My signature below indicates that this agency has reviewed the information contained in the DHRM EEO Assessment Tool for fiscal year _________ and shared this information with the agency head and human resource director, including any appropriate corrective action(s) that are recommended and/or have been taken.

Agency/Number: ____________________________________________

Name/Title: ________________________________________________

Signature: _________________________________________________ Date: ______________________

Initialed as seen: _____ (Agency Head) - Date: ______________________

Initialed as seen: _____ (HR Director) - Date: ______________________