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

Salary: $ _____ ☐ 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: _____)
☐ No

B. Applicant Flow Identification:

	White – Non Hispanic	Black – Non Hispanic	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Foreign National (Non-resident Alien)	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 <u>each</u> minority and/or female applicant was not selected as a <u>finalist</u> (attach a separate sheet if necessary):

4. Please give a detailed explanation why <u>each</u> minority and/or female finalist was not selected for the <u>position</u> (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

5/99