



## DISABILITY EQUALITY INDEX® (DEI®) 8<sup>th</sup> Annual / 2022 Benchmark

### ABOUT DEI

The [Disability Equality Index](#) (DEI) is a comprehensive benchmarking tool that helps companies build a roadmap of measurable, tangible actions that they can take to achieve disability inclusion and equality. Each company receives a score, on a scale of zero (0) to 100, with those earning 80 and above recognized as a “Best Place to Work for Disability Inclusion.”

The DEI is a joint initiative of the American Association of People with Disabilities (AAPD), the nation’s largest disability rights organization, and Disability:IN, the global business disability inclusion network, to collectively advance the inclusion of people with disabilities. The organizations are complementary and bring unique strengths that make the project relevant and credible to corporations and the disability community. The tool was developed by the DEI Advisory Committee, a diverse group of business leaders, policy experts, and disability advocates.

### **About AAPD**

[AAPD](#) is a convener, connector, and catalyst for change, increasing the political and economic power for people with disabilities. As a national cross-disability rights organization AAPD advocates for full civil rights for the 50+ million Americans with disabilities.

### **About Disability:IN**

Disability:IN is a global organization driving disability inclusion and equality in business. More than 270 corporations trust Disability:IN to activate and achieve disability inclusion across their enterprise and in the broader corporate mainstream. Through the world’s most comprehensive disability inclusion benchmarking; best-in-class conferences and programs; and expert counsel and engagement, Disability:IN works with leading businesses to create long-term business and societal impact. [Join us!](#) #AreYouIN.

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### TERMS / INSTRUCTIONS

Companies participating in the 2021 DEI understand the following terms and conditions, which AAPD and Disability:IN require for participation in the benchmark:

Questions? Please contact [info@disabilityequalityindex.org](mailto:info@disabilityequalityindex.org)

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## **General:**

- To receive a score report, benchmark responses must be submitted by 8:00pm Eastern Standard Time on the due date established by AAPD and Disability:IN.
- All DEI benchmark questions, weighted and non-weighted, must be answered. The purpose of non-weighted questions is to gather further information and/or to gauge where companies are holistically on a topic. Non-weighted questions may become weighted questions in future versions of the DEI benchmark.
- This benchmark will take an average of 30-40 hours to complete, including time to locate the required information. It may take more or less time depending on your answers. Typically, repeat participants report that the benchmark doesn't take as long as it did in their first year. Repeat participants are also given the option to import previous year's responses.
- Typically, one person acts as the official submitter of the benchmark and is responsible for obtaining information from multiple departments. However, representatives from the following departments may need to provide input to complete the benchmark:
  - Human Resources (HR)
  - Diversity & Inclusion
  - Staffing / Recruitment
  - Counsel / Legal
  - Supplier Diversity
  - Information Technology (IT)
  - Marketing / Communications
  - Corporate Giving / Corporate Foundation / Community Relations
- You can re-log into your benchmark any time during the benchmark period. Use the original link to re-access the benchmark at a later date.
- You may change your answers at any time before submitting your benchmark responses. However, once answers are submitted, they cannot be changed. The benchmark will be scored as submitted.
- Only one (1) benchmark may be submitted per company.

## **DEI Scoring Process:**

The score range for the DEI benchmark is zero (0) to 100, with 100 being the highest score.



As shown below, there are six (6) categories within the DEI benchmark. Five (5) of the six (6) categories are assigned a weight and the five (5) weighted categories total 100 points. Some of the five (5) weighted categories have subcategories. If applicable, a category total is the sum of its subcategories.

- **Culture & Leadership = 30 points**
  - Culture = 20 points
  - Leadership = 10 points
- **Enterprise-Wide Access = 10 points**
  - Enterprise-Wide Access = 10 points
- **Employment Practices = 40 points**
  - Benefits = 10 points
  - Recruitment = 10 points
  - Employment, Education, Retention, & Advancement = 10 points
  - Accommodations = 10 points
- **Community Engagement = 10 points**
  - Community Engagement = 10 points
- **Supplier Diversity = 10 points**
  - Supplier Diversity = 10 points
- **Non-U.S. Operations = Non-Weighted**

To receive full credit for a subcategory, you must answer “yes” to the number of weighted question sets specified for that subcategory. You must also provide the required information in the affirmative for all weighted sub-questions within those question sets in order for them to count. Partial credit will not be granted. Responses of “no”, “no, but plan to within the next year”, and “do not know” do not count for credit.

**Example:**

The “Culture” subcategory within the “Culture & Leadership” category is weighted 20 points. It has three (3) question sets. You must answer “yes” to at least two (2) of the three (3) question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive the 20 points.

The “Leadership” subcategory within the “Culture & Leadership” category is weighted 10 points. It has four (4) question sets. You must answer “yes” to at least two (2) of the four (4) question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive the 10 points.



Partial credit will not be granted. For example, if you meet the criteria for one (1) question set or less within the “Leadership” subcategory, no points will be granted because it requires at least two (2).

If you receive 20 out of 20 points for the “Culture” subcategory and zero (0) out of 10 points for the “Leadership” subcategory, your total for the “Culture & Leadership” category is 20 points out of 30 points possible.

### **Other DEI Response Information:**

- The DEI is a U.S. based benchmark; responses must consist of U.S. practices in order to receive credit.
  - The exception is the new Non-U.S. Operations benchmark section. Companies with Non-U.S. Operations will be directed to it. It does not impact score.
- “Company-wide” means company-wide in the U.S.
- Please use current information. “Current” means in place at the time of your submission and by no later than the benchmark due date.
  - The only exception is for questions that say “During the past year...”, which specify the period January 1, 2021 – December 31, 2021.
- If a question requires supporting documentation, those materials must be submitted with this benchmark to receive credit for the question.
  - Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents.
  - Please only submit documentation pertaining to the question rather than a full summary plan document and/or information not related to the question.
- If a question requires submission of a website URL, please only submit a URL that contains the language requested. Please be sure that the URL is available to the public and is not an employee intranet site. (Note for repeat participants: As website contents may change year over year, please be sure to test a previously submitted URL for relevance and accuracy prior to re-submission on the current benchmark.)
- Please refrain from using acronyms in your answers, unless the full wording/meaning has been initially referenced.



### **Use of Company Information:**

The score range for the DEI is zero (0) to 100, with 100 being the highest score possible. Scores are in increments of 10. Companies that score an 80 or above are considered top-scoring companies.

In general, any Confidential Information submitted in the DEI benchmark may be utilized for reporting purposes. However, it is important to note that individual company data is kept strictly confidential and individual company results are only reported as described below:

- DEI benchmark results are reported in aggregate and all company benchmark responses are used to report aggregate results regardless of benchmark score.
- Only companies with a score of 80 or above will be published.
  - Only the overall score is published. The breakdown of the score is not published. For example, if a company scores a 90, AAPD and Disability:IN state that the company scored 90. AAPD and Disability:IN do not state what category the 10 points were missed.
- Companies with a score of 80 or above may be recognized in several places, including the following: the DEI website, the DEI Annual Report, AAPD’s DEI website landing page, Disability:IN’s DEI website landing page, at an AAPD, Disability:IN, or DEI event, in press releases, and in other similar places.
- Companies with a score of 80 or above are recognized in a DEI Annual Report and may also be recognized in other similar DEI publications, which may be made publicly available. Specifically:
  - Your company will be listed as a top-scoring company.
  - One or more of your company’s innovative disability inclusion practices may be featured, at the joint discretion of AAPD and Disability:IN. In this case, your company name will be featured with the innovative practice(s).
    - Any specific information that is used will come from the “Best Practice” question that is at the end of each of the ten (10) benchmark subcategories and/or from Question 1 in the “Additional Information” section at the end of the DEI benchmark. These questions are marked accordingly within the benchmark.
    - “Best Practice” questions are optional and do not impact your DEI score.



- Question 1 in the “Additional Information” section is optional and does not impact your DEI score.
- Companies that score a 70 or below are kept confidential. AAPD and Disability:IN do not release the company’s name, score information, or benchmark responses, and only release information directly back to representatives of the company.
  - AAPD’s and Disability:IN’s obligation to maintain confidentiality does not extend to information that (a) is part of the public domain at the time of the disclosure or thereafter becomes a part of the public domain through no act or omission of AAPD and Disability:IN; (b) is approved for release by written authorization of the participating company that provided the information; or (c) is lawfully obtained from third parties who are not bound to a confidentiality agreement with the participating company.
- There are very few questions within the DEI that require uploading of company documents. For questions that require the uploading of documents, companies have the option to “opt-in” to allow AAPD and Disability:IN the option to share the information, otherwise the document(s) are kept confidential. If a company (that scores 80 or above) opts-in to share the information, AAPD and Disability:IN may use the document(s) as an example to other companies of the type of information we are seeking for the benchmark and/or as an example of best practice.
- AAPD and Disability:IN shall not use the name, trademark, symbol, or other identifier of the disclosing company, except for purposes of the DEI.
- AAPD and Disability:IN shall use the Confidential Information only for purposes of the DEI, in accordance with the terms of this Agreement. AAPD and Disability:IN shall not, nor permit any agent or employee to, disclose, copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of or gift the Confidential Information to any other person, firm, or corporation without the written permission of the disclosing company.

**Security:**

The DEI Benchmark Tool is hosted by New Editions Consulting, Inc. New Editions’ most important concern is the protection and reliability of customer data and uses industry standard techniques to secure data. New Editions’ servers are protected by high-end firewall systems, and vulnerability scans are performed regularly. All services have quick failover points and redundant hardware, and complete backups are performed nightly. New Editions uses Transport Layer Security (TLS) and Secure Sockets Layer (SSL) encryption (also known as HTTPS) for all transmitted data. Each company’s DEI benchmark tool responses are password protected to protect confidentiality. Participating companies determine who within their company has access to the DEI benchmark tool. All PII and financial records are encrypted using a 256-bit AES algorithm prior to storage.



Data is hosted by a third-party data center that leverages an ITIL-based control environment validated for compliance against HIPAA, PCI DSS and SOC (formerly SAS 70) frameworks. The data centers are also 100% compliant against OCR and PCI Audit Protocols.

**Do you accept the requirements listed above?** (NOTE: A response of “yes” is required to move forward with/begin the DEI benchmark.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_

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(\* indicates a required question / field)

**BUSINESS & CONTACT INFORMATION**

1. \*Primary Contact: (NOTE: Primary Contact will receive benchmark information and can address questions from DEI staff.)
  - 0 \*First Name:
  - 0 \*Last Name:
  - 0 \*Job Title:
  - 0 \*Address Line 1:
  - 0 Address Line 2 (Suite, Building, Floor, etc.):
  - 0 \*City / Town:
  - 0 \*State:
  - 0 \*Zip Code:
  - 0 \*Department:
  - 0 \*E-mail Address:
  - 0 \*Phone Number (###-###-####):
  - 0 Extension:
  
2. \*Secondary Contact: (NOTE: Secondary Contact may be copied on benchmark information and contacted if Primary Contact is not available.)
  - 0 \*First Name:
  - 0 \*Last Name:
  - 0 \*Job Title:
  - 0 \*Address Line 1:
  - 0 Address Line 2 (Suite, Building, Floor, etc.):



- 0 \*City / Town:
- 0 \*State:
- 0 \*Zip Code:
- 0 \*Department:
- 0 \*E-mail Address:
- 0 \*Phone Number (###-###-####):
- 0 Extension:

3. If you have a disability-related Employee Resource Group (ERG) or Business Diversity Resource Group (BRG), does it have an executive sponsor?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 Not Applicable\_\_\_\_\_

3a. ERG or BRG Executive Sponsor Contact Information:

- 0 \*First Name:
- 0 \*Last Name:
- 0 \*Job Title:
- 0 \*Address Line 1:
- 0 Address Line 2 (Suite, Building, Floor, etc.):
- 0 \*City / Town:
- 0 \*State:
- 0 \*Zip Code:
- 0 \*Department:
- 0 \*E-mail Address:
- 0 \*Phone Number (###-###-####):
- 0 Extension:

4. Does your organization have an accessibility contact(s)?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 Not Applicable\_\_\_\_\_

4a. Accessibility Contact(s) Information (Please provide information for at least one (1) and up to three (3)):

- 0 \*First Name:





0 \*Last Name:  
0 \*Job Title:  
0 \*Address Line 1:  
0 Address Line 2 (Suite, Building, Floor, etc.):  
0 \*City / Town:  
0 \*State:  
0 \*Zip Code:  
0 \*Department:  
0 \*E-mail Address:  
0 \*Phone Number (###-###-####):  
0 Extension:

0 First Name:  
0 Last Name:  
0 Job Title:  
0 Address Line 1:  
0 Address Line 2 (Suite, Building, Floor, etc.):  
0 City / Town:  
0 State:  
0 Zip Code:  
0 Department:  
0 E-mail Address:  
0 Phone Number (###-###-####):  
0 Extension:

0 First Name:  
0 Last Name:  
0 Job Title:  
0 Address Line 1:  
0 Address Line 2 (Suite, Building, Floor, etc.):  
0 City / Town:  
0 State:  
0 Zip Code:  
0 Department:  
0 E-mail Address:  
0 Phone Number (###-###-####):  
0 Extension:



5. \*Company Headquarters Information: (NOTE: If you score an 80 or above on the benchmark, what you enter for your Business Name is also what will be used when results are published.)

- 0 \*Business Name (legal name including type of organization such as Corporation or LLP):
- 0 \*Address Line 1:
- 0 Address Line 2 (Suite, Building, Floor, etc.):
- 0 \*City / Town:
- 0 \*State:
- 0 \*Zip Code:
- 0 \*Company Website Address:
- 0 \*Main Phone Number (###-###-####):

6. \*Total Number (as of 12/31/21) of U.S. Based Employees (e.g. 105,561): \_\_\_\_\_  
 (NOTE: Please provide the sum of full-time and part-time employees in the U.S. Answer must be numeric.)

6a. \*Total Number (as of 12/31/21) of Full-Time U.S. Based Employees (e.g. 85,567): \_\_\_\_\_  
 (NOTE: Employers not ranked in the Fortune 1000 or that are not an Am Law 200 firm must have at least 500 full-time employees based in the U.S. to be rated in the DEI. Answer must be numeric.)

6b. \*Total Number (as of 12/31/21) of Part-Time U.S. Based Employees (e.g. 43,445): \_\_\_\_\_  
 (NOTE: Answer must be numeric. If you have no part-time employees, enter 0.)

7. \*Do you have operations outside of the United States?

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_

7a. \*If YES to Question 6, please indicate the total number of non-U.S.-based employees: \_\_\_\_\_  
 (NOTE: Answer must be numeric. Remember, this question is not rated and is for informational purposes only.)

7b. \*If YES to Question 6, please indicate the city, country, and number of employees for up to five (5) non-U.S. locations: (If you have more than five non-U.S. locations, try to limit to those locations where your business has the most employees or where it has a significant community presence. Remember, this question is not rated and is for informational purposes only.)

- 0 Location 1 City \_\_\_\_\_
- 0 Location 1 Country \_\_\_\_\_
- 0 Location 1 Number of Employees \_\_\_\_\_
- 0 Location 2 City \_\_\_\_\_
- 0 Location 2 Country \_\_\_\_\_
- 0 Location 2 Number of Employees \_\_\_\_\_
- 0 Location 3 City \_\_\_\_\_
- 0 Location 3 Country \_\_\_\_\_



- 0 Location 3 Number of Employees \_\_\_\_\_
- 0 Location 4 City \_\_\_\_\_
- 0 Location 4 Country \_\_\_\_\_
- 0 Location 4 Number of Employees \_\_\_\_\_
- 0 Location 5 City \_\_\_\_\_
- 0 Location 5 Country \_\_\_\_\_
- 0 Location 5 Number of Employees \_\_\_\_\_

8. \*Is your business publicly traded? (NOTE: Publicly traded companies have a Stock Ticker Symbol. A publicly traded company, also called a public company or publicly held, is a company which has issued securities through an offering, and which is traded on the open market.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_

8a. \*If YES to Question 7, please provide your Stock Ticker Symbol: \_\_\_\_\_

(NOTE: A Stock Ticker Symbol is a system of letters used to uniquely identify a stock or mutual fund. They are typically three (3) to five (5) letters in length.)

9. \*Primary Industry:

- 0 Advertising and Marketing \_\_\_\_\_
- 0 Aerospace and Defense \_\_\_\_\_
- 0 Agriculture \_\_\_\_\_
- 0 Automotive \_\_\_\_\_
- 0 Banking, Financial, and Asset Management \_\_\_\_\_
- 0 Chemical and Biotechnology \_\_\_\_\_
- 0 Consulting and Professional Services \_\_\_\_\_
- 0 Consumer Products \_\_\_\_\_
- 0 Educational Services \_\_\_\_\_
- 0 Energy and Utilities \_\_\_\_\_
- 0 Engineering and Construction \_\_\_\_\_
- 0 Entertainment, Media, Hospitality, and Leisure \_\_\_\_\_
- 0 Food, Beverage, and Groceries \_\_\_\_\_
- 0 Healthcare, Health Service, and Healthcare Medical Facilities \_\_\_\_\_
- 0 Hotels, Resorts, and Casinos \_\_\_\_\_
- 0 Information and Internet Services \_\_\_\_\_
- 0 Insurance \_\_\_\_\_
- 0 Law Firms \_\_\_\_\_
- 0 Mail and Freight Delivery \_\_\_\_\_
- 0 Maintenance, Repair and Operations \_\_\_\_\_



- 0 Manufacturing\_\_\_\_\_
- 0 Oil, Gas, Mining, and Metals\_\_\_\_\_
- 0 Pharmaceuticals\_\_\_\_\_
- 0 Publishing and Printing\_\_\_\_\_
- 0 Real Estate\_\_\_\_\_
- 0 Retail and Ecommerce\_\_\_\_\_
- 0 Technology\_\_\_\_\_
- 0 Telecommunications\_\_\_\_\_
- 0 Tobacco\_\_\_\_\_
- 0 Transportation and Logistics\_\_\_\_\_
- 0 Travel and Airlines\_\_\_\_\_
- 0 Waste Management and Renewables\_\_\_\_\_

9a. \*Is your business a Federal contractor? (NOTE: Federal contractors are employers who enter into a contract with the United States (any department or agency) to perform a specific job, supply labor and materials, or for sales of products or services.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_

**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**CULTURE & LEADERSHIP (30 points)**

**Culture (20 points)**

Businesses commit to and demonstrate a sustained, visible cultural commitment to disability inclusion throughout the organization, including at least two (2) of the following three (3) elements:

**(Must answer “yes” to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 20 points for the Culture subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-3.
- Question set 4 (Additional Questions) is required but non-weighted.
- Question 5 (Best Practice) is optional and non-weighted.



1. \*Does your business have a company-wide written statement of commitment to Diversity & Inclusion?  
 (NOTE: The written statement could be either a statement or a policy. We are seeking a Diversity & Inclusion statement. An Equal Employment Opportunity policy, Non-Discrimination/Non-Harassment policy or other compliance-related policy is not applicable for this question. Also, answer “No” if you have a statement of commitment to Diversity & Inclusion but it is not company-wide in the U.S.)

**Weighted**

- 0 Yes, company-wide\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, does the written statement of commitment to Diversity & Inclusion specifically mention disability?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1b. \*If YES to Question 1a, is the statement of commitment posted externally on your public-facing company website?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1c. \*If YES to Question 1b, please provide the specific web page address (URL) where the statement of commitment is displayed. (NOTE: Please provide a link to a page that has the statement of commitment language on it. Please also be sure that the URL is available to the public.)

**Weighted**

- 0 URL Link:  
 e.g. <http://www.company.com/diversitystatement>



1d. \*If you provided a URL Link for Question 1c, please copy and paste the paragraph/section of the statement within the website URL that specifically mentions disability. (REMINDER: The written statement could be either a statement or a policy. We are seeking a Diversity & Inclusion statement. An Equal Employment Opportunity policy, Non-Discrimination/Non-Harassment policy or other compliance-related policy is not applicable for this question.)

**Weighted**

0 Copy of wording:

2. \*Does your business have an officially recognized disability-focused Employee Resource Group (ERG) or Affinity Group? (NOTE: An Employee Resource Group (ERG) or Affinity Group is an employee initiated and led group formed around common interests or background, which is open to all employees. For this particular question, we are seeking an officially recognized group of employees that is specifically focused on supporting and advocating for individuals with disabilities. A group of employees who focuses on broad diversity and inclusion topics, such as a Diversity Council, is not applicable for this question and is addressed in another part of the benchmark.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, please provide the name of the disability-focused Employee Resource Group or Affinity Group.

**Weighted**

0 Disability-Focused Employee Resource Group or Affinity Group Name:

2b. \*If YES to Question 2, does the disability-focused Employee Resource Group or Affinity Group have a senior executive (Vice President or higher) champion or sponsor?

- 0 Yes\_\_\_\_\_
- 0 No, employee group does not have a champion or sponsor\_\_\_\_\_
- 0 No, the employee group champion / sponsor is below Vice President level\_\_\_\_\_
- 0 No, employee group does not have a champion or sponsor but plan to have senior executive champion / sponsor within the next year\_\_\_\_\_
- 0 No, the employee group champion / sponsor is below Vice President level, but plan to have senior executive champion / sponsor within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



2c. \*If YES to Question 2b, please provide the title and department of the senior executive (Vice President or higher) champion or sponsor.

0 \*Job Title:

e.g. Vice President, Logistics

0 \*Department:

e.g. Supply Chain / Operations

2d. \*If YES to Question 2, is the disability-focused Employee Resource Group or Affinity Group specifically mentioned externally on your public-facing company website? (NOTE: Answer "No" if the Employee Resource Group is not specifically mentioned by name on your public-facing website.)

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 No, but plan to within the next year\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

2e. \*If YES to Question 2d, please provide the specific web page address (URL) that mentions information about the disability-focused Employee Resource Group or Affinity Group. (NOTE: Please provide a link to a page that has the Employee Resource Group or Affinity Group language on it. Please also be sure that the URL is available to the public.)

0 URL Link:

e.g. <http://www.company.com/employeegroup>

2f. \*If you provided a URL Link for Question 2e, please copy and paste the paragraph/section within the website URL that specifically mentions the name of the disability-focused Employee Resource Group or Affinity Group.

0 Copy of wording:

2g. \*If NO to Question 2, if employees expressed interest in forming an Employee Resource Group (ERG) or Affinity Group, would your business support their efforts by allowing them to use company facilities and resources?

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

3. \*Does your business have a company-wide external hiring goal(s) for people with disabilities? (NOTE: Hiring means hiring or recruitment goal. The goal(s) may or may not be numerical. The goal(s) need to be company--wide. The goal(s) need to be external, related to bringing on employees. Also, if you wish to use the OFCCP utilization goal as your response, please include in your response how that translates into a hiring goal.)



**Weighted**

- Yes, company-wide \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3a. \*If YES to Question 3, please briefly describe one (1) of your business’ external hiring goals. (NOTE: If you wish to use the OFCCP utilization goal as your response, please be sure to include details on how that translates into a hiring goal.)

**Weighted**

- Answer:

3b. \*Is progress measured against the external hiring goal described in Question 3a?

**Weighted**

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3c. \*If YES to Question 3b, is the CEO of your business briefed on the progress against the hiring goal?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**

4. \*Does your business utilize an employee engagement survey? (NOTE: An engagement survey is a survey that employees typically take anonymously and on a re-occurring basis, such as annually. Employee engagement is the extent to which employees feel passionate about their jobs, are committed to the organization, and put discretionary effort into their work.)

- Yes, company-wide \_\_\_\_\_
- Yes, in one or more subsidiaries, but not company-wide \_\_\_\_\_
- No \_\_\_\_\_





- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

4a. \*If YES to Question 4, does your employee engagement survey provide a way for your business to track employee engagement by demographic option? (NOTE: Examples of demographic options include but are not limited to: gender, race, disability, and veteran status.)

- Yes, we ask demographic questions in our employee engagement survey \_\_\_\_\_
- Yes, we are able to link/merge our engagement survey information with demographic information from our HRIS system \_\_\_\_\_
- Yes, we ask demographic questions in our employee engagement survey and we are also able to link/merge our engagement survey information with demographic information from our HRIS system if necessary \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

4b. \*If YES to Question 4a, does your business review the aggregate engagement survey results for employees who have identified as having a disability?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, we do not have a disability demographic option on our employee engagement survey and do not currently have disability self-ID information in our HRIS system \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

4c. \*If YES to Question 4b, what percentage of employees identify as individuals with disabilities? (NOTE: Answer must be numeric. Examples include for 5% enter 5 or for 0.2% enter 0.2.)

- Answer \_\_\_\_\_

5. \*Does your business publish an annual diversity report(s)?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_



5a. \*If YES to Question 5, does the diversity report(s) include any data on employees who identify as having a disability? (NOTE: We’re looking for reports that include percent of employees who identify as having a disability. According to the [2021 DEI results](#), an average of 5% of current employees identify as having a disability.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

5b. \*If YES to Question 5a, please upload a copy of the diversity report(s). (NOTE: Please upload a document(s) that specifically states the percentage of employees who identify as having a disability. Can be a flyer(s) or screen shot(s). Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make A Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

0 Upload here:

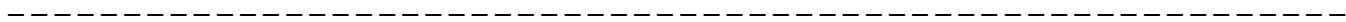
**BEST PRACTICE (optional)**

6. Does your business have an innovative disability-focused practice related to “Culture” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:



**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**Leadership (10 points)**

Businesses commit to and demonstrate visible leadership commitment to disability inclusion, including at least two (2) of the following four (4) elements:



**(Must answer “yes” to at least two (2) of the four (4) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Leadership subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-4.
- Question sets 5-6 (Additional Questions) are required but non-weighted.
- Question 7 (Best Practice) is optional and non-weighted.

1. \*Does your business have a Diversity Council? (NOTE: A Diversity Council focuses on multiple diversity groups as opposed to just one particular group. Employee Resource Groups and Affinity Groups are not applicable for this question and are addressed in another part of the benchmark. Also, supplier diversity councils are not applicable for this question.)

**Weighted**

- 0 Yes, company-wide\_\_\_\_\_
- 0 Yes, in one or more subsidiaries, but not company-wide\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, does your Diversity Council have a written mission statement? (NOTE: A mission defines the purpose for existence. A mission is intended to help guide the actions of the Diversity Council.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1b. \*If YES to Question 1a, does your Diversity Council’s mission specifically include disability inclusion as an area of focus?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



1c. \*If YES to Question 1, does the Diversity Council have a member who is publicly open about being a person with a disability and/or as an ally/supporter for people with disabilities?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but we are actively recruiting a person with a disability and/or an ally/supporter\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1d. \*If YES to Question 1c, please select all that apply (at least one (1) is required).

For each option that is applicable, please provide information for at least one (1) and up to three (3) members.

0 Diversity Council has a member(s) who is/are publicly open about being a person with a disability.

- \*First Name:
- \*Last Name:
- \*Job Title:  
e.g. Director
- \*Department:  
e.g. Finance
- \*E-mail Address:
- \*Phone Number (###-###-####):
- Extension:
  
- First Name:
- Last Name:
- Job Title:  
e.g. Director
- Department:  
e.g. Finance
- E-mail Address:
- Phone Number (###-###-####):
- Extension:
  
- First Name:
- Last Name:
- Job Title:  
e.g. Director
- Department:  
e.g. Finance



- E-mail Address:
- Phone Number (###-###-####):
- Extension:

0 Diversity Council has a member(s) without a disability who is/are publicly open about being an ally/supporter for people with disabilities.

- \*First Name
- \*Last Name
- \*Job Title:  
e.g. Director
- \*Department:  
e.g. Finance
- \*E-mail Address:
- \*Phone Number (###-###-####):
- Extension:

- First Name:
- Last Name:
- Job Title:  
e.g. Director
- Department:  
e.g. Finance
- E-mail Address:
- Phone Number (###-###-####):
- Extension:

- First Name:
- Last Name:
- Job Title:  
e.g. Director
- Department:  
e.g. Finance
- E-mail Address:
- Phone Number (###-###-####):
- Extension:

1e. \*If YES to Question 1, is the Diversity Council specifically mentioned externally on your public-facing company website?

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_



- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

1f. \*If YES to Question 1e, please provide the specific web page address (URL) where the Diversity Council is mentioned. (NOTE: Please provide a link to a page that has the Diversity Council language on it. Please also be sure that the URL is available to the public.)

- URL Link:  
e.g. <http://www.company.com/diversitycouncil>

1g. \*If you provided a URL Link for Question 1f, please copy and paste the paragraph/section within the website URL that specifically mentions the Diversity Council.

- Copy of wording:

1h. \*If YES to Question 1, how many members are in the Diversity Council?

Please select the one (1) that applies:

- Between 1 and 5 members \_\_\_\_\_
- Between 6 and 10 members \_\_\_\_\_
- Between 11 and 15 members \_\_\_\_\_
- Between 16 and 20 members \_\_\_\_\_
- 21 or more members \_\_\_\_\_

2. \*During the period 1/1/21 – 12/31/21, did a member of your senior executive team (within first two layers of CEO) show external support of disability inclusion through participation on the Board of Directors for a disability-focused organization or working group and/or through a public statement? (NOTE: A public statement could include a speech/statement at a conference/public setting, or a quote/write-up in an article, magazine, or other similar type of publication.)

**Weighted**

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

2a. \*If YES to Question 2, please select all that apply (at least one (1) is required).

**Weighted**



For each option that is applicable, please provide information for at least one (1) and up to three (3) senior executives.

0 Served on Board of Directors for an external disability-focused organization or working group

- \*Senior Executive Name:
- \*Senior Executive Title:
- \*Organization / Working Group Name:
  
- Senior Executive Name:
- Senior Executive Title:
- Organization / Working Group Name:
  
- Senior Executive Name:
- Senior Executive Title:
- Organization / Working Group Name:

0 Made an external community-focused public statement(s)

- \*Senior Executive Name:
- \*Senior Executive Title:
- \*Brief description of public statement:
  
- Senior Executive Name:
- Senior Executive Title:
- Brief description of public statement:
  
- Senior Executive Name:
- Senior Executive Title:
- Brief description of public statement:

3. \*Is there a Senior Executive (within first two layers reporting to CEO) who is internally known as being a person with a disability and/or as an ally/supporter for people with disabilities?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



3a. \*If YES to Question 3, please select all that apply (at least one (1) is required).

**Weighted**

For each option that is applicable, please provide information for at least one (1) and up to three (3) senior executives.

0 Have Senior Executive who is internally known as being a person with a disability

- \*Job Title:  
e.g. Senior Vice President, Logistics
- \*Department:  
e.g. Supply Chain / Operations
  
- Job Title:  
e.g. Senior Vice President, Logistics
- Department:  
e.g. Supply Chain / Operations
  
- Job Title:  
e.g. Senior Vice President, Logistics
- Department:  
e.g. Supply Chain / Operations

0 Have Senior Executive without a disability who is internally known as being an ally/supporter for people with disabilities

- \*Job Title:  
e.g. Chief Financial Officer
- \*Department:  
e.g. Finance
  
- Job Title:  
e.g. Chief Financial Officer
- Department:  
e.g. Finance
  
- Job Title:  
e.g. Chief Financial Officer
- Department:  
e.g. Finance





4. \*Do Senior Executives (those within first two layers reporting to CEO) receive individual performance evaluations? (NOTE: Key Performance Indicators (KPIs) count as a performance evaluation.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4a. \*If YES to Question 4, do their individual performance evaluations specifically include a written diversity inclusion component? (NOTE: We are looking for diversity and inclusion to be a written component of one of the measurable parts of the performance evaluation, such as part of an objective or goal statement(s).)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4b. \*If YES to Question 4a, is disability inclusion specified as a written component of diversity within the performance evaluations? (NOTE: We are looking for disability inclusion to be a written component of one of the measurable parts of the performance evaluation. It does not need to be stand-alone. For example, it could be a component of a general diversity and inclusion objective. Also, it does not necessarily need to be employment related. It could be supplier diversity related, product development related, or something else business related.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4c. \*If YES to Question 4b, please briefly describe how disability inclusion is specifically incorporated within diversity inclusion in the performance evaluations.

**Weighted**

- 0 Answer:



4d. \*If NO to Question 4b, are any diverse groups specified as a component of diversity inclusion within the performance evaluations?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

4e. \*If YES to Question 4d, please select all the diverse groups (at least one (1) is required) that are specifically included as a component of diversity inclusion in the performance evaluations.

- Women\_\_\_\_\_
- Multicultural\_\_\_\_\_ (e.g. African American, Asian / Pacific Islander, Native American, Hispanic / Latino)
- Mature (Older) Workers\_\_\_\_\_ (Definition: Mature / Older = age 40 and up)
- LGBT\_\_\_\_\_
- Military Veterans\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

5. \*Do the documents that govern nomination of Directors on your corporate board specifically mention the consideration of people with disabilities?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_

6. \*Does someone who openly identifies as having a disability serve on your company’s corporate Board of Directors?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- Do Not Know\_\_\_\_\_

6a. \*If YES to question 6, does the company publicly disclose or report on this information?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_

**BEST PRACTICE (optional)**

7. Does your business have an innovative disability-focused practice related to “Leadership” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide



in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**ENTERPRISE-WIDE ACCESS (10 points)**

**Enterprise-Wide Access (10 points)**

Businesses commit to and demonstrate commitment to workplace accessibility, including at least three (3) of the following seven (7) elements:

**(Must answer “yes” to at least three (3) of the seven (7) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Enterprise-Wide Access category.)**

**NOTE:**

- The above is in reference to question sets 1-7.
- Question set 8 (Additional Questions) is required but non-weighted.
- Question 9 (Best Practice) is optional and non-weighted.

1. \*Does your U.S. business have an emergency preparedness policy or procedure(s) or business continuity plan in place? (NOTE: Emergency preparedness is a plan to either mitigate the effects of, or recover from, natural or man-made disasters (e.g. fires, tornadoes, pandemics, acts of terror), as they apply to both the business; physical spaces and digital software. Business continuity planning is the process of creating systems of prevention and recovery to deal with potential threats to a company.)

**Weighted**

0 Yes, company-wide\_\_\_\_\_



- Yes, in one or more subsidiaries, but not company-wide\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, is the emergency preparedness policy, procedure(s), or business continuity plan communicated to employees?

**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

1b. \*If YES to Question 1a, please provide a specific example(s) of how you communicate the policy or procedures to employees. (At least one (1) is required.)

**Weighted**

Please select all that apply:

- In Employee Handbook\_\_\_\_\_
- During New Hire Orientation\_\_\_\_\_
- When fire drills are scheduled\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

1c. \*If YES to Question 1, does the emergency preparedness policy or procedures specifically mention people with disabilities?

**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

1d. \*If YES to Question 1c, what are the ways in which assistance for people with disabilities is addressed? (AT LEAST TWO (2) REQUIRED for scoring purposes.) (NOTE: Please select all that apply, even if they are only at certain locations and not company-wide.)



**Weighted**

- Buddy system\_\_\_\_\_
- Designated team of volunteers to provide assistance to people with disabilities\_\_\_\_\_
- Visual and audible fire alarm system components\_\_\_\_\_
- Stair-descent devices\_\_\_\_\_
- Automatic accessible Intranet message\_\_\_\_\_
- Designated safe places to wait for assistance\_\_\_\_\_
- Confidential accessible system for submitting and tracking emergency evacuation assistance needs\_\_\_\_\_
- Validation that digital supports (e.g. work from home productivity tools) are accessible\_\_\_\_\_
- Process to transition work accommodations/adjustments to an alternate environment (e.g. bring assistive technology or ergonomic equipment home.) \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

2. \*Does your business have a U.S.-based requirement that all owned and leased company locations, buildings, and facilities be accessible to and usable by all people?

**Weighted**

- Yes \_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, does your U.S.-based business have a company-wide review process to ensure all new buildings and facilities at minimum comply with the applicable federal, state, and local access requirements?

**Weighted**

- Yes \_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

2b. \*If YES to Question 2a, does your company have a U.S.-based review process to ensure buildings and facilities built before 1991 are evaluated for access issues and steps are taken to remove any barriers?



**Weighted**

- Yes
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

2c. \*If YES to Question 2b, briefly describe at least one (1) and up to three (3) examples of some of the access improvements that have been implemented in these buildings.

**Weighted**

- \*Answer:
- Answer:
- Answer:

3. \* Has your company made any commitments towards ensuring that individuals with disabilities can access digital content?

**Weighted**

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3a. \*If YES to Question 3, please select all the applicable ways your business has demonstrated a company-wide commitment to digital accessibility. (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: [The W3C's WCAG 2.1 documentation](#))

**Weighted**

- Have created a working group or similar to assess our level of digital accessibility
- Have surveyed individuals with disabilities (internal and/or external) to assess our level of accessibility
- Have begun testing of digital content for accessibility
- Center of Excellence/Dedicated internal team of experts for digital accessibility in place
- Have training or other support mechanisms to ensure internally developed products are accessible to customers and/or employees with disabilities



- 0 Ensure third-party applications meet the relevant accessibility standards throughout the third-party procurement process (e.g. RFI, RFP, proof of concept)
- 0 Require digital accessibility training for all content creator staff (IT, communications, and marketing) and sourcing professionals who need to include accessibility requirements when sourcing products and services that include digital content
- 0 Have a centralized communications/support center(s) with trained staff and a defined process in place to handle support for employees and external customers, including requests for accessible formats
- 0 Have a plan in place to ensure that social media postings are accessible, including blog posts, multi-media and newsletters

3b. \*If YES to Question 3, please briefly describe at least two (2) and up to three (3) examples of your company-wide commitment to digital accessibility as identified in Question 3a.

**Weighted**

- 0 \*Answer:
- 0 \*Answer:
- 0 Answer:

4. \*Does your business have a requirement to ensure digital products (e.g. apps, products, services, and experiences (including training, presentations, documents, etc.) are accessible and usable by individuals with disabilities? (Note: This formalizes the commitment described in question 3 to policies or requirements enforcing accessibility. This can be achieved through a combination of 1) adopting the most recent and relevant industry guidelines and best practices (e.g. WCAG 2.1 AA, Section 508, and CVAA), and 2) providing documentation of successful user acceptance testing by users with disabilities with and without assistive technology. (NOTE: It can be a policy or statement of commitment. You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: [The W3C's WCAG 2.1 documentation](#))

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4a. \*If YES to Question 4, does your business audit your externally facing digital products for adherence to these requirements? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)



**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

4b. \*If YES to Question 4a, please select all the applicable ways your business audits your externally facing digital products for accessibility. (At least one (1) is required.) (Note: These methods could be either in-house or through a third-party partner.)

**Weighted**

- Use of an automated digital accessibility testing tool\_\_\_\_\_
- Manual testing with screen reader and other assistive technology\_\_\_\_\_
- Manual testing by person(s) with a disability\_\_\_\_\_
- Code inspection and accessibility testing tool bars\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

4c. \*If YES to Question 4a, please estimate the percentage of your business’ entire externally facing digital products that are accessible. (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

**Weighted**

- Up to 25%\_\_\_\_\_
- Between 26% and 50%\_\_\_\_\_
- Between 51% and 75%\_\_\_\_\_
- Between 76% and 100%\_\_\_\_\_

4d. \*If YES to Question 4, does your business audit your internally facing digital products for accessibility? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_





4e. \*If YES to Question 4d, please estimate the percentage of your business' entire internally facing digital products that are accessible. *NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)*

**Weighted**

- Up to 25%\_\_\_\_\_
- Between 26% and 50%\_\_\_\_\_
- Between 51% and 75%\_\_\_\_\_
- Between 76% and 100%\_\_\_\_\_

4f. \*If YES to Question 4d, please select all the applicable ways your business audits your internally facing digital products for accessibility. (At least one (1) is required.) *(Note: These methods could be either in-house or through a third-party partner.)*

**Weighted**

- Use of an automated digital accessibility testing tool\_\_\_\_\_
- Manual testing with screen reader and other assistive technology\_\_\_\_\_
- Manual testing by person(s) with a disability\_\_
- Code inspection and accessibility testing tool bars\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

4g. \*If YES to Question 4, has your business conducted usability studies for your highest traffic URLs to verify that your websites work effectively with screen reading and other assistive technology? *(NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)*

- Yes, we have conducted usability studies for both our most utilized external products and our most utilized internal products \_\_\_\_\_
- Yes, we have conducted usability studies for our most utilized external products\_\_\_\_\_
- Yes, we have conducted usability studies for our most utilized internal products\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- No\_\_\_\_\_
- Do Not Know\_\_\_\_\_

5. \*Does your business have an accessibility expert(s) (internal or external) who can resolve accessibility and compatibility issues necessary for employees with disabilities to use internally facing digital products? *(NOTE: Are there internal consultants or external experts with a broad IT accessibility focus who are trained to support employees and troubleshoot their technology accessibility barriers related to using work-related hardware, software, websites, and other similar items? Accessibility in and of itself and/or having an accommodations specialist who helps coordinate activities with IT or other departments are not applicable for this question.)*

**Weighted**



- 0 Yes, we have a trained internal staff member(s)\_\_\_\_\_
- 0 Yes, we use an external support service(s) that specializes in this area\_\_\_\_\_
- 0 Yes, we have an internal staff member(s) AND we utilize an external support service(s)\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

5a. \*If YES to Question 5, please briefly describe the responsibilities or job description of the technology accessibility role of the internal staff member(s) and/or third-party accessibility resource. (NOTE: Are there internal consultants or external experts with a broad IT accessibility focus who are trained to support employees and troubleshoot their technology accessibility barriers related to using work-related hardware, software, websites, and other similar items? Accessibility in and of itself and/or having an accommodations specialist who helps coordinate activities with IT or other departments are not applicable for this question.)

**Weighted**

0 Answer:

5b. \*If YES to Question 5, please briefly describe what training the digital accessibility expert(s) have had on digital accessibility.

**Weighted**

0 Answer:

6. \*Does your business have a centralized communications/support center available to answer questions from those with whom you conduct business? (NOTE: Those with whom you conduct business activities with could include clients, customers, vendors, employees, or any party that your company interfaces with as part of your business. For example, answer “yes” to this question if you have a service or call center for external clients and/or customers and/or if you have a point of contact an employee resource center or IT help desk for employees. Any type of centralized communications/support center is acceptable for this question.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

6a. \*If YES to Question 6, please select which one (1) best describes your centralized communications/support center.

**Weighted**



- 0 We have an internal service center \_\_\_\_\_ e.g. an employee resource center or IT help desk
- 0 We have an external service center \_\_\_\_\_ e.g. a client and/or customer service center or call center
- 0 We have both an internal service center and an external service center \_\_\_\_\_

6b. \*If YES to Question 6, does at least one (1) of your centralized communications/support center(s) have a process in place to handle requests for accessible formats? (NOTE: This question pertains to communications with either external and/or internal sources that your business engages in business activities with. For example, if a client, customer, or employee needs large print or Braille materials, or captioning on a video clip, is there a process in place to handle such requests?)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

6c. \*If YES to Question 6b, please briefly describe the process to handle requests for accessible formats.

**Weighted**

0 Answer:

6d. \*If YES to Question 6b, does your business offer training to the center staff on the process to handle requests for accessible formats?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

6e. \*If YES to Question 6d, please briefly describe the training process.

**Weighted**

0 Answer:

7. \*Does your business offer multi-channel communications options for people you engage with externally and/or internally in business activities (e.g. chat, chat bot, direct video access, email, text, video relay calls)? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)



**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

7a. \*If YES to Question 7, are your communications options accessible? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

7b. \*If YES to Question 7a, have you conducted usability studies to verify that the communications options work effectively with screen reading and other assistive technology?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

7c. \*If NO to Question 7a, does your business have a plan in place to assess your communications options to verify accessibility? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**



8. \*Is your business investing in internal and/or external innovative technology to advance digital accessibility? (NOTE: Examples include AI, augmented reality, virtual reality, robotics, wearables, and smart sensors.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8a. \*If YES to Question 8, please provide at least one (1) and up to three (3) examples of solutions that use innovative technology to advance digital accessibility at your company and the barrier that it addresses.

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

8b. \*If YES to Question 8, do you plan on implementing and scaling these solutions?

- 0 Yes, we’re implementing and using at scale\_\_\_\_\_
- 0 Yes, we’re investing in pilot solutions\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

**BEST PRACTICE (optional)**

9. Does your business have an innovative disability-focused practice related to “Enterprise-Wide Access” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- 0 Answer:
- 0 Answer:
- 0 Answer:



**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**EMPLOYMENT PRACTICES (40 points)**

**Benefits (10 points)**

Businesses commit to and demonstrate commitment to benefits that are disability inclusive, including at least two (2) of the following three (3) elements:

**(Must answer “yes” to at least two (2) of the three (3) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Benefits subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-3.
- Question sets 4-8 (Additional Questions) are required but non-weighted.
- Question 9 (Best Practice) is optional and non-weighted.

1. \*Does your business have an Employee Assistance Program (EAP) or Mental Health Support Program?  
 (NOTE: An Employee Assistance Program is an employer-sponsored service designed to assist with personal or family issues, including mental health or substance abuse.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1a. \*If YES to Question 1, is your EAP or Mental Health Support Program available to both full-time and part-time employees?

- 0 Yes, for full-time and part-time employees \_\_\_\_\_
- 0 Yes, for full-time employees (company does not have part-time employees) \_\_\_\_\_
- 0 No, only available to full-time employees (company has part-time employees) \_\_\_\_\_



- No, but plan to make available to both within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

2. \*Does your business offer short-term disability (STD) benefit coverage for full-time and part-time employees? (NOTE: Short-term disability insurance can replace a portion of an employee’s income during the initial weeks of a disabling illness or accident.)

**Weighted**

- Yes, for full-time and part time employees \_\_\_\_\_
- Yes, for full-time employees (company does not have part-time employees) \_\_\_\_\_
- No, only available to full-time employees (company has part-time employees) \_\_\_\_\_
- No, but plan to make available to both full-time and part-time employees within the next year \_\_\_\_\_
- No, but plan to make available to full-time employees only within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3. \*Does your business offer long-term disability (LTD) benefit coverage for full-time and part-time employees? (NOTE: Long-term disability insurance usually begins where short-term disability insurance leaves off, replacing a portion of an employee’s income if he/she becomes disabled.)

**Weighted**

- Yes, for full-time and part-time employees \_\_\_\_\_
- Yes, for full-time employees (company does not have part-time employees) \_\_\_\_\_
- No, only available to full-time employees (company has part-time employees) \_\_\_\_\_
- No, but plan to make available to both full-time and part-time employees within the next year \_\_\_\_\_
- No, but plan to make available to full-time employees only within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**

4. \* Does your business offer at least one (1) benefit plan that covers hearing aids (in whole or in part) and / or vision care (in whole or in part)?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_



4a. \* If YES to Question 4, does your business offer at least one (1) benefit plan that covers hearing aids in whole or in part? (NOTE: Having an FSA plan that includes reimbursement for hearing aid expenses is not applicable for this question.)

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

4b. \*If YES to Question 4a, please upload a copy of your hearing aid coverage document. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make A Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

Upload here:

4c. \*If YES to Question 4, does your business offer at least one (1) benefit plan that covers vision care in whole or in part? (NOTE: Having an FSA plan that includes reimbursement for glasses or contacts expenses is not applicable for this question.)

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

4d. \*If YES to Question 4c, please upload a copy of your vision care coverage document. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make a Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

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5. \*Does your business offer any mental health benefits above and beyond what is required by the Federal mental health parity bill and any other relevant laws? (Resources: [Department of Labor Mental Health Benefits](#) and [Disability:IN Roadmap to Mental Wellness](#))

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

5a. \*If YES to Question 5, please briefly describe the mental health benefits that go above and beyond what is required by law.





0 Answer:

6. \*Does your business offer a Supplemental Long-Term Disability (SLTD) insurance benefit? (NOTE: Supplemental Long-Term Disability (SLTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

6a. \*If YES to Question 6, please upload a copy of your Supplemental Long-Term Disability (SLTD) insurance benefit document, which includes information about what it does and does not cover. (NOTE: Please upload a document that specifically states what the benefit includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make a Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

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7. \*Does your business provide wellness benefits, information about financial instruments that benefit people with disabilities, and/or paid caregiver leave to employees?

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

7a. If YES to Question 7, do you provide a wellness benefit(s) that extends beyond your EAP or mental health benefits?

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

7b. \*If YES to Question 7a, are these benefits accessible to all people? (NOTE: There are chat solutions, digital solutions, and onsite options that we see continuing to grow in the industry.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_



- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

7c. \*If YES to Question 7a, describe the wellness benefit(s) that’s available to employees? Please briefly describe at least one (1) and up to three (3) methods of communication. (NOTE: Please use a separate text box for each response. Examples include but are not limited to wellness training, mindfulness apps or programs, guided meditation, health club memberships, and massages)

- \*Answer:
- Answer:
- Answer:

7d. \*If YES to Question 7, does your business offer information to employees about financial instruments that benefit people with disabilities, such as ABLE (Achieving a Better Life Experience) savings account plans, or special needs trusts? (NOTE: ABLE accounts are tax-advantaged savings accounts that can fund disability expenses available in 42 states, and the District of Columbia. A special needs trust is set up for a person with a disability to supplement any benefits the person with a disability may receive from government programs, allowing the beneficiary to receive government benefits while still receiving funds from the trust.) (Resource: [About ABLE Accounts](#))

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

7e. \*If YES to Question 7d, please upload a copy of your financial instruments’ information. (NOTE: Please upload a document that specifically states what the coverage includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make a Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

Upload here:

7f. \*If YES to Question 7, does your business offer paid caregiver leave to employees?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

7g. \*If YES to Question 7f, please upload a copy of your paid caregiver leave policy, which includes information about what types of situations or family members are or are not eligible. (NOTE: Please upload a document



that specifically states what the benefit includes. Can be a flyer or screen shot. Does not need to be a multiple-page document. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [www.wikihow.com/Make-a-Zip-File](http://www.wikihow.com/Make-a-Zip-File). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

0 Upload here:

8. \*Are all of your eligible employees made aware of all of the benefits offered to them by your company?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8a. \*If YES to Question 8, have you ensured that your benefits vendors are providing benefits information on a platform that is accessible for all people?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8b. \*If YES to Question 8, how are the company benefit options communicated to all eligible employees? Please briefly describe at least one (1) and up to three (3) methods of communication. (NOTE: Please use a separate text box for each response.)

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

**BEST PRACTICE (optional)**

9. Does your business have an innovative disability-focused practice related to “Benefits” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

- 0 Answer:



0 Answer:

0 Answer:

**Weighted** = Weighted Question  
(\* indicates a required question / field)

**Recruitment (10 points)**

Businesses commit to and demonstrate recruitment practices that welcome individuals with disabilities, including at least three (3) of the following five (5) elements:

**(Must answer “yes” to at least three (3) of the five (5) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Recruitment subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-4 and question 5.
- Questions 5a, 5b, and 5c (Additional Questions) are required but non-weighted.
- Question 6 (Best Practice) is optional and non-weighted.

1. \*Does your business display non-discrimination and/or equal opportunity policy language that specifically mentions disability on your external public-facing recruitment/career website? (NOTE: The wording must specifically mention disability and be on your external public-facing recruitment/career website. We are looking for compliance statements, not a statement of commitment to Diversity & Inclusion.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1a. \*If YES to Question 1, please provide the specific web page address (URL) that displays this language on your external public-facing recruitment/career website. (NOTE: Please provide a link to a recruitment/career page that displays the non-discrimination and/or equal opportunity policy language. Please also be sure that the URL is available to the public.)



**Weighted**

0 URL Link:  
e.g. <http://www.company.com/careers/EEO>

1b. \*If you provided a URL Link for Question 1a, please copy and paste the paragraph/section of the non-discrimination language and/or equal opportunity policy language within the website URL that specifically mentions disability.

**Weighted**

0 Copy of wording:

2. \*Does your business have language specifically displayed on your external public-facing recruitment/career website about the process for requesting disability accommodations to complete the application process? (NOTE: The wording must be on your recruitment/career website. The wording must specifically mention accommodation and include contact information such as an e-mail address and/or phone number. An online fill-in the blank contact form that can be submitted electronically is also acceptable.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, please provide the specific web page address (URL) that displays this language on your external public-facing recruitment/career website. (NOTE: Please provide a link to a recruitment/career page that has the accommodation language on it. Please also be sure that the URL is available to the public.)

**Weighted**

0 URL Link:  
e.g. <http://www.company.com/career/accommodation>

2b. \*If you provided a URL Link for Question 2a, please copy and paste the paragraph/section within the website URL that specifically mentions how a job applicant can request a disability accommodation.

**Weighted**

0 Copy of wording:



3. \*Does your business make all job interview candidates aware of the option to request an accommodation(s) for the interview? (NOTE: This question could be asked either when setting up an interview by phone or through an email.)

**Weighted**

- Yes
- No
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3a. \*If YES to Question 3, please briefly describe the accommodation information that is communicated to candidates who have been selected for an interview.

**Weighted**

- Answer:

4. \*Does your business have external recruitment efforts in place that are specifically geared toward hiring individuals with disabilities? (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities.)

**Weighted**

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

4a. \*If YES to Question 4, please select all the applicable ways your business has demonstrated external recruitment efforts specifically geared toward hiring individuals with disabilities. (AT LEAST TWO (2) REQUIRED for scoring purposes). (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities. (Resources: [LimeConnect](#), [NextGen Leaders](#), and [Workforce Recruitment Program](#)))

**Weighted**

- Post jobs on non-government disability recruitment organization website(s) \_\_\_\_\_
- Participate at job fair(s) targeting people with disabilities \_\_\_\_\_
- Establish relationships with College/University disability student services offices \_\_\_\_\_



- 0 Establish relationships with governmental organizations that serve people with disabilities such as state vocational rehabilitation agencies\_\_\_\_\_
- 0 Have external candidate development program(s) in place that focus(es) on skill development and/or job placement of people with disabilities (e.g. [NextGen Leaders](#))\_\_\_\_\_
- 0 Participate in student focused recruiting programs (e.g. [LimeConnect](#), [NextGen Leaders](#), [Workforce Recruitment Program](#))\_\_\_\_\_
- 0 Other (please specify): \_\_\_\_\_

4b. \*If YES to Question 4, please briefly describe at least two (2) and up to three (3) examples of your recruitment efforts specifically geared toward hiring individuals with disabilities. (AT LEAST TWO (2) REQUIRED for scoring purposes.) (NOTE: Sponsorship of an organization or event in and of itself is not applicable for this question. We are looking for information specific to your recruitment activities.)

**Weighted**

- 0 \*Answer:
- 0 \*Answer:
- 0 Answer:

5. \*If your business uses personality profile screening tests/instruments for any position as part of the employment screening process, do you allow applicants with disabilities the option to opt-out of the test as an accommodation? (NOTE: Opt-out means to not take the test at all. If you do not currently use profile screening tests / instruments, it counts the same as opt-out.)

**Weighted**

- 0 Yes, we allow applicants to opt-out\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, not applicable; we do not currently use profile screening tests/instruments\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**

5a. \*If YES to Question 5, please briefly describe how you make applicants aware of the option to opt-out. (NOTE: If you don't make applicants aware on the front-end, and wait for them to ask, please let us know that as well.)

- 0 Answer:



5b. \*If YES to Question 5, do you provide an alternative process in place of the personality profile screening tests/instruments? (NOTE: An alternative process is something other than a personality profile screening test/instrument. For example, providing a different type of test that is not focused on personality. Providing the test/instrument in a different format, such as reading the questions to an applicant, is not applicable for this question since that’s an accommodation as opposed to an alternative process.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

5c. \*If YES to Question 5b, please briefly describe any alternative processes you may offer instead of personality profile screening tests/instruments.

0 Answer:

**BEST PRACTICE (optional)**

6. Does your business have an innovative disability-focused practice related to “Recruitment” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

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**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**Employment, Education, Retention, & Advancement (10 points)**

Businesses commit to and demonstrate employment practices that fully incorporate and include individuals with disabilities, including at least three (3) of the following six (6) elements:





**(Must answer “yes” to at least three (3) of the six (6) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Employment, Education, Retention, & Advancement subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-6.
- Question sets 7 (Additional Questions) is required but non-weighted.
- Question 8 (Best Practice) is optional and non-weighted.

1. \*Does your business provide New Hire Orientation to all new hire employees within 90 days of employment?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, does your business include information about disability inclusion in New Hire Orientation?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1b. \*If YES to Question 1a, please select all the applicable ways your business includes disability inclusion in New Hire Orientation. (At least one (1) is required.)

**Weighted**

- 0 New employees receive an Employee Handbook which has Equal Employment Opportunity and/or Non-discrimination policies in it\_\_\_\_\_
- 0 New employees receive materials about Disability Employee Resource Group/Affinity Group\_\_\_\_\_
- 0 New employees are required to take training which is either focused on OR includes a component on disability inclusion\_\_\_\_\_



- 0 The job accommodation request process is discussed and/or shared with new employees \_\_\_\_\_
- 0 Other (please specify): \_\_\_\_\_

2. \*Does your business have disability inclusion training available for employees to take above and beyond any training required during New Hire Orientation? (NOTE: The training may be a part of broader diversity training. Also, for purposes of this question, it's acceptable if the training falls during or after an employee's first 90-days, so long as the training is above and beyond any standard training your business conducts as part of New Hire Orientation. Examples of disability inclusion training include: disability awareness, disability etiquette, disability accommodations, disability laws (e.g., FMLA, ADA, 503), disability employment awareness, and other related trainings.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

2a. \*If YES to Question 2, do you require all people managers to take at least one (1) of the trainings? (NOTE: People managers include anyone within the company with direct reports. Answer "No" if some but not all people managers are required to take the training(s).)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

2b. \*If YES to Question 2a, please briefly describe what at least one (1) and up to three (3) disability inclusion trainings that people managers are required to take consists of. (NOTE: Please use a separate text box for each response. Please provide details on specific aspects of disability inclusion that the training covers.)

**Weighted**

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

3. \*Does your business encourage employees with a disability to self-identify as a person with a disability?

**Weighted**



- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3a. \*If YES to Question 3, please select all the applicable methods of communication that are used to encourage employees to self-identify. (AT LEAST TWO (2) REQUIRED for scoring purposes). [\(e.g. where information on how to self-identify can be found by an employee.\)](#)

**Weighted**

- Distribution of mass e-mails \_\_\_\_\_
- Included in New Hire Orientation training \_\_\_\_\_
- Included in Disability Employment Awareness Month material(s) \_\_\_\_\_
- Included in employee newsletter(s) \_\_\_\_\_
- Included on company intranet / portal \_\_\_\_\_
- Disability Employee Resource Group (ERG)/Affinity Group announcement \_\_\_\_\_
- Included in Benefits Annual Open Enrollment \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

3b. \*If YES to Question 3, does your business have a process in place that enables employees to confidentially self-identify as a person with a disability? [\(NOTE: An electronic OR form process is acceptable. An “electronic system” is one in which an employee can self-service/self-identify on their own via the company intranet/portal at any time without having to go through another person.\)](#)

**Weighted**

- Yes, employees can self-identify confidentially via an electronic system \_\_\_\_\_
- Yes, employees can self-identify via a confidential form \_\_\_\_\_
- Yes, we have both an electronic system and a form process that employees can choose from to confidentiality self-identify \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

3c. \*If YES to Question 3b, do you use the numerical data to track progress in hiring people with disabilities?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_



0 Do Not Know \_\_\_\_\_

3d. \*If YES to Question 3c, what percentage of new hires within the last year identified as individuals with disabilities? (NOTE: Answer must be numeric. Examples include for 5% enter 5 or for 0.2% enter 0.2.)

0 Answer:

4. \*Do you currently have any employees who utilize supported employment? (NOTE: Supported employment means competitive work in an integrated work setting. Supported employment for people with significant disabilities could be provided directly by the employer or through external service providers such as through a government rehabilitation agency. Supported employment is both an approach and an array of services that enables people with significant disabilities to be successful in the workplace. The goal is for the person to become as independent as possible in their job or career. Examples of supported employment include but are not limited to one-on-one coaching and extended training programs.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

5. \*Does your business currently utilize employee retention and advancement programs? (NOTE: Examples include but are not necessarily limited to apprenticeships, high potential rotational programs, employee and leadership development programs, and other similar programs.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

5a. \*If YES to Question 5, are any of your employee retention and advancement programs focused on or include employees with disabilities?

**Weighted**

- 0 Yes, we have a program(s) solely focused on employees with disabilities \_\_\_\_\_
- 0 Yes, we have a program(s) that is inclusive of employees with disabilities, but not necessarily solely focused on employees with disabilities \_\_\_\_\_



- Yes, we have both a program(s) that is solely focused on employees with disabilities as well as a program(s) that is inclusive of employees with disabilities\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

5b. \*If YES to Question 5a, please briefly describe at least one (1) and up to three (3) of the programs. (NOTE: Please use a separate text box for each response. Examples include but are not necessarily limited to apprenticeships, high potential rotational programs, employee and leadership development programs, and other similar programs. The programs must be formal. For example, solely being a member of an ERG would not be sufficient.)

- \*Answer:
- Answer:
- Answer:

6. \*Does your business pay all of your employees at least Local, State, or Federal minimum wage – whichever is highest? (NOTE: Answer “No” if you currently hold a 14c certificate, even if you don’t currently pay any of your employees subminimum wage. 14c certificates allow employers to pay workers with disabilities less than Federal minimum wage. Also, please note that this question is specific to 14c/paying workers with disabilities less than minimum wage. Work such as restaurant servers, unpaid internships, and other work that offers tips or commission for people who may not have a disability is not applicable for this question.) (Resources: [Subminimum Wage Employment for Workers with Disabilities](#) and [What minimum wage exceptions apply to student learners?](#))

**Weighted**

- Yes\_\_\_\_\_
- No, we hold a 14c certificate\_\_\_\_\_
- Do Not Know\_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**

7. \*Does your business have a written retention and advancement policy or commitment statement?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

7a. \*If YES to Question 7, does your written retention and advancement policy or commitment statement specifically include/mention disability inclusion and/or supported employment? (NOTE: Supported employment is



both an approach and an array of services that enables people with significant disabilities to be successful in the workplace. The goal is for the person to become as independent as possible in their job or career.)

- Yes, mentions disability inclusion\_\_\_\_\_
- Yes, mentions supported employment\_\_\_\_\_
- Yes, mentions both disability inclusion and supported employment\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

7b. \*If YES to Question 7a, please copy and paste the paragraph/section of the written retention and advancement policy or commitment statement that specifically mentions disability inclusion and/or supported employment.

Answer:

7c. \*If NO to Question 7a, are any diverse groups specified as a component of the written retention and advancement policy or commitment statement?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

7d. \*If YES to Question 7c, please select all the diverse groups (at least one (1) required) that are specifically included as a component of the written retention and advancement policy or commitment statement.

- Women\_\_\_\_\_
- Multicultural\_\_\_\_\_ (e.g. African American, Asian / Pacific Islander, Native American, Hispanic / Latino)
- Mature (Older) Workers\_\_\_\_\_ (Definition: Mature / Older = age 40 and up)
- LGBT\_\_\_\_\_
- Military Veterans\_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**BEST PRACTICE (optional)**

8. Does your business have an innovative disability-focused practice related to “Employment, Education, Retention, & Advancement” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar



publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**Accommodations (10 points)**

Businesses commit to and demonstrate accommodation practices that fully incorporate and include individuals with disabilities, including at least two (2) of the following four (4) elements:

**(Must answer “yes” to at least two (2) of the four (4) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Accommodations subcategory.)**

**NOTE:**

- The above is in reference to question sets 1-4.
- Question sets 5-8 (Additional Questions) are required but non-weighted.
- Question 9 (Best Practice) is optional and non-weighted.

1. \*Does your business have a disability accommodation policy? (NOTE: We are looking for a policy that specifically provides the company’s commitment to providing reasonable accommodations. Medical leave of absence policies are not applicable for this question. The policy needs to broadly cover all disabilities rather than focus on specific disabilities. Supporting information for this question would not include job accommodation request forms or other similar types of forms.)

**Weighted**

- 0 Yes, company-wide\_\_\_\_\_
- 0 Yes, in one or more subsidiaries, but not company-wide\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_



0 Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, is the disability accommodation policy posted in a place where employees can access it on their own?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1b. \*If YES to Question 1a, please select all the applicable ways an employee can access the disability accommodation policy. (At least one (1) is required.)

**Weighted**

- 0 In Employee Handbook\_\_\_\_\_
- 0 In Code of Conduct / Ethics document\_\_\_\_\_
- 0 On Intranet / Portal\_\_\_\_\_
- 0 Physically posted at company locations\_\_\_\_\_
- 0 Other Internal Location (please specify): \_\_\_\_\_

1c. \*If YES to Question 1, please upload a copy of your disability accommodation policy. (NOTE: A screenshot of the policy is sufficient. Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make a Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the "Next" button then the "Back" button and the "Delete File" button will populate.)

**Weighted**

0 Upload here:

2. \*Does your business have a written disability accommodation procedure available to employees, which explains the process for requesting a disability accommodation? (NOTE: Answer "yes" if you have a written procedure in place, either as part of an accommodations policy or as a separate document. "Procedure" is different than "policy" in that the "procedure" informs the employee of the process and defines who an employee should contact if they are in need of a general disability accommodation, such as modified work hours, assistive technology hardware and software, and accommodations services to include, but not be limited to ASL interpreting services and real-time captioning.)

**Weighted**

0 Yes, company-wide\_\_\_\_\_





- Yes, in one or more subsidiaries, but not company-wide\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, is the disability accommodation procedure posted where employees can access it on their own?

**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

2b. \*If YES to Question 2a, please select all the applicable ways an employee can access the disability accommodation procedure. (At least one (1) is required.)

**Weighted**

- In Employee Handbook\_\_\_\_\_
- In Code of Conduct / Ethics document\_\_\_\_\_
- On Intranet / Portal\_\_\_\_\_
- Physically posted at company locations\_\_\_\_\_
- Other Internal Location (please specify): \_\_\_\_\_

2c. \*If YES to Question 2, does your business have a required timeframe for fulfilling a request for a disability accommodation?

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

2d. \*If YES to Question 2c, what is your required timeframe for responding to a request for a disability accommodation? Please indicate the number of business days. (NOTE: The field is limited to two (2) characters. If your required timeframe is a range, enter the high end of the range. If you are not sure of the number of business days, enter "NS" for "Not Sure".)

- Number of Business Days\_\_\_\_\_



2e. \*If YES to Question 2, does your business have an accommodations specialist(s)? (NOTE: An accommodations specialist is a person who specializes in and is seen as an “expert” in accommodations. The accommodations specialist could serve as a primary accommodation resource or be utilized on an as needed basis when unique accommodation situations arise.)

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

3. \*Does your business have a centralized accommodations fund or allow managers to have a “budget margin” with disability accommodations expenses? (NOTE: A centralized accommodation fund is available to either partially cover or entirely cover reasonable accommodations for employees with disabilities. Answer “yes” if you have regionally based centralized funds. Answer yes, if your managers do not face penalty when they exceed their budget due to disability accommodations expenses “flexible budget”). (Resource: [Disability:IN's Centralized Accommodations Fund Whitepaper](#))

**Weighted**

- 0 Yes, company-wide \_\_\_\_\_
- 0 Yes, in one or more subsidiaries, but not company-wide \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

3a. \*If YES to Question 3, please select which type of centralized accommodations fund your company uses or confirm your strategy of providing managers a “flexible budget.”

**Weighted**

- 0 One centralized fund covers all accommodation costs company-wide \_\_\_\_\_
- 0 One centralized fund is available to offset costs company-wide if local departments need financial assistance \_\_\_\_\_
- 0 Each region has a centralized fund which covers all accommodation costs for the region \_\_\_\_\_
- 0 Each region has a centralized fund available to offset costs for the region if local departments need financial assistance \_\_\_\_\_
- 0 Managers are provided a “flexible” budget and do not face a penalty for exceeding budget due to disability accommodation expenses \_\_\_\_\_

3b. \*If YES to Question 3, are people managers made aware of the centralized accommodations fund or the “flexible budget” strategy?

**Weighted**



- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

3c. \*If YES to Question 3, please briefly describe what kinds of accommodations the centralized fund and the “flexible budget” covers.

**Weighted**

- 0 \*Answer:

4. \*Does your business have a process in place for employees to request disability accommodations for off-site company meetings/activities, as well as virtual meetings or company-supported/industry-relevant meetings/events?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

4a. \*If YES to Question 4, please briefly describe the process for employees to request an accommodation for off-site, virtual meetings or company-supported/industry-relevant meetings/events.

**Weighted**

- 0 Answer:

4b. \*If YES to Question 4, is the process communicated to employees?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



4c. \*If YES to Question 4b, please briefly describe how the process is communicated to employees.

**Weighted**

0 \*Answer:

**ADDITIONAL QUESTIONS (required but not weighted)**

5. \*Does your business track accommodation metrics? (NOTE: Examples include but are not limited to accommodation response and accommodation fulfillment timeframes, measuring employee and manager satisfaction and return to work successes. When applicable, the data captured and analyzed for the centralized accommodation fund could be helpful with tracking.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

5a. \*If YES to Question 5, please briefly describe at least one (1) and up to three (3) accommodations metrics that you track. (NOTE: Please use a separate text box for each response.)

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

6. \*Do you provide any accommodations for your hard of hearing, Deaf, or Deaf-blind employees?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

6a. \*If YES to Question 6, what type of services do you provide for your hard of hearing, Deaf, or Deaf-blind employees? Please select all the applicable ways. (At least one (1) is required.)

- 0 Just-In-Time (JIT) interpreting services - on site
- 0 Just-In-Time (JIT) interpreting services – remote
- 0 Full-Time Employees (FTE) interpreters
- 0 Vendor provided interpreters full time- onsite



- Vendor provided interpreters full time- remote
- In-person captioning
- Remote captioning
- Other (please specify): \_\_\_\_\_

6b. \*Are any of the services you selected for Question 6a provided by disability-owned businesses? (NOTE: Disability-owned businesses include disability owned businesses, veteran-disability owned businesses, and service-disabled veteran-owned businesses.)

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

6c. \*If you plan to make any changes to the services you currently provide, please briefly describe at least one (1) and up to three (3) reasons why. (NOTE: N/A is an acceptable response. Examples may include full-time employees or virtual services.)

- \*Answer:
- Answer:
- Answer:

7. \*Does your business offer “Personal Assistance Services” (PAS) in the workplace as an accommodation? (NOTE: PAS can make employment possible for some people with disabilities. As such, we are looking for an accommodation for employees that either covers or helps offset the cost of PAS. A person with a disability who has a personal assistant at work may receive support with a wide-variety of work related activities. When they cover the cost of the PAS themselves, if the employer offers a PAS accommodation, it helps them offset the expense.) (Resource: [Personal Assistance Services \(PAS\) in the Workplace](#))

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- No, but plan to within the next year \_\_\_\_\_
- Do Not Know \_\_\_\_\_

7a. \*If YES to Question 7, please briefly describe at least one (1) and up to three (3) PAS accommodations that an employee can request while at work, traveling for work or to offset the home personal assistant expense. (NOTE: Please use a separate text box for each response.)

- \*Answer:
- Answer:



0 Answer:

7b. \*If YES to Question 7, does your business cover any costs associated with “Personal Assistance Services” (PAS) at home?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8. \*Do you offer your employees flexible work options? (NOTE: Flexible work options offer creative approaches for completing work while promoting balance between work and personal commitments. These approaches involve use of non-traditional work hours, locations, and/or job structures.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8a. \*If YES to Question 8, what flexible work options do you offer your employees? (At least one (1) is required.)

- 0 Ability to work remotely full-time\_\_\_\_\_
- 0 Ability to work remotely part-time\_\_\_\_\_
- 0 Flexible schedules (ability to work at different hours if compatible with their job duties) \_\_\_\_\_
- 0 Part-time employment as a company norm\_\_\_\_\_
- 0 Part-time employment as an exception\_\_\_\_\_
- 0 Job shares (two people work reduced hours and have one job between them) \_\_\_\_\_
- 0 Other (please specify): \_\_\_\_\_

8b. \*If YES to Question 8, how is employee eligibility for the flexible work options determined? (NOTE: For example, is it on an individual-level based on manager, HR, or VP-level discretion or determine if there is a company-wide policy based on the ability to perform job duties.)

0 \*Answer:

8c. \*If YES to Question 8, please briefly describe at least one (1) and up to three (3) things you are doing to support employees with disabilities who are involved in flexible work arrangements. (NOTE: Please use a separate text box for each response.)

0 \*Answer:



0 Answer:

0 Answer:

**BEST PRACTICE (optional)**

9. Does your business have an innovative disability-focused practice related to “Accommodations” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

**Weighted** = Weighted Question  
(\* indicates a required question / field)

**COMMUNITY ENGAGEMENT (10 points)**

**Community Engagement (10 points)**

Businesses demonstrate public-facing engagement practices that celebrate and support individuals with disabilities, including at least two (2) of the following four (4) elements:

**(Must answer “yes” to at least two (2) of the four (4) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Community Engagement category.)**

**NOTE:**

- The above is in reference to question sets 1-4.
- Question sets 5-7 (Additional Questions) are required but non-weighted.
- Question 8 (Best Practice) is optional and non-weighted.



1. \*During the period 1/1/21 – 12/31/21, did your business provide philanthropic support to an external disability related event or organization? (NOTE: For purposes of this benchmark question, philanthropic support can be encouraging employee service, in-kind donations, and/or financial donations.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

1a. \*If YES to Question 1, please briefly describe at least one (1) and up to three (3) donations your business has made to an external disability related event or organization. (NOTE: Please use a separate text box for each response.)

**Weighted**

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

2. \*During the period 1/1/21 – 12/31/21, did your business publicly support or help shape external national or local initiatives around disability inclusion practices? (NOTE: This is not a financial donation/support related question. If there are both financial and non-financial components to the initiative, we are looking for focus and elaboration on the non-financial components. Also, internal only initiatives are not applicable for this question nor are recruitment related activities, as recruitment is already covered in another part of the benchmark.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, please select all that apply (at least one (1) is required).

**Weighted**





- Participated in an external national event or initiative that supported inclusion\_\_\_\_\_
- Participated in an external local event or initiative that supported inclusion\_\_\_\_\_

2b. \*If YES to Question 2, please briefly describe at least one (1) and up to three (3) initiatives around disability inclusion practices that your business has publicly supported or helped shape. (NOTE: Please use a separate text box for each response.)

**Weighted**

- \*Answer:
- Answer:
- Answer:

3. \*Does your business have a formal program(s) in place to understand how to address the needs of the disability community? (NOTE: A formal program could be a focus group, market research, work with a disability consultant or expert, or usability studies. The use of an internal employee group such as an Employee Resource Group (ERG), Affinity group, or Diversity Council is also acceptable; however, we are looking for specifics on what activities the group engages in to better understand the external disability community.)

**Weighted**

- Yes\_\_\_\_\_
- No\_\_\_\_\_
- No, but plan to within the next year\_\_\_\_\_
- Do Not Know\_\_\_\_\_

3a. \*If YES to Question 3, please select all that apply (at least one (1) is required).

**Weighted**

- Focus Group\_\_\_\_\_
- Market Research\_\_\_\_\_
- Work with a disability consultant or expert\_\_\_\_\_
- Usability studies\_\_\_\_\_
- Employee Resource Group or Affinity Group\_\_\_\_\_
- Diversity Council\_\_\_\_\_
- Other (please specify): \_\_\_\_\_



3b. \*If YES to Question 3, please briefly describe one (1) of the formal programs. Include information about how the program is utilized to better understand the needs of the disability community.

**Weighted**

0 Answer:

4. \*Does your business have a process in place to ensure that all contractors and subcontractors that you work with pay all of their employees at least Local, State, or Federal minimum wage – whichever is highest? (NOTE: 14c certificates allow employers to pay workers with disabilities less than Federal minimum wage. Answer “No” to this question if your business does not have a process in place to ensure that all contractors and subcontractors that you work with do not hold a 14c certificate. Work such as restaurant servers, unpaid internships, and other work that offers tips or commission for people who may not have a disability is not applicable for this question.) (Resources: [Subminimum Wage Employment for Workers with Disabilities](#) and [What minimum wage exceptions apply to student learners?](#))

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

4a. \*If YES to Question 4, please briefly describe the process that is in place to ensure that all of your contractors and subcontractors pay all of their employees at least Local, State, or Federal minimum wage – whichever is highest.

**Weighted**

0 Answer:

**ADDITIONAL QUESTIONS (required but not weighted)**

5. \*Does your business have a smart-phone app available for use by the public?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, not applicable, our business doesn’t work directly with the public\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

5a. \*If YES to Question 5, has your business audited your smart-phone app for accessibility? (NOTE: You may need to contact your IT usability, product development, or government relations area for assistance with this question.) (Resource: [The W3C’s WCAG 2.1 documentation](#))



- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

6. \*Does your business market directly to the disability community by depicting people with disabilities in your internal or external marketing and/or advertising materials? (NOTE: Marketing and/or advertising could be internal or external and in electronic or print format. Examples of internal communications that could depict people with disabilities are benefit open enrollment materials, leadership development materials, or similar type materials. Examples of external communications that could depict people with disabilities are commercials, billboards, recruitment materials, or other similar materials.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

6a. \*If YES to Question 6, please briefly describe at least one (1) and up to three (3) marketing and/or advertising materials that have depicted people with disabilities. (NOTE: Please use a separate text box for each response.)

- 0 \*Answer:
- 0 Answer:
- 0 Answer:

7. \*Does your business have a plan in place to ensure social media postings are accessible? (e.g. For example, a plan to ensure that photos are well described and videos are captioned.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

7a. \*If YES to Question 7, please briefly describe the social media accessibility plan that you have in place.

- 0 Answer:

**BEST PRACTICE (optional)**



8. Does your business have an innovative disability-focused practice related to “Community Engagement” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

**Weighted** = Weighted Question  
 (\* indicates a required question / field)

**SUPPLIER DIVERSITY (10 points)**

**Supplier Diversity (10 points)**

Businesses commit to and demonstrate supplier diversity practices that fully include and utilize disability owned, veteran–disability owned businesses and service-disabled veteran owned businesses, including at least two (2) of the following six (6) elements:

**(Must answer “yes” to at least two (2) of the six (6) weighted question sets and provide the required information in the affirmative for all weighted sub-questions within those question sets in order to receive 10 points for the Supplier Diversity category.)**

**NOTE:**

- The above is in reference to question sets 1-6.
- Question sets 7-8 (Additional Questions) are required but non-weighted.
- Question 9 (Best Practice) is optional and non-weighted.

1. \*Does your business have a supplier diversity program?

**Weighted**



- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1a. \*If YES to Question 1, does your business have a written supplier diversity statement of commitment from a member of your senior executive team (CEO or within first two layers of CEO)? (NOTE: Supplier diversity statement of commitment can be included in a broader Diversity & Inclusion statement of commitment. A supplier code of business conduct is not applicable for this question.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1b. \*If YES to Question 1a, does the written statement of commitment specifically mention disability?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1c. \*If YES to Question 1b, is your written statement of commitment communicated to employees?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1d. \*If YES to Question 1c, please briefly describe how the statement of commitment is communicated to employees.

**Weighted**

- 0 Answer:



1e. \*If YES to Question 1b, is your written statement of commitment posted externally on your public-facing website?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

1f. \*If YES to Question 1e, please provide the specific web page address (URL) where the statement of commitment is displayed.

**Weighted**

- 0 URL Link:  
e.g. <http://www.company.com/supplierdiversity>

1g. \*If you provided a URL for Question 1f, please copy and paste the paragraph/section of the statement within the website URL that specifically mentions disability.

**Weighted**

- 0 Copy of wording:

2. \*During the period 1/1/21 – 12/31/21, did your business have expenditures with disability-owned businesses? (NOTE: Disability-owned businesses include disability owned businesses, veteran-disability owned businesses, and service-disabled veteran-owned businesses.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

2a. \*If YES to Question 2, during the period 1/1/21 – 12/31/21, did your business have expenditures with independent third-party certified/verified disability-owned businesses? (NOTE: Refer to list of [Disability:IN certification categories](#))

**Weighted**



- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

3. \*Does your business have in place a Supplier Diversity Manager/Leader(s) who is dedicated to overseeing supplier diversity initiatives for your business?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

3a. \*If YES to Question 3, what is the job title and department of the Supplier Diversity Manager/Leader?

**Weighted**

- \*First Name:
- \*Last Name:
- \*Job Title:  
e.g. Supplier Diversity Director
- \*Department:  
e.g. Procurement/Supply Chain
- \*E-mail Address:
- \*Phone Number (###-###-####):
- Extension:

4. \*Does your business have a supplier diversity webpage on your external public-facing company website?

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



4a. \*If YES to Question 4, does your business specify/list preferred third-party certification/verification organizations/agencies on your supplier diversity site?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4b. \*If YES to Question 4a, does the list of preferred third-party certification/verification organizations/agencies include Disability:IN?

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_
- 0 Do Not Know \_\_\_\_\_

4c. \*If YES to Question 4b, please provide the specific webpage address (URL) where Disability:IN is displayed.

- 0 URL Link:  
e.g. <http://www.company.com/supplierdiversity>

4d. \*If you provided a URL link for Question 4c, please copy and paste the paragraph/section within the website URL that specifically mentions Disability:IN.

- 0 Copy of wording:

4e. \*If YES to Question 4, does your business list diverse supplier classifications recognized by your organization on your supplier diversity site? (NOTE: For example, classifications could include but are not necessarily limited to businesses such as the following: disability-owned, veteran-owned, women-owned, LGBT-owned, and minority-owned. For purposes of the DEI, diverse suppliers are businesses that are at least 51% owned, operated, and controlled by one or more persons from these groups.)

**Weighted**

- 0 Yes \_\_\_\_\_
- 0 No \_\_\_\_\_
- 0 No, but plan to within the next year \_\_\_\_\_





0 Do Not Know \_\_\_\_\_

4f. \*If YES to Question 4e, does the list of diverse supplier classifications specifically mention the following types of businesses: 1) disability owned AND 2) service-disabled veteran-owned? (NOTE: Refer to list of Disability:IN certification categories. Language about sheltered workshops, AbilityOne, and businesses employing people with disabilities are not applicable for this question.)

0 Yes \_\_\_\_\_

0 No \_\_\_\_\_

0 No, but plan to within the next year \_\_\_\_\_

0 Do Not Know \_\_\_\_\_

4g. \*If YES to Question 4f, please provide the specific webpage address (URL) where the disability-owned business language is displayed.

0 URL Link:

e.g. <http://www.company.com/supplierdiversity>

4h. \*If you provided a URL link for Question 4g, please copy and paste the paragraph/section within the website URL that specifically mentions these types of businesses.

0 Copy of wording:

5. \*When bidding out all contracts to potential direct suppliers, does your business include language about diversity and inclusion? (NOTE: For example, when doing Requests for Information (RFI), Requests for Proposal (RFP), and Requests for Quote (RFQ).)

**Weighted**

0 Yes \_\_\_\_\_

0 No \_\_\_\_\_

0 No, but plan to within the next year \_\_\_\_\_

0 Do Not Know \_\_\_\_\_

5a. \*If YES to Question 5, does the language specifically mention disability supplier inclusion?

0 Yes \_\_\_\_\_

0 No \_\_\_\_\_

0 No, but plan to within the next year \_\_\_\_\_

0 Do Not Know \_\_\_\_\_



5b. \*If YES to Question 5a, please briefly describe how disability supplier inclusion is incorporated into contract bid documents.

0 Answer:

6. \*Does your business have a second-tier (Tier 2) supplier diversity program? (NOTE: Tier 2 suppliers are subcontractors/vendors who work with your direct suppliers.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

6a. \*If YES to Question 6, do you require at least some of your prime suppliers to have expenditures with disability-owned businesses? (NOTE: For purposes of this question, prime suppliers are your Tier 1 suppliers. Disability-owned businesses include disability owned businesses, veteran-disability owned businesses, and service-disabled veteran-owned businesses.)

**Weighted**

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

**ADDITIONAL QUESTIONS (required but not weighted)**

7. \*Does your business have a company-wide disability-focused goal(s) in place for supplier diversity and inclusion?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

7a. \*If YES to Question 7, please briefly describe one of your business’ disability-focused supplier diversity goals.

0 Answer:



7b. \*If YES to Question 7, is progress measured against the goal described in Question 7a?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

7c. \*If YES to Question 7b, is the CEO of your business briefed on the progress against the goal?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8. \*Does your business have a supplier diversity council or committee?

- 0 Yes, company-wide\_\_\_\_
- 0 Yes, in one or more subsidiaries, but not company-wide
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8a. \*If YES to Question 8, does your supplier diversity council or committee have a written mission statement?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8b. \*If YES to Question 8a, does your supplier diversity council or committee's mission specifically include disability inclusion as an area of focus?

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_



8c. \*If YES to Question 8, does the supplier diversity council or committee have a member who is publicly open about being a person with a disability and/or as an ally/supporter for people with disabilities? (NOTE: For example, an ally/supporter could be, but is not necessarily limited to, someone from your disability ERG, if you have a disability ERG.)

- 0 Yes\_\_\_\_\_
- 0 No\_\_\_\_\_
- 0 No, but plan to within the next year\_\_\_\_\_
- 0 Do Not Know\_\_\_\_\_

8d. If YES to Question 8c, what is the name(s) of and contact information for the supplier diversity council or committee member(s):

Please provide information for at least one (1) and up to three (3) committee members.

- 0 \*First Name:
- 0 \*Last Name:
- 0 \*Job Title:
- 0 \*Department:
- 0 \*E-mail Address:
- 0 \*Phone Number (###-###-####):
- 0 Extension:

- 0 \*First Name:
- 0 \*Last Name:
- 0 \*Job Title:
- 0 \*Department:
- 0 \*E-mail Address:
- 0 \*Phone Number (###-###-####):
- 0 Extension:

- 0 \*First Name:
- 0 \*Last Name:
- 0 \*Job Title:
- 0 \*Department:
- 0 \*E-mail Address:
- 0 \*Phone Number (###-###-####):
- 0 Extension:



**BEST PRACTICE (optional)**

9. Does your business have an innovative disability-focused practice related to “Supplier Diversity” that you would like to tell us about? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review best practice submissions for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:

**NON-U.S. OPERATIONS**

**Non-U.S. Operations (required but not weighted)**

**Businesses commit to and demonstrate non-U.S. practices that fully incorporate and include individuals with disabilities.**

1. \*Does your business have operations outside of the United States?

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

2. \*Do you have standards of non-discrimination in the workplace that apply to all employees outside of the United States, in all countries and municipalities in which you do business?

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 No, but plan to within the next year\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

2a. \*If YES to Question 2, are these standards of non-discrimination in the workplace a global company-wide policy?

0 Yes, company-wide\_\_\_\_\_

0 No\_\_\_\_\_

0 No, but plan to within the next year\_\_\_\_\_



0 Do Not Know\_\_\_\_\_

2b. \*If YES to Question 2a, please upload a copy of the policy.

0 Upload here:

2c. \*If YES to Question 2a, does the policy specifically include "disability"?

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 No, but plan to within the next year\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

3. \*Are there established chapters of your disability-focused Employee Resource Group (ERG) or Affinity Group in your non-U.S. operations?

0 Yes\_\_\_\_\_

0 No\_\_\_\_\_

0 No, but plan to within the next year\_\_\_\_\_

0 Do Not Know\_\_\_\_\_

3a. \*Please upload a copy of a document indicating the locations outside of the United States where disability-focused Employee Resource Groups (ERG) or Affinity Groups have been established.

0 Upload here:

**BEST PRACTICE (OPTIONAL)**

4. If your business has operations outside of the U.S., are there any innovative disability-focused practices you have undertaken to promote disability inclusion outside of the U.S.? If so, please describe it in three (3) to five (5) sentences. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

0 Answer:

0 Answer:

0 Answer:



### ADDITIONAL INFORMATION (optional)

1. Please include any other information that you would like to share with us about your disability inclusion efforts. This could include information on innovative business practices, products or services that affect the disability community; notable employee programs; notable partnerships with disability organizations, or other similar practices. NOTE: Information you provide in this section may be shared in the DEI report or other similar publications at the joint discretion of AAPD and Disability:IN. Make sure to review for accuracy, spelling, grammar, etc. (NOTE: Please provide up to three (3) practices. Use a separate text box for each response.)

Answer:

Answer:

Answer:

2. Please upload any additional information or supporting documents you would like to submit. (NOTE: Acceptable file formats include Rich Text Format (.rtf), Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf), and compressed files (.zip) for multiple documents. For assistance with making a compressed file, visit [Make a Zip File](#). Also, if you need to delete or replace the file that you uploaded, click the “Next” button then the “Back” button and the “Delete File” button will populate.)

Upload here:

3. “OPT-IN” FOR SHARING OF UPLOADED DOCUMENTS: Please select which documents you authorize AAPD and Disability:IN to have the option to share. If you do not put a checkmark next to the document, that document will be kept confidential. If you opt-in to share a document(s), AAPD/Disability:IN may use the document(s) as an example to other companies of the type of information we are seeking for the benchmark and/or as an example of best practice. You will be notified if the documents will be shared. (NOTE: Please select all that apply.)

- Culture Question #5B: Diversity report(s)
- Benefits Question #4B: Hearing aid coverage document(s)
- Benefits Question #6A: Supplemental Long-Term Disability coverage document(s)
- Benefits Question #4D: Vision care coverage document(s)
- Benefits Question #7E: Financial instruments information document(s)
- Benefits Question #7G: Paid caregiver leave document(s)
- Accommodations Question #1C: Disability accommodation policy document(s)
- Non-U.S. Operations #2B: Non-discrimination in the workplace a global company-wide policy document(s)
- Non-U.S. Operations #3A: geographic Employee Resource Groups (ERG) or Affinity Groups document(s)



0 Additional Information Question #2: Miscellaneous document(s)

4. Please provide any additional information, comments, or feedback you would like DEI staff to be aware of.

0 Answer: