



University of Connecticut

SPECIAL PAYROLL EMPLOYEE INFORMATION SHEET

DEPARTMENT OF HUMAN RESOURCES
9 Walters Avenue, Unit 5075
Storrs, CT 06269-5075
Telephone 860-486-0400
Facsimile 860-486-0406

CONTACT INFORMATION

Name: _____ Gender: _____
 Street Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Former Last Name: _____ Marital Status: _____ Date of Birth: _____
 Country of Citizenship: _____ Country of Birth: _____
 (*required*) (*optional*)

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information below is being sought to fulfill the University's legal obligation to report its equal employment opportunity profile to state and federal reviewing agencies. Any information you provide is strictly confidential.

Disability Designation Yes No

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. For EEO purposes, a disabled person is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

Ethnicity and Race Designation

Are you Hispanic or Latino? No, I am not Hispanic/Latino Yes, I am Hispanic/Latino

If yes, which best describes your ethnicity? Chicano Hispanic Mexican Mexican-American Other Hispanic Puerto Rican

What is your race? *Select one or more*

American Indian/Alaska Native Black/African American Native Hawaiian/Other Pacific Island White

Asian If Asian, which best describes your race? Asian Asian Indian Chinese Japanese Other Asian

If you selected more than one ethnicity/race above and the University of Connecticut is asked to report only one summary race/ethnicity description for you, please write in the one you want us to report. _____

Veteran Status *Please select appropriate box*

Active Reserve (Non-Veteran)	Disabled Non-Vietnam	Discharge Date _____
Inactive Reserve (Non-Veteran)	* Disabled Vietnam Era	Discharge Date _____
Not a Veteran	Veteran of Non-Vietnam Era	Discharge Date _____
Not Indicated	** Veteran of the Vietnam Era	Discharge Date _____

* A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

** A person who served on active duty for more than 90 days, any part of which occurred between 2/28/61 and 7/1/75 and was discharged or released from there with other than a dishonorable discharge, or was discharged from active duty for a service-related disability if any part of the active duty was between 2/28/61 and 7/1/75.

Signature

Date