Invitation to Self-Identify Gender, Race and Ethnicity

The University of California strives to create an inclusive environment for all constituents. As part of this effort, it is important to understand the demographic profile of the entire UC Community. The questions below are voluntary, but sharing this information will provide important and meaningful data regarding the diversity of our employees. For additional questions you may have, please see our FAQ (/downloads/demographic_survey_faq.pdf). Your responses will be kept confidential.

What is your gender identity?

- Female
- Male
- Trans Female/Trans Woman
- Trans Male/Trans Man
- Genderqueer or Nonbinary Gender
- Different Identity
- Decline to State

Do you consider yourself to be:

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Not listed above
- Decline to State

Are you Hispanic or Latino?

- YES, I am Hispanic or Latino
  - Mexican/Mexican American/Chicano
A person of Mexican culture or origin regardless of race.

☐ Latin American/Latino
   A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

☐ Other Spanish/Spanish American
   A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

☐ NO, I am not Hispanic or Latino

☐ Decline to state

In addition, select one or more of the following racial categories that best describe you, if applicable.

☐ AMERICAN INDIAN OR ALASKA NATIVE
   A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

ASIAN

☐ Chinese/Chinese American
   A person having origins in any of the original peoples of China.

☐ Filipino/Pilipino
   A person having origins in any of the original peoples of the Philippine Islands.

☐ Japanese/Japanese American
   A person having origins in any of the original peoples of Japan.

☐ Korean/Korean American
   A person having origins in any of the original peoples of Korea.

☐ Pakistani/East Indian
   A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

☐ Vietnamese/Vietnamese American
   A person having origins in any of the original peoples of Vietnam.

☐ Other Asian
   A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).
BLACK OR AFRICAN AMERICAN
A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.

WHITE

- European
  A person having origins in any of the original peoples of Europe.

- Middle Eastern
  A person having origins in any of the original peoples of the Middle East.

- North African
  A person having origins in any of the original peoples of North Africa.

- White (not specified)
  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

- Decline to state

Invitation to Self-Identify Veteran Status

The University of California is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, (4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans.

- A “disabled veteran” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered
by the Department of Defense.

- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- Vietnam Era Veteran means a person who:
  1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or
  2. Was discharged or released from active duty because of a service-connected disability, if any part of such active duty was performed: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Do you believe you belong to any of the categories of protected veterans listed above?

- Yes, I identify as one or more of the classifications of protected veteran listed above
- No, I am not a protected veteran
- I don't wish to answer

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.
The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

Voluntary Self-Identification of Disability

Form CC-305

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp (https://www.dol.gov/ofccp).

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Name: Jacki Johnston  Date: 2021-01-14
Employee ID: (if applicable)
Autism
Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
Blind or low vision
Cancer
Cardiovascular or heart disease
Celiac disease
Cerebral palsy

Deaf or hard of hearing
Depression or anxiety
Diabetes
Epilepsy
Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
Intellectual disability

Missing limbs or partially missing limbs
Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability

☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.