

URSMD ACADEMIC AFFAIRS – Affirmative Action Form

Position:

Department:

Div/Dept #:

Position Code:

Time Status:

Appointment Date:

mm/dd/yyyy

Appointee:

Empl ID (if known):

Date of Birth:

mm/dd/yyyy

Sex:

Ethnicity/Race*:

Place of Birth:

☐ **Veterans/Disability Invitation sheet given or sent to appointee** *(required for new hires)*

Appointee Military Status - check all that apply

- ☐ 1. No Service
- ☐ 2. Armed Forces Services Medal
- ☐ 3. Other Eligible Veteran
- ☐ 4. Disabled Veteran
- ☐ 5. Newly Separated Veteran with a Discharge Release Date of:

mm/dd/yyyy

Optional: Disability - check all that apply

- ☐ 1. Ambulatory/Orthopaedic
- ☐ 2. Coordination
- ☐ 3. Hearing
- ☐ 4. Learning
- ☐ 5. Psychological
- ☐ 6. Speech
- ☐ 7. Sight
- ☐ 8. Other *(qualify):*

***Ethnicity/Race Codes (two part question):**

Ethnicity:

H Hispanic/Latino *(blank = No)*

Race (select one):

A Asian

B Black/ African American

I Native Hawaiian/Other Pacific Islander

N American Indian/Alaskan Native

W White/Caucasian

Did Appointee apply via HRMS?