CONFIDENTIAL PERSONAL DATA FORM

Federal and state reporting obligations require certain personal data be collected. The Department of Administrative Services – Human Resources Enterprise (DAS-HRE) requests employees complete this form and voluntarily self-identify race/ethnicity information. If you choose not to voluntarily self-identify race/ethnicity information, note that the employer is obligated to use other available data to report this information. Submission of information is voluntary. Choosing not to provide this information will not result in any adverse action.

The information collected will be entered into Workday and will be treated as confidential. This form MUST be destroyed, once employee data has been entered into Workday.

Instructions on completing the form – Please enter the numerical value that represents your response in the box next to each alphabetically labeled question.

Employee Personal Data

☐ **A. What is your sex?**

0. Male
1. Female

☐ **B. Of which racial or ethnic group do you consider yourself a member?**

0. White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
1. Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa
2. Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
3. American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
4. Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race
5. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
6. Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above six races

☐ **C. Are you a current or former member of the armed forces of the United States?**

0. No
1. Yes

Last Name (print): _____ First Name (print): _____

Agency Name: _____ Last 4 of SSN: _____

The State of Iowa is an Equal Opportunity Employer.

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