

POOL REPORT MAINTENANCE

Instructions: Send this form to the Office of Equal Opportunity 127 Woods Hall

Department _____

Date _____

Collage/ School or Division _____

Page ____ of ____

Department Chair's Signature

| | Name (Last, First, Middle Initial) | SS# | Race | Sex | FTE | Title | | Specialty (Subject matter areas) |
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LEGENDS: Ethnicity: American Indian = A; African American = B; Caucasian = C; Asian/ Pacific Islands = R; Hispanic/ Latino = S
Gender: Female = F; Male = M