

State & Local Government (EEO4) Survey

Guide for state and local governments filing EEO4 online

Getting started

1. Before you file an EEO-4, collect employment data for all of your employees grouped by function.
2. After collecting this data, go to the URL provided in the mailed survey notification letter
3. Select the option to “File Survey”

The following guide will walk you through the EEO4 online survey filing process.
Be sure to print the survey for your records when you are done.

EEO4 Website

This is the homepage for the EEO-4 survey.

Instructions for filling out the survey are provided in the links to the left side of the page.

NOTE: If you are a filer in the state of Hawaii you must file using the Hawaii form.

Home	<h2>WELCOME TO THE EEO-4 SURVEY</h2> <p>The EEO-4 survey, formally known as the State and Local Government Report, is collected in odd-numbered years from State and Local governments.</p> <h3>WHO MUST FILE?</h3> <p>Under Public Law 88-352, Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, all State and local governments that have 15 or more employees are required to keep records and to make such reports to the Equal Employment Opportunity Commission as are specified in the regulations of the Commission.</p> <p>Those who must file this report include:</p> <ul style="list-style-type: none">(a) all States; and(b) all other political jurisdictions which have 100 or more employees. <p>There are two options for filing on the EEO-4 online filing system. They are as follows:</p> <p>Option 1: Filing using the revised EEOC race and ethnicity categories (Alternative form)</p> <p>Option 2: Filing using the prior EEOC race and ethnicity categories (Prior format)</p> <p>Employers with LESS THAN 100 Full-Time Employees are required by EEOC to contact help desk.</p> <p>Filing Deadline: September 30, 2015.</p> <p style="text-align: right;">TO BEGIN, CLICK LOGIN</p>
Alternative Instruction PDF	
Alternative Form	
Alternative Data Upload	
Prior Instruction PDF	
Prior Form	
Prior Data Upload	
Summary Sheet 352B	
Filing Computer Printout	
Contact Us	
Login	
Registration	
Hawaii Form	
Hawaii Instruction Booklet	

Login

Survey notification letters will include login ID and password.

To login to the EEO-4 system, either click the Login link on the bottom of the EEO-4 homepage or click the login link in the list of links on the left hand side of the EEO-4 homepage.

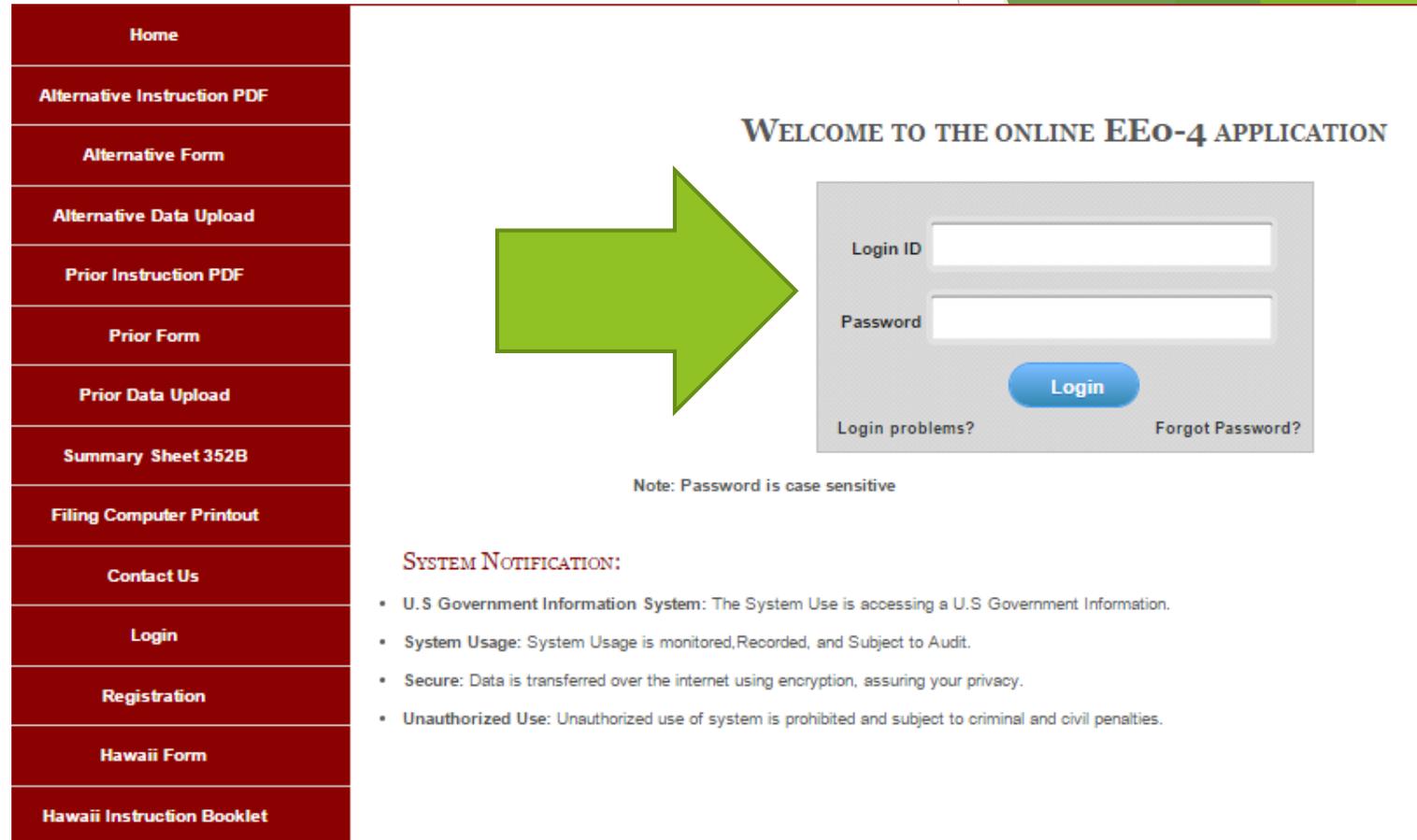
The screenshot shows the EEO-4 Survey homepage. On the left is a dark red navigation menu with the following links: Home, Alternative Instruction PDF, Alternative Form, Alternative Form Upload, Prior Instruction PDF, Prior Instruction Upload, Summary 352B, Filing Complete Printout, Login, Registration, Hawaii Form, and Hawaii Instruction Booklet. A large green arrow points to the 'Login' link. The main content area has a white background with a dark red header that says 'WELCOME TO THE EEO-4 SURVEY'. Below the header, there is text explaining the survey, a section titled 'WHO MUST FILE?' with details about filing requirements, and a section titled 'There are two options for filing on the EEO-4 online filing system they are as follows:' with two options. A 'Filing Deadline: September 30, 2015.' is also present. At the bottom of the main content area, the text 'TO BEGIN, CLICK LOGIN' is displayed, with a large green arrow pointing to it.

Login

Enter in the login ID and password found in your survey notification letter and click the Login button.

If you have problems logging in, click on the “Login Problems?” link located below and to the left of the blue login button.

If you have forgotten your password, click on the “Forgot Password?” link, located below and to the right of the blue login button.



Home
Alternative Instruction PDF
Alternative Form
Alternative Data Upload
Prior Instruction PDF
Prior Form
Prior Data Upload
Summary Sheet 352B
Filing Computer Printout
Contact Us
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Hawaii Instruction Booklet

WELCOME TO THE ONLINE EEO-4 APPLICATION

Login ID

Password

[Login](#)

[Login problems?](#) [Forgot Password?](#)

Note: Password is case sensitive

SYSTEM NOTIFICATION:

- U.S Government Information System: The System Use is accessing a U.S Government Information.
- System Usage: System Usage is monitored, Recorded, and Subject to Audit.
- Secure: Data is transferred over the internet using encryption, assuring your privacy.
- Unauthorized Use: Unauthorized use of system is prohibited and subject to criminal and civil penalties.

Accepting conditions

- ▶ Read these conditions and click 'accept' to continue

PLEASE ACCEPT THESE CONDITIONS/RULE TO CONTINUE

Your ability to use this system is dependent on your acceptance of the following conditions,

1. The system is to be used only for the purposes of filing your EEO-4 reports and the retrieval of reports that you have filed previously.
2. The system may not be used to access information that is not directly relevant to your union.
3. You may not use the system to retrieve, modify or destroy information that is not your own.
4. The system is only to be accessed using the procedures prescribed by the U.S. Equal Employment Opportunity Commission and only by using the Password and User ID provided by the U.S. Equal Employment Opportunity Commission.
5. If you accidentally obtain access to another organization's data you may not save, utilize or distribute such data and your must notify U.S. Equal Employment Opportunity Commission.

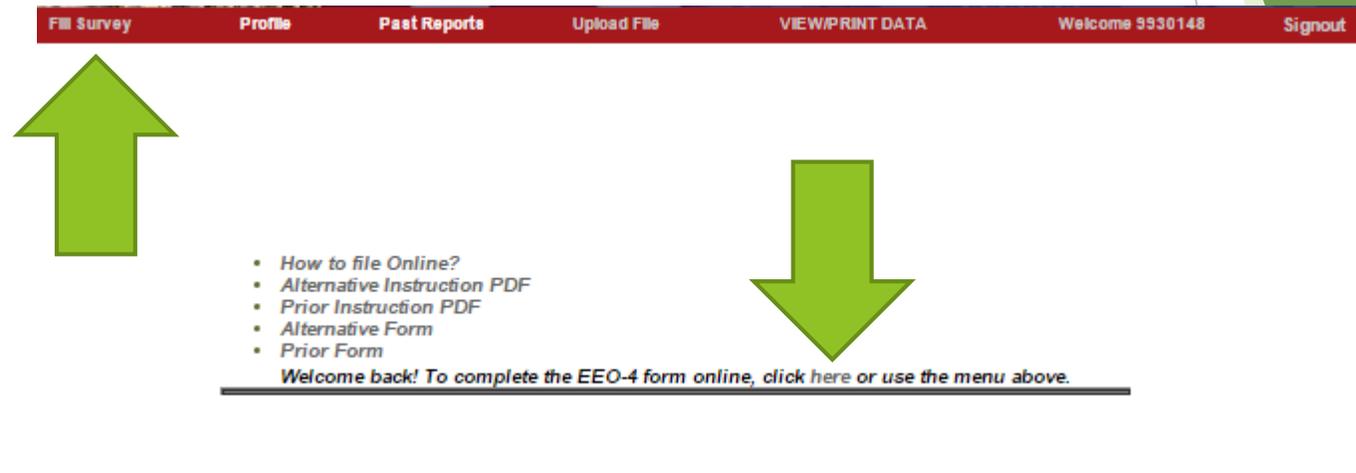
I accept these conditions and will comply with these rules.

You will be logged out if you decline.

Main Menu

To begin filling out the EEO-4, click on “Fill Survey” in the top left corner of the screen, or click on “Click Here” in the middle of the screen in the “Welcome Back!” message.

If you need help filling out your form, check on the links on this page for instructions.



The screenshot shows a web interface with a dark red navigation bar at the top containing the following links: [Fill Survey](#), [Profile](#), [Past Reports](#), [Upload File](#), [VIEW/PRINT DATA](#), [Welcome 9930148](#), and [Signout](#). Below the navigation bar, a large green arrow points upwards to the [Fill Survey](#) link. In the center of the page, there is a list of links: [How to file Online?](#), [Alternative Instruction PDF](#), [Prior Instruction PDF](#), [Alternative Form](#), and [Prior Form](#). A second large green arrow points downwards to the [Click Here](#) link within the **Welcome back!** message, which is underlined.

Function Selection/ Online Summary

This is the screen where you select the functions that your jurisdiction fulfills and indicate how many fulltime employees are performing that function. A detailed explanation of this page follows.

Note: The number of total full time employees will be auto-calculated from the entries for each function.

Jurisdiction Name

Control Number

Previous Year's Employment

Full-time	Part-time	New Hires
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Select all function that apply and enter the number of Full-Time Employees for each function

1. Financial Administration and General Control	<input type="checkbox"/>	6. Natural Resources and Parks and Recreation	<input type="checkbox"/>	11. Corrections	<input type="checkbox"/>
2. Streets and Highways	<input type="checkbox"/>	7. Hospitals & Sanatoriums	<input type="checkbox"/>	12. Utilities & Transportation	<input type="checkbox"/>
3. Public Welfare	<input type="checkbox"/>	8. Health	<input type="checkbox"/>	13. Sanitation & Sewage	<input type="checkbox"/>
4. Police Protection	<input type="checkbox"/>	9. Housing	<input type="checkbox"/>	14. Employment Security	<input type="checkbox"/>
5. Fire Protection	<input type="checkbox"/>	10. Community Development	<input type="checkbox"/>	15. Other	<input type="checkbox"/>
16. Summary Function	<input type="checkbox"/>				

If total Full-Time Employees is < 999, enter the sum of all Function Employees less than 100.

Number of Full-Time Employees:

* Filing using the revised EEOC race and ethnicity categories (Alternative form)

Next

Employers with LESS THAN 100 Full-Time Employees are required by EEOC to contact help desk at:1-877-439-2572 or Email: EEO4@eocsurvey.com.

Function Selection/ Online Summary

- ▶ Hovering mouse over a function name will pop up an explanation for that function.
- ▶ Jurisdictions are required to report the total number of fulltime employees in each function. The data from the previous year's filing will be provided as a reference, if available.
- ▶ **Employers with more than 999 fulltime employees are required to file one form for *each* function.**
- ▶ **Employers with less than 1000 fulltime employees *and* no single function with more than 100 employees are required to file only one report.**
- ▶ **Employers with less than 1000 fulltime employees *but* functions with more than 100 employees are required to file one report including every function with less than 100 employees per function *and* an additional report for *each* function with more than 100 employees.**
- ▶ Special Districts and Jurisdictions that have an alpha character (A through Z) at the end of their Control Number are only required to file a single function report regardless of the number of employees.
- ▶ If you need help, click on "How to file Online" in the top left corner of the screen, or on the "Help" link in the top menu bar.

Function Selection/ Online Summary

- ▶ Put a check mark for each function that is performed in your jurisdiction, and enter the number of fulltime employees in that function.
- ▶ If applicable, this page will automatically determine how many forms need to be filled out for functions with more than 99 fulltime employees
- ▶ If there are no functions with over 99 employees, select the checkbox next to the summary function and enter the sum of fulltime employees in all reported functions.
- ▶ Checks are made for empty fields, zeros, and incorrect totals before the Jurisdiction is allowed to continue to the next step. As you enter the employee total for each function, a running total (middle right) lets you know if the functions add up to your full time employee total.
- ▶ **If you prefer to enter your data using the alternate form format, be sure to select the checkmark for the “Alternate form” which is highlighted in yellow. This form has additional Race/Ethnicity options and will look slightly different from the old form.**
- ▶ Once you have reported all fulltime employees and assigned them to their correct functions, click “Next”.

Function Summary

This is the top part of the function summary screen. Here you can select the type of government for your jurisdiction, and edit any identification information if necessary.

Function Reset

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION					APPROVED BY OMB 30460008 EXPIRES 12/31/2005	
STATE AND LOCAL GOVERNMENT INFORMATION (EEO4)						
EXCLUDE SCHOOL SYSTEMS AND EDUCATIONAL INSTITUTIONS (Read attached instructions prior to completing this form)						
DO NOT ALTER INFORMATION PRINTED IN THIS BOX Contrl Number 9930148			MAIL COMPLETED FORM TO: EEO-4 Reporting Center			
A. TYPE OF GOVERNMENT (Check one box only)						
<input type="radio"/> 1. State <input type="radio"/> 2. County <input type="radio"/> 3. City <input type="radio"/> 4. Township <input type="radio"/> 5. Special District						
<input checked="" type="radio"/> 6. Other (Specify): <input type="text" value="Test"/>						
B. IDENTIFICATION					SUBMIT Identification and Govn.	
1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C) <input type="text" value="DEMONSTRATION TESTE"/>						
2. Address Number and Street <input type="text" value="10 SOUTH HOWARD STRE"/>	CITY/TOWN <input type="text" value="BALTIMORE"/>	COUNTY <input type="text" value="BALTIMORE"/>	STATE <input type="text" value="MD"/>	ZIP <input type="text" value="21201"/>	EEOC USE ONLY A B	

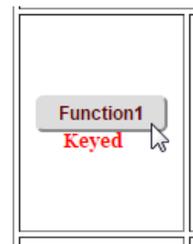
Function Summary

This is the bottom half of the function summary screen. Greyed out “Function” buttons mean that no employees were entered for that function. If you need to change the functions that employees were entered under, please use the “Function Reset” button at the top of the screen.

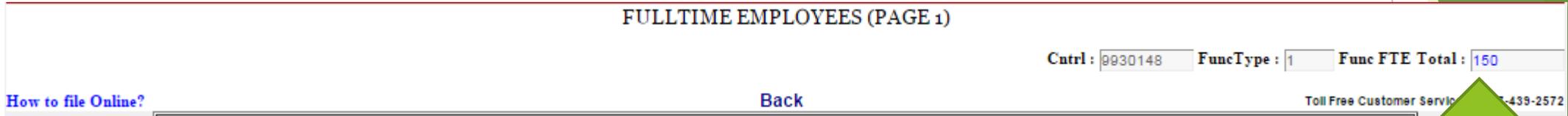
C. FUNCTION			
(Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government covered by the function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data are not included.)			
Summary Function: <input type="text" value="Function16"/>		<input type="button" value="PRINT or VIEW IN PDF"/> <input type="button" value="CERTIFY"/>	
<input checked="" type="button" value="Function1"/> Keyed	1. Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices and employees (judges, magistrates, bailiffs, etc.)	<input type="button" value="Function8"/> <input type="button" value="Function9"/>	8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc. 9. HOUSING. Code enforcement, low rent public housing, fair housing ordinance enforcement, housing for elderly, housing rehabilitation, rent control.
<input type="button" value="Function2"/>	2. STREETS AND HIGHWAYS. Maintenance, repair, construction and administration of streets, alleys, sidewalks, roads, highways and bridges.	<input type="button" value="Function10"/>	10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation.
<input type="button" value="Function3"/>	3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy; administration of public assistance. (Hospitals and sanatoriums should be reported as item 7.)	<input type="button" value="Function11"/>	11. CORRECTIONS. Jails, reformatories, detention homes, halfway houses, prisons, parole and probation activities
<input type="button" value="Function4"/>	4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical employees engaged in police activities.	<input type="button" value="Function12"/>	12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals.
<input type="button" value="Function5"/>	5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)	<input type="button" value="Function13"/>	13. SANITATION AND SEWAGE. Street cleaning, garbage and refuse collection and disposal. Provision, maintenance and operation of sanitary and storm sewer systems and sewage disposal plants.
<input type="button" value="Function6"/>	6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.	<input type="button" value="Function14"/>	14. EMPLOYMENT SECURITY STATE GOVERNMENTS ONLY
<input type="button" value="Function7"/>	7. HOSPITALS AND SANATORIUMS. Operation and maintenance of institutions for inpatient medical care.	<input type="button" value="Function15"/>	15. OTHER (Specify on Page Four)
		<input type="button" value="PRINT or VIEW IN PDF"/> <input type="button" value="CERTIFY"/>	

Function Summary

- ▶ Function buttons will become clickable for
 - ▶ Every function with more than 99 fulltime employees (jurisdictions <999 total fulltime employees)
 - ▶ Every function for a jurisdiction that has 1000 or more fulltime employees
- ▶ The status of a function will be shown beneath the function button
 - ▶ *Keyed* indicates that information has been entered but the function has not been completed
 - ▶ *Completed* indicates that all information has been entered for the function and it is ready to be certified
- ▶ Clicking on a Function button will take you to the data entry page for that function. Instructions for this process follow.



Entering data for a Function, page 1



FULLTIME EMPLOYEES (PAGE 1)

Ctrl : 9930148 FuncType : 1 Func FTE Total : 150

[How to file Online?](#) [Back](#) Toll Free Customer Service 1-800-439-2572

At the top of the screen, the jurisdiction number is shown along with the Function Type that the data is being filled out for. Additionally, the number of full time employees reported for the function is always shown at the top right corner of the screen.

The total number of employees entered on the form **must** add up to the total number of full time employees reported on the summary page.

Entering data for a Function, page 1

- ▶ This is an example of the alternative form with the updated Race/Ethnicity options. If you're filing with the prior form, the Race/Ethnicity options will be a little different.
- ▶ Here is where you enter the number of fulltime employees of a given gender, race, job function, and salary range. Note that there is a second page with additional job functions.
- ▶ Totals are calculated automatically across both row and column. Automatically calculated cells are shown in yellow.
- ▶ If you want to save the data and return to complete the form later, click "Save and Quit".
- ▶ Once all data has been entered, click "Continue".

D. EMPLOYMENT DATA AS OF JUNE 30
(DO NOT INCLUDE PART-TIME/PROBATION OFFICIALS. BLANKS WILL BE COUNTED AS ZERO)

1. FULLTIME EMPLOYEES (TEMPORARY EMPLOYEES ARE NOT INCLUDED)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY													TOTAL COLUMN A-N	
		HISPANIC OR LATINO		NON HISPANIC OR LATINO												
		MALE	FEMALE	MALE					FEMALE							
				WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE		TWO OR MORE RACES
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Officials and Administrators	1. 90.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4. 25.0-32.9	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15
	5. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	6. 43.0-54.9	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
	7. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	9. 90.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	12. 25.0-32.9	0	0	0	5	0	0	0	0	0	0	1	0	0	0	6
	13. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	14. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	15. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	16. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	17. 90.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	19. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	20. 25.0-32.9	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	21. 33.0-42.9	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6
	22. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	23. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	24. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Service Workers	25. 90.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	27. 20.0-24.9	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	28. 25.0-32.9	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	32. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(1-32) TOTAL FULL TIME	17	6	5	5	0	0	7	0	0	0	2	1	0	0	43	

[Back](#)
[Save and Quit](#)
[Continue](#)

Entering data for a Function, page 2

- ▶ This is an example of the alternative form with the updated Race/Ethnicity options. If you're filing with the prior form, the Race/Ethnicity options will be a little different.
- ▶ Here is where you continue to enter the number of fulltime employees of a given gender, race, job function, and salary range.
- ▶ Note that the total number of fulltime employees, shown in the yellow cell on the bottom right, MUST match the reported total number of fulltime employees given on the Function Selection/ Online Summary screen.
- ▶ Again, if you want to save the data and return to complete the form later, click "Save and Quit".
- ▶ Once all data has been entered, click "Continue"

D. EMPLOYMENT DATA AS OF JUNE 30
(DO NOT INCLUDE HARBOR/APPOINTED OFFICIALS. BLANKS WILL BE COLORED AS ZERO)

1. FULLTIME EMPLOYEES (TEMPORARY EMPLOYEES ARE NOT INCLUDED)

JOB CATEGORIES	ANNUAL SALARY (In Thousands 000)	RACE/ETHNICITY														TOTAL COLUMN A-N
		HISPANIC OR LATINO		NON HISPANIC OR LATINO							FEMALE					
		MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Previous page FTE (1-32)		17	8	5	5	0	0	7	0	0	0	2	1	0	0	43
Paraprofessionals	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	35. 20.0-24.9	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	36. 25.0-32.9	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5
	37. 33.0-42.9	4	0	0	0	0	0	0	0	0	0	0	4	0	0	8
	38. 43.0-54.9	0	2	0	0	0	0	0	0	0	12	0	0	0	0	14
	39. 55.0-69.9	2	0	0	3	0	0	0	0	0	0	0	0	0	0	5
	40. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	41. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	42. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	43. 20.0-24.9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	44. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	45. 33.0-42.9	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
	46. 43.0-54.9	0	0	0	0	0	1	0	0	8	0	0	0	0	0	7
	47. 55.0-69.9	0	0	0	0	0	0	0	0	0	12	0	0	0	0	12
	48. 70.0 PLUS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Skilled Craft Workers	49. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	50. 16.0-19.9	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	51. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	52. 25.0-32.9	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
	53. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	54. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	55. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	56. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service-Maintenance	57. \$0.1-15.9	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
	58. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	59. 20.0-24.9	4	7	0	0	0	0	0	0	0	0	0	0	0	0	0
	60. 25.0-32.9	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0
	61. 33.0-42.9	8	9	0	0	0	0	0	0	0	0	0	0	0	0	0
	62. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	63. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	64. 70.0 PLUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65. TOTAL FULL TIME	35	42	11	9	2	1	7	1	18	12	2	7	1	2	150	



Part-time and New Hires data

This is an example of the alternative form with the updated Race/Ethnicity options. If you're filing with the prior form, the Race/Ethnicity options will be a little different.

Enter in totals, if applicable, of any non fulltime employees (including temporary employees) and new hires in a given year measured from July 1 - June 30.

New Hires includes anyone hired between July 1 - June 30, *regardless of if they're still employed as of June 31.*

Totals are calculated automatically across both row and column. Automatically calculated cells are shown in yellow.

If you want to save the data and return to complete the form later, click "Save and Quit".

Once all data has been entered, click "Continue"

D. EMPLOYMENT DATA AS OF JUNE 30															
(DO NOT INCLUDE ELECTED/APPOINTED OFFICIALS. BLANKS WILL BE COUNTED AS ZERO)															
2. OTHER THAN FULL-TIME EMPLOYEES (TEMPORARY EMPLOYEES ARE NOT INCLUDED)															
JOB CATEGORIES	RACE/ETHNICITY														
	HISPANIC OR LATINO		NON HISPANIC OR LATINO											TOTAL COLUMN A-N	
	MALE	FEMALE	MALE					FEMALE							
			WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE		TWO OR MORE RACES
A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
66. OFFICIALS/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67. PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
68. TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69. PROTECTIVE SERV.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70. PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
71. ADMIN SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
72. SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
73. SERV./MAINT.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
74. OTHER THAN FULL TIME (LINES 66-73)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. NEW HIRES DURING FISCAL YEAR - PERMANENT FULL TIME ONLY JULY 1 - JUNE 30															
75. OFFICIAL/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
76. PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
77. TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
78. PROTECTIVE SERV.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
79. PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80. ADMIN SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
81. SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
82. SERV./MAINT.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
83. TOTAL NEW HIRES (LINES 75-82)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Function Data Completion

- ▶ List any remarks on the data in the first comment box.
- ▶ Note that any Criminal Justice Agencies *must* enter their NCIS number in this first comment box.
- ▶ Enter in the Agencies included in this function in the second comment box.
- ▶ Click “Save” to continue.

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

only 160 Characters allowed

LIST AGENCIES INCLUDED ON THIS FORM

only 160 Characters allowed

[Back](#) [Save](#)

Function Data Completion for Function 15

- ▶ Only for jurisdictions that report Function 15:
 - ▶ A special completion page is shown
 - ▶ Select the Agency activity that is performed which is not otherwise covered by functions 1 through 14.

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

only 160 Characters allowed

LIST AGENCIES INCLUDED ON THIS FORM

<input type="checkbox"/> ambulance	<input type="checkbox"/> Dog Control	<input type="checkbox"/> Library	<input type="checkbox"/> Outstation	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Liquor Commission	<input type="checkbox"/> Parking Service	<input type="checkbox"/> Veteran Services
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Manpower	<input type="checkbox"/> Paramedics	<input type="checkbox"/> Warehouse Inspector	<input type="checkbox"/> Youth Bureau
<input type="checkbox"/> CETA	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Mechanical Maintenance	<input type="checkbox"/> School for the Retarded	<input type="checkbox"/> WIN
<input type="checkbox"/> Civil Defense	<input type="checkbox"/> Human Services	<input type="checkbox"/> Motor Pool	<input type="checkbox"/> Shop	

OTHER:

Continue to certify functions

After you complete the data entry for one function, you'll be taken to this screen, which shows the completed function as well as any other functions that are not yet completed ("Initial" means function has not been started/ "Keyed" means data has been entered but the function is not completed.)

To continue entering in data for your selected functions, click "Back to Survey" to be taken back to the function summary screen.

CONFIRMATION FOR CONTROL NUMBER: 9930148

This Control Number is yet to be certified.
You have successfully completed 2013 EE04 Report for Function Type 7 for Control Number 9930148.

Link opens in PDF. You must have Adobe Acrobat Reader version 5.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 5.0 or higher, click [here](#) to download a copy from Adobe's web site.

Please click [\[PRINT ALL\]](#) to PRINT or VIEW ALL functions DATA in PDF.

OR

Please click on below function type links to PRINT or VIEW individual functions DATA in PDF.

Function	Status	Completed/ Updated Date	Format
[1 : FINANCIAL ADMINISTRATION]	Initial		Alternate
[7 : HOSPITALS AND SANATORIUMS]	Completed	2015-07-09	Alternate

Note: For Data uploads: All functions has to be filed in single format to be able to certify. If not click on 'Back to Survey', review and then click on 'Function Reset' to reset function.

[• BACK TO SURVEY](#) [• CLICK HERE TO CERTIFY DATA](#)



Once all Functions are complete: certifying the data

- ▶ Status next to each function will show “Completed”
- ▶ Once all functions are completed, click “Certify Data” to continue to the certification process.
- ▶ If you want to print the data that has been entered for your records, click “Print All” or click on the function name to open a PDF of info keyed for that function.

CONFIRMATION FOR CONTROL NUMBER: 9930148

This Control Number is yet to be certified.
You have successfully completed 2013 EE04 Report for Function Type 1 for Control Number 9930148.

Link opens in PDF. You must have Adobe Acrobat Reader version 5.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 5.0 or higher, click [here](#) to download a copy from Adobe's web site.

Please click [\[PRINT ALL\]](#) to PRINT or VIEW ALL functions DATA in PDF.

OR

Please click on below function type links to PRINT or VIEW individual functions DATA in PDF.

Function	Status	Completed/ Updated Date	Format
[1 : FINANCIAL ADMINISTRATION]	Completed	2015-07-10	Alternate
[7 : HOSPITALS AND SANATORIUMS]	Completed	2015-07-10	Alternate

Note: For Data uploads, All functions has to be filed in single format to be able to certify. If not click on 'Back to Survey', review and then click on 'Function Reset' to reset function.

• [BACK TO SURVEY](#) • [CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)



Certifying the data

- ▶ You have a chance to review your data before you certify.
- ▶ In case you have not completed data for all selected function and status for any function is shown as 'initial' or 'keyed', click on 'BACK TO SURVEY' and complete the data for remaining functions.
- ▶ If status of all functions is shown as 'Completed' then you are ready to certify your data.

Certify data

- ▶ After clicking on “Click here to certify the data”, you will be taken to this screen. Enter all required information and be sure to click on ‘Select’ button to select date from a pop up calendar.
- ▶ In case you want to modify data before certification, click on ‘Back to Survey’ at top of screen to edit your function data.
- ▶ Click on ‘Save’ in order to certify your data and complete your EEO-4 survey.

<small>CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)</small>		
* NAME OF PERSON TO CONTACT REGARDING THIS FORM Jane		* TITLE Doe
ADDRESS (Number and Street, City, State, Zip Code) 123 Any Street Washington DC 12345		* TELEPHONE NUMBER (XXX-XXX-XXXX) 123-456-7890 Ext: <input type="text"/> FAX NUMBER (XXX-XXX-XXXX) <input type="text"/>
DATE 07-01-2015 <input type="button" value="Select"/>	* TYPED NAME/TITLE OF AUTHORIZED OFFICIAL Jane R Doe	* SIGNATURE <input checked="" type="checkbox"/>
* EMAIL jdoe@company.com		
<small>EEOC FORM 164, FEB 97 (Previous Editions Obsolete)</small>		
<input type="button" value="Back"/> <input type="button" value="Save"/>		

Printing your survey and finishing up

- ▶ Once you have certified your data please note down the confirmation number shown at top of screen.
- ▶ Be sure to print copies of your survey for your records.
- ▶ During the data collection survey you can login as needed to print your records or you can edit entered data and recertify your form.
- ▶ We strongly suggest you print your survey immediately after certifying to avoid forgetting.
- ▶ You can also view historical reports by clicking the link at the bottom of the page

CONFIRMATION FOR CONTROL NUMBER: 9930148

You have successfully completed 2013 EE04 Report for Control Number 9930148 on 7/10/15 1:56 PM. Your confirmation number is E173319102OR. Please print the copy for your records.

Link opens in PDF. You must have Adobe Acrobat Reader version 6.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 6.0 or higher, click [here](#) to download a copy from Adobe's web site.

Please click [\[PRINT ALL\]](#) to PRINT or VIEW ALL functions DATA in PDF.

OR

Please click on below function type links to PRINT or VIEW individual functions DATA in PDF.

Function	Status	Completed/ Updated Date	Format
[1 : FINANCIAL ADMINISTRATION]	Completed	2015-07-10	Alternate
[7 : HOSPITALS AND SANATORIUMS]	Completed	2015-07-10	Alternate

Note: For Data uploads: All functions has to be filed in single format to be able to certify. If not click on 'Back to Survey', review and then click on 'Function Reset' to reset function.

[• BACK TO SURVEY](#) [• CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)

Optional: File Upload

- ▶ If you would like to upload your EEO-4 instead of filling it out using the online process, click “Upload File” from the menu



File Upload

- ▶ Next, choose your file upload format.
- ▶ Option 1 allows you to use the new revised EEOC race and ethnicity categories, added in 2015
- ▶ Option 2 allows you to file using the prior race and ethnicity categories

CHOOSE FILE UPLOAD FORM

There are two options for filing on the EEO-4 using file upload. They are as follows:

Option1: Filing using the revised EEOC race and ethnicity categories (Alternative form) ****Click here**** ←

Option2: Filing using the prior EEOC race and ethnicity categories (Prior format) ****Click here**** ←

File Upload

- ▶ Once you have chosen which format you wish to upload, follow the instructions on this screen to upload your data.
- ▶ Choose the file to upload from your computer, confirm it is the correct file, and then click on the “Submit” button.

Before you upload:

- Please upload only .txt file and make sure you have followed the upload file format- [Upload File Format](#)
- Anything that is supposed to be left BLANK as per file format, please leave them BLANK.
- Do NOT use TAB key for empty space. Use space key. One tab is 9 spaces which can alter total record length.
- If you do not have data for any of AK1 TO AK83, fill them with 0.
- Please make sure total for full time, part time and new hires is correct.
- Please CERTIFY your data after upload.



PLEASE UPLOAD DATA FILE

Choose File No file chosen

Submit

[Click here for Sample upload files](#)

File Upload

- ▶ Once you upload your data, you will be taken to a screen like this which lets you confirm the function code, the jurisdiction, and the jurisdiction address that you entered.
- ▶ Click “Continue” once you’ve confirmed that the information is correct.
- ▶ If the information is not correct, click “Cancel” to be taken to the previous screen where you can upload a new file with the correct information.

UPLOADED FILE DATA

Control Number	Func Code	Jurisdiction	Title	Street	City	County	State	Zip	Valid?	Issue
9930142	16	TEST COUNTY	TITLE 1	UPLOAD TESTING	TEST	TEST	AL	38010	YES	
9930142	14	TEST COUNTY	TITLE 1	UPLOAD TESTING	TEST	TEST	AL	38010	YES	

File Upload

- ▶ Once your file has been uploaded successfully, you'll see this screen with a message letting you know of the success of the upload.
- ▶ Click on the blue “Click Here” link to view the uploaded data and certify.
- ▶ NOTE: You still must certify your data after uploading!



Please make sure the function codes [Click Here](#) is same as function codes in data file.

If you do not have list data file to upload Click [here](#) to View/Verify/Print data in PDF and certify data.

The file was Uploaded Successfully!

PLEASE UPLOAD LIST DATA FILE

No file chosen

Once all Functions are complete: certifying the data

- ▶ Status next to each function will show “Completed”
- ▶ Once all functions are completed, click “Certify Data” to continue to the certification process.
- ▶ If you want to print the data that has been entered for your records, click “Print All” or click on the function name to open a PDF of info keyed for that function.

CONFIRMATION FOR CONTROL NUMBER: 9930148

This Control Number is yet to be certified.
You have successfully completed 2013 EE04 Report for Function Type 1 for Control Number 9930148.

Link opens in PDF. You must have Adobe Acrobat Reader version 5.0 or higher installed on your PC in order to download and print. If you do not have Adobe Acrobat Reader version 5.0 or higher, click [here](#) to download a copy from Adobe's web site.

Please click [\[PRINT ALL\]](#) to PRINT or VIEW ALL functions DATA in PDF.

OR

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[7 : HOSPITALS AND SANATORIUMS]	Completed	2015-07-10	Alternate

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• [BACK TO SURVEY](#) • [CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)



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Certify data

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- ▶ In case you want to modify data before certification, click on ‘Back to Survey’ at top of screen to edit your function data.
- ▶ Click on ‘Save’ in order to certify your data and complete your EEO-4 survey.

<small>CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)</small>		
* NAME OF PERSON TO CONTACT REGARDING THIS FORM Jane		* TITLE Doe
ADDRESS (Number and Street, City, State, Zip Code) 123 Any Street Washington DC 12345		* TELEPHONE NUMBER (XXX-XXX-XXXX) 123-456-7890 Ext: <input type="text"/> FAX NUMBER (XXX-XXX-XXXX) <input type="text"/>
DATE 07-01-2015 <input type="button" value="Select"/>	* TYPED NAME/TITLE OF AUTHORIZED OFFICIAL Jane R Doe	* SIGNATURE <input checked="" type="checkbox"/>
* EMAIL jdoe@company.com		
<small>EEOC FORM 164, FEB 97 (Previous Editions Obsolete)</small>		
<input type="button" value="Back"/> <input type="button" value="Save"/>		

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[7 : HOSPITALS AND SANATORIUMS]	Completed	2015-07-10	Alternate

Note: For Data uploads: All functions has to be filed in single format to be able to certify. If not click on 'Back to Survey', review and then click on 'Function Reset' to reset function.

[• BACK TO SURVEY](#) [• CLICK HERE TO CERTIFY DATA](#)

To view historical reports [Click Here](#)