

Employee Self-Identification Form

Last Name:	First Name:	Middle Initial:	Empl ID: (if known)
National ID Type: <input type="radio"/> Social Security Number <input type="radio"/> Individual Tax ID Number		SSN or ITIN:	Date of Birth: mm/dd/yyyy Sex:

The information you provide will be treated as confidential and will not be disclosed in response to a public records request. It will be used for affirmative action reporting and related University purposes.

Routing Instructions: Forward to your local HR/Payroll Office. (If at UW-Madison, send to 21 North Park Street, Suite 5101.)

Ethnicity and Heritage Code

Regional

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?

- Yes No

Please identify yourself as one or more of the following races:

- Black or African American
A person having origins in any of the black racial groups of Africa.
- Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 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.
- White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Disability Self-Identification

UW Personal

All new university employees are invited to indicate their status below. It will be used to review progress being made in providing employment opportunities to persons with disabilities.

- I am not a person with a disability.
 I am a person with a disability.

The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. [29 C.F.R. S1630.2(i)]

- I am a person with a severe disability.

Severely disabled person means a person with a chronic disability if the chronic disability meets all of the following conditions:

- It is attributable to a mental or physical impairment or combination of mental and physical impairments.
- It is likely to continue indefinitely.
- It results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, capacity for independent living, and economic self sufficiency. (s.230.04 (9r)(a) 2., Stats.)

Employee Self-Identification Form

Last Name:

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Veterans Survey

If you are a veteran or a spouse of a disabled or deceased veteran, we invite you to indicate your status below. If none of the categories apply to you, please check "None of the selections below apply to me". We are requesting this information to fulfill annual federal and state statistical reporting and affirmative action monitoring requirements. Submission of this information is voluntary and no adverse consequences will result from either providing this information or declining to provide it. Your responses will be kept confidential.

Should you decide not to self-identify your veteran status at this time, you may do so at any time in the future. If you have any questions, please contact your payroll office.

None of the selections below apply to me.

Veteran (If you are a veteran, please select all categories below that apply.)

A person who served on active duty in the U.S. armed forces. Discharge Date: _____ mm/dd/yyyy

Armed Forces Service Medal Veteran (*federal*)

Regional

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.

Other Protected Veteran (*federal*)

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. For a complete list of wars, campaigns and expeditions, please see <http://www.opm.gov/veterans/html/vgmedal2.asp>.

Vietnam Era Veteran (*federal*)

A veteran who served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases.

Wartime Veteran (*state*)

UW Personal

A veteran who served in one of the wartime periods or campaigns listed at http://dva.state.wi.us/Ben_preference.asp.

Non-Wartime Veteran (*state*)

A veteran who served on active duty for the full period of service obligation, but did not serve in any of the qualifying wartime periods or campaigns listed at http://dva.state.wi.us/Ben_preference.asp.

Disabled Veteran (*federal*)

A veteran 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 who was discharged or released from active duty because of a service-connected disability.

Please indicate percent disability: _____ %

Special Disabled Veteran (*federal*)

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 Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.

Spouse of a 70% Disabled Veteran (*state*)

UW Personal

A spouse of a disabled veteran whose service-connected disability is 70% or higher.

Spouse of a Deceased Veteran (*state*)

UW Personal

An unremarried spouse of a veteran who was killed in action or a veteran who died of a service-connected disability.

Signature:

Date: mm/dd/yyyy

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For Office Use Only:

Empl ID: _____

Empl Rcd#: _____