

**UNIVERSITY SYSTEM OF GEORGIA
AFFIRMATIVE ACTION CHECKLIST***

**THE UNIVERSITY OF GEORGIA
Institution**

Department/Unit

VP/College/School

1. Position Applied For _____
2. Applicant Employed (Full Name) _____
3. SS# (last 4 digits) _____ / _____ / _____
4. Sex _____
5. Race: _____
6. Date of Application _____ / _____ / _____
7. Date Position Offered _____ / _____ / _____
8. Date Accepted _____ / _____ / _____
9. Employment Begins _____ / _____ / _____

10. Total Number of Applicants: _____

	White (1)	Black (2)	Asian (3)	Native American (4)	Hispanic (5)	Multi-Racial (6)	Unknown (9)	TOTAL
Female	_____	_____	_____	_____	_____	_____	_____	_____
Male	_____	_____	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____	_____

11. Total Number of Applicants Considered for final Review: _____

	White (1)	Black (2)	Asian (3)	Native American (4)	Hispanic (5)	Multi-Racial (6)	Unknown (9)	TOTAL
Female	_____	_____	_____	_____	_____	_____	_____	_____
Male	_____	_____	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____	_____

12. Total Number of Applicants Invited to Campus (Interviewed): _____

	White (1)	Black (2)	Asian (3)	Native American (4)	Hispanic (5)	Multi-Racial (6)	Unknown (9)	TOTAL
Female	_____	_____	_____	_____	_____	_____	_____	_____
Male	_____	_____	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____	_____

13. Number of applicants Declining Offered Position: _____

Date of Offer	Date of Refusal	Sex	Race
_____ / _____ / _____	_____ / _____ / _____	_____	_____
_____ / _____ / _____	_____ / _____ / _____	_____	_____

14. Detail special efforts to attract statistically underutilized applicants for this position. **[attach a separate sheet as needed]**

15. Specific reason/qualification(s) for hiring. **[attach a separate sheet as needed]**

16. Demographics of person(s) making hiring decision:

	White (1)	Black (2)	Asian (3)	Native American (4)	Hispanic (5)	Multi-Racial (6)	TOTAL
Female	_____	_____	_____	_____	_____	_____	_____
Male	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

Hiring Unit Contact Person Name _____ Telephone# _____

Signed _____

Title _____ Date _____ / _____ / _____

*Maintain original for unit/departmental file for three years
 *Submit 1 copy with each appointment form
 *Send 1 copy to your EEO Unit Coordinator

