



Commonwealth of Massachusetts

Ethnic Group Change Form

PLEASE PRINT CLEARLY AND SIGN AND DATE AT THE BOTTOM OF THIS FORM

Fax this form to the MassHR Employee Service Center

Fax: 617-248-0686 **Telephone:** 617-979-8500

Last Name	First Name	M.I.	Employee ID
Please provide a preferred contact number and time should we have any questions.			Department

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Are you Hispanic or Latino?

☐ Yes ☐ No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? Select one or more.

☐ American Indian* or Alaska Native
*Requires supporting documentation of Tribal affiliation or heritage

A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐ 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.

☐ Black or African American

A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Do you have a primary Ethnic Group (Optional)?

☐ Hispanic or Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ No Primary

AUTHORIZATION

I authorize my employer to make the appropriate changes to my employee data as noted on this form.

Employee Signature

Date