

Fax

TO: THE OFFICE OF MANAGEMENT AND BUDGET	FROM: Mr-Clayton-M Bernard-Ex [REDACTED]
FAX: [REDACTED]	PAGES: [REDACTED]
PHONE: [REDACTED]	DATE: 06/26/2023
RE: ETHNICITY AND RACE IDENTIFICATION	NOTE: CORRECTION/ADDITION [REDACTED] 6/13/2023

[REDACTED]

**Pursuant to the herein documents immediate correction in ALL RECORDS;
Priority Commanded.**

Comments:

PACKET INCLUDES:

FAX COVER SHEET (1 PAGE)

STANDARD FORM 181 (1 PAGE)

ATTACHMENTS:

- 13th AMENDMENTS TO THE CONSTITUTION OF THE UNITED STATES
OF SECTIONS 1-20 (4 PAGES)
- HOUSE RESOLUTION 194 (4 PAGES)
- DEFINITIONS FOR NEW RACE AND ETHNICITY CATEGORIES (2 PAGES)

U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial) <i>without Prejudice</i> BERNARD-EX, MR-CLAYTON-M.		Social Security Number [REDACTED]	Birthdate (Month and Year) 03/1982
Agency Use Only			
Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.			
Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.			
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input checked="" type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input checked="" type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Moor - 667
 Moroccan - 633
 Asiatic - 463

Standard Form 181
 Revised August 2005
 Previous editions not usable

 42 U.S.C. Section 2000e-16
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