

AFFIRMATIVE ACTION COMPLIANCE FORM

(To be completed when new hires are selected and submitted with Request for Appointment Form)

Selected Candidate Name: _____
Last First Middle

Department: _____

Job Title: _____ Grade: _____

Effective Date of Employment: _____
☐ Full Time ☐ Part Time
☐ WPI Funded ☐ Grant Funded

Appointment Duration (check one):
☐ Nine Months per Year
☐ Ten Months per Year
☐ Twelve Months per Year
☐ Other: If this is a limited term appointment, indicate length and/or other conditions: _____

A. Is selected candidate a female? ☐ Yes ☐ No
Is selected candidate a minority? ☐ Yes (please specify which one: _____)

B. Applicant Flow Identification:

	Non-Resident Alien	Hispanic or Latino	Not Hispanic or Latino	Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Unknown	TOTAL	Handicapped	Vietnam Veteran
Male												
Female												
Unknown												
TOTAL												

- C. 1. Were two or more candidates identified as a finalist for this position? ☐ Yes ☐ No
2. Did these candidates include a minority or a female? ☐ Yes ☐ No
3. Please give a detailed explanation why each minority and/or female applicant was not selected as a finalist (attach a separate sheet if necessary):

4. Please give a detailed explanation why each minority and/or female finalist was not selected for the position (attach a separate sheet if necessary):

I have determined that the search conducted to fill this position is in compliance with the Institute guidelines and procedures on Affirmative Action and Equal Opportunity.

Department Head

Date

Division Head

Date

Human Resources

Date