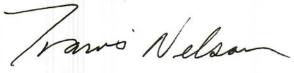
From the desk of Representative Travis Nelson





Colleagues,

House Bill 2921 required hospitals to submit their EEO-1 report to BOLI 90-days after they submit to the federal government. Below is an example of an EEO-1 report:

Employment at this establishment – Rep	port all perma	nent full- an	d part-time	employees	Sect including ap	ion D-EM	PLOYN on-the-jo	MENT DAT	'A ess specific	ally exclude	rd as set forth	in the instru	ctions. Ent	er the appropr	riate figure	SF 100 s on all lines	
and in all columns. Blank spaces will be considered as: Job Categories		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hiens	nic or	Г	-	Not-Hispanic or Latino											
		Hispanic or Latino		-		14	1.		mpunic	T Catalia		Total Col A - N					
		Male Female		White	itlack or	Native	Male ve Asian Asmerican To			White	Black or		Female				
			Temae	White	African American	Howaiian Of Other Pacific Islander	Aus	Indian or Alaska Native	Two or more races	Wass	African American	Hawaiian or Other Pacific Islander	Playsian India: or Alas Other Nati	American Indian or Alaska Native	Two or more races		
		A	В	C	D	E	F	6	H	1	1	K	L	М	N	0	
Executive/Senior Level Officials a Managers	nd I.1																
First/Mid-Level Officials and Man	nagers 1.2																
Professionals	2																
Technicians	3																
Sales Workers	4																
Administrative Support Workers	5																
Craft Workers	6																
Operatives	7																
Laborers and Helpers	8																
Service Workers	9																
TOTAL.	10																
PREVIOUS YEAR TOTAL	11																
Date(s) of payroll period use	d:					(Omit on	the Cor	solidated R	leport.)								
		Sec	tion E -	ESTABL				N (Omit or		nsolidate	d Report.)						
What is the major activ Include the specific typ		stablishn	nent? (Be	specific,	i.e., manu	facturing s	teel cas	tings, retail	grocer,	wholesale		supplies,	title insu	rance, etc.			
						Section F											
Jse this item to give any identif pertinent information.	ication data	appearii	ng on the	last EEC)-1 report	which diff	ers from	that given	above, e	xplain m	ajor chang	es in comp	osition (of reportin	g units a	nd other	
						tion G - C											
Check 1 ☐ All reports are one 2 ☐ This report is a	accurate an ccurate and	nd were p d was pre	repared i pared in :	n accord accordan	ance with ice with th	the instructi e instructi	ctions. (Check on C	onsolid	ated Repo	ort only.)						
Name of Certifying Official				Title					S	Signature 1							
Name of person to contact regarding this report				Title						Address (Number and Street)							
City and State				Zip Co	de	Telephon	e No. (ir	cluding Ar	ea Code	and			Ema	il Address			