEO/AA Officer shall participate to seek an equitable resolution of the complaint.

C. **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 30 days, 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 CEO for the final review, approval or other determination. The CEO shall make known to the EEO/AA Officer the official position of the agency within 30 days of receipt of the EEO/AA Officer’s written report.

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 (IDHR) and/or within 300 days of the alleged violation with the Equal Employment Opportunity Commission (EEOC). The EEO Officer shall represent the agency in responding to any charges by the Department of Human Rights, the Equal Employment Opportunity Commission, or any other appropriate agency.

Illinois Department of Human Rights
James R. Thompson Center
100 West Randolph Street, Suite 10-100
Chicago, Illinois 60601
312/814-8200
TTY 312/263-1579

Illinois Department of Human Rights
222 South College, Room 101A
Springfield, Illinois 62704
217/785-5100
TTY 217/785-5425 966-740-3953

Illinois Department of Human Rights
Marion Regional Office Building
2309 W. Main Street, Suite 112
Marion, Illinois 62959
618/993-7463

Equal Employment Opportunity Commission
500 West Madison Street, Suite 2800
Chicago, Illinois 60661
312/353-2713
TTY 312/353-2421 912 969 9901
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.

* Indicates Required Fields

I. Do you have a disability as defined below?

☐ Yes
☐ No

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

☐ Are you blind or do you have serious difficulty seeing even when wearing glasses?
☐ Are you deaf or do you have serious difficulty hearing?
☐ Do you have serious difficulty walking or climbing stairs?
☐ Do you have difficulty dressing or bathing?
☐ Due to a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
☐ Due to a physical, mental, or emotional condition, do you have difficulty doing everyday tasks, such as visiting a doctor, office, or shopping?
☐ Other (Examples: Heart Condition, Mental Illness, Multiple Sclerosis, Muscular Dystrophy, etc.)

If "Other", please indicate:

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

☐ Yes
☐ No

* Suggested Assistance:

☐ Transportation
☐ Medical Assistance
☐ Other (Examples: Accessible Facilities, Assistance for Special Needs, etc.)

* Please provide your Work/County:

Work/County: ____________________________

* Please provide work address:

Work Address: ____________________________

Employee Signature: ____________________________
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>
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<tbody>
<tr>
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</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
☐ Grant ☐ Deny ☐ Date __________________ Return for __________________

(RAC's Initials _________)

Chief Executive Officer's Final Action
☐ Grant ☐ Deny ☐ Date __________________ Return for __________________

(CEO's Initials _________)

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.

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>
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<tbody>
<tr>
<td>Home Address:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Functional Limitations:</td>
</tr>
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</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.
SECTION

SIX
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.

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

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.
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 502(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 or 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. an 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 participate in an employment discrimination investigation or lawsuit.
SECTION SEVEN
**HIRING MONITOR**

**Name of Agency:**

**IDHR Region / Facility:**

**EEO Job Category:**

**Title of Job to be filled:**

**Candidate's Name:**

**Position Number:**

**E-Par Number:**

**Bid Number:**

**Date of Hire:**

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:** □

   **Native Hawaiian or Other Pacific Islander:** □

   **Disabled:** □

2. **Indicate: Race of person selected:** □

   **Sex:** □

   **Veteran:** □

   **Disability:** □

3. **Number of individuals who applied or were on the list of eligible(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>
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<tr>
<td>Hispanic or Latino</td>
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</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islanders</td>
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<tr>
<td>Disabled</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
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</tbody>
</table>

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: □ with this hire. Remarks on reverse side.

   EEO/AA Officer

   Date

   I approve of this hire

   Chief Executive Officer

   Date

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? [ ] Yes ▼ [ ] No ▼ 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) ▼ (Choose One) ▼

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>
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<td>Women</td>
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<td>Disabled</td>
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<tr>
<td>Veterans</td>
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</tbody>
</table>

4. Did it change the employee's EEO Job Category? [ ] Yes ▼ [ ] No ▼
   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? [ ] Yes ▼ [ ] No ▼

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.

_________________________  ___________________________
EEO/AA Officer  Date

I approve of this hire

_________________________  ___________________________
Chief Executive Officer  Date

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

DHR-25 (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 __________________________