EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
ELEMENTARY-SECONDARY STAFF INFORMATION (EEO-5)

Public school systems

FORM APPROVED BY OMB
NO. 3046-0003
APPROVAL EXPIRES

This is a joint requirement of the EEOC and the Office for Civil Rights, U.S. Department of Education and the U.S. Department of Justice.

DO NOT ALTER INFORMATION PRINTED IN THIS BOX.

NOTE: ALL EMPLOYEES IN YOUR SCHOOL DISTRICT MUST BE INCLUDED ON THIS FORM. Additional Copies of this form may be obtained from the address below. Send your full report to:

PART I. IDENTIFICATION

A. TYPE OF AGENCY WHICH OPERATES THE REPORTING SCHOOL SYSTEM

☐ Local Public School ☐ Special Regional Agency ☐ State Education Agency

☐ Other (Specify) _____

B. SCHOOLS SYSTEMS IDENTIFICATION (OMIT IS SAME AS LABEL)

NAME

STREET AND NO. OR POST OFFICE BOX	CITY/TOWN	COUNTY	STATE	ZIP

C. GENERAL STATISTICS

NUMBER OF SCHOOLS OPERATED	NUMBER OF ANNEXES OPERATED	OCTOBER 1ST ENROLLMENT

D. REMARKS

PART II. Staff Statistics of (DATE) _____

DO NOT INCLUDE ELECTED/APPOINTED OFFICIALS (SEE DEFINITION IN APPENDIX)

DISTRICT NAME: _____

Activity Assignment Classification	**A. FULL-TIME STAFF**														
	Race/Ethnicity														
	Hispanic or Latino		Non -Hispanic or Latino												Total Col A - N
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1. Officials, Administrators, Managers															
2. Principals															
3. Assistant Principals, Teaching															
4. Assistant Principals, Non-teaching															
5. Elementary Classroom Teachers															
6. Secondary Classroom Teachers															
7. Other Classroom Teachers															
8. Guidance															
9. Psychological															
10. Librarians/ Audiovisual Staff															
11. Consultants & Supervisors of Instruction															
12. Other Professional Staff															
13. Teachers Aides															
14. Technicians															
15. Administrative Support Workers															
16. Service Workers															
17. Skilled Crafts															
18. Laborers and Helpers															
19. TOTALS (1-18)															

Activity Assignment Classification	B. PART-TIME STAFF														
	Race/Ethnicity														
	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 Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	
20. Professional Instructional															
21. All Other															
22. TOTALS (20-21)															
C. NEW HIRES FULL-TIME (JULY THRU SEPT. OF THE SURVEY YEAR)															
23. Officials, Administrators, Managers															
24. Principals/Assistant Principals															
25. Classroom Teachers															
26. Other Professional Staff															
27. Nonprofessional Staff															
28. TOTALS (23-27)															

CERTIFICATION: I certify that the information given in this report is correct and true to the best of my knowledge and was prepared in accordance with accompanying instructions. Willfully false statements on this report are punishable by law, U.S. Code, Title 18, Section 1001.

Date	Phone: Fax: Email:	Typed Name/Title of Person Responsible for Report	Signature