

Step by Step Instructions for Updating Your Personal Details in the HCM Cloud

1. Ensure the Me icon is underscored
2. Click the Personal Details icon.



3. Update your Demographic Info including ethnicity, race, marital status, highest education level, veteran status, marital status and gender. Press Submit.

The screenshot shows the 'Personal Details' form for Antoinette Deleon. The 'Demographic Info' section is highlighted. The 'Submit' button is circled in blue. Blue arrows point to the 'Submit' button and the 'Ethnicity', 'Marital Status', 'Highest Education Level', 'Gender', and 'Sexual Orientation' fields.

Demographic Info

Country: United States

Ethnicity: I am Hispanic or Latino.

Select the races you identify with:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Marital Status: Select a value

*When does this marital status change start? mm/dd/yyyy

Gender: Female

Highest Education Level: Select a value

Veteran Self-Identification Status: Not a Protected Veteran

Disabled Veteran:

Active Duty Wartime or Campaign Badge Veterans:

Armed Forces Service Medal Veteran:

Recently Separated Veteran:

Newly Separated Veteran Discharge Date: mm/dd/yyyy

Gender (Not listed above):

Gender Identity: Select a value

Gender Identity (Not listed above):

Sexual Orientation: Heterosexual or Straight

Sexual Orientation (Not listed above):

National Identifiers

Biographical Info

Disability Info

4. Scroll down to the bottom of the page to Disability Info. Click the downward arrow.

Refreshed from PROD on 01/10/2021. No refresh currently scheduled.

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Personal Details
Antoinette Deleon

Name

Start Date 11/02/2020	First Name Antoinette
Last Name Deleon	Middle Name Denise


Demographic Info

Country United States	Veteran Self-Identification Status Not a Protected Veteran
Ethnicity — I am Hispanic or Latino.	Disabled Veteran —
Select the races you identify with. — American Indian or Alaska Native — Asian <input checked="" type="checkbox"/> Black or African American — Native Hawaiian or other Pacific Islander — White	Active Duty Wartime or Campaign Badge Veterans — Armed Forces Service Medal Veteran — Recently Separated Veteran — Newly Separated Veteran Discharge Date
Marital Status	Gender (Not listed above)
Marital Status Change Date 01/08/2020	Gender Identity
Start Date 01/08/2020	Gender Identity (Not listed above)
Gender Female	Sexual Orientation Heterosexual or Straight
Highest Education Level Bachelor Degree	Sexual Orientation (Not listed above)

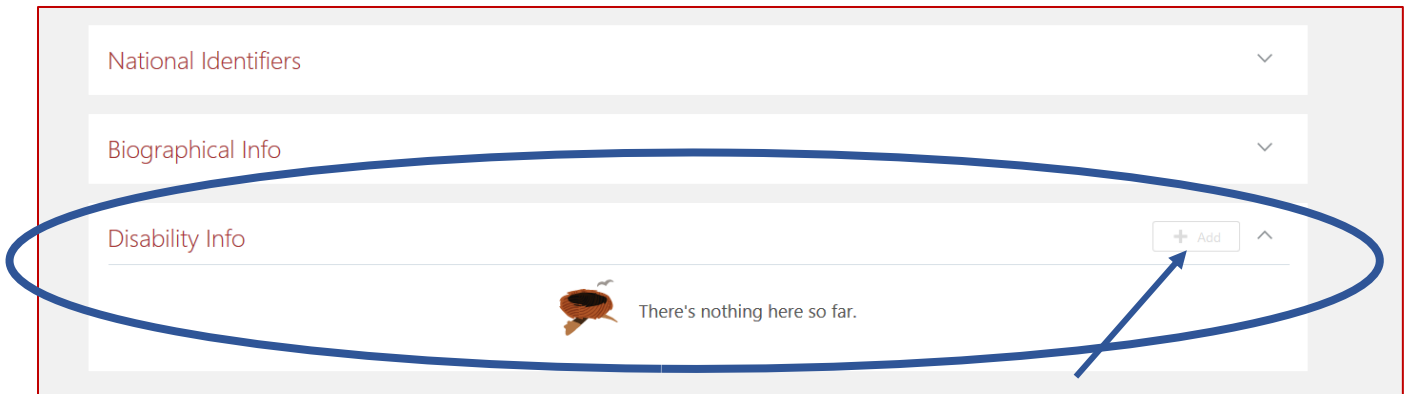
National Identifiers

Biographical Info

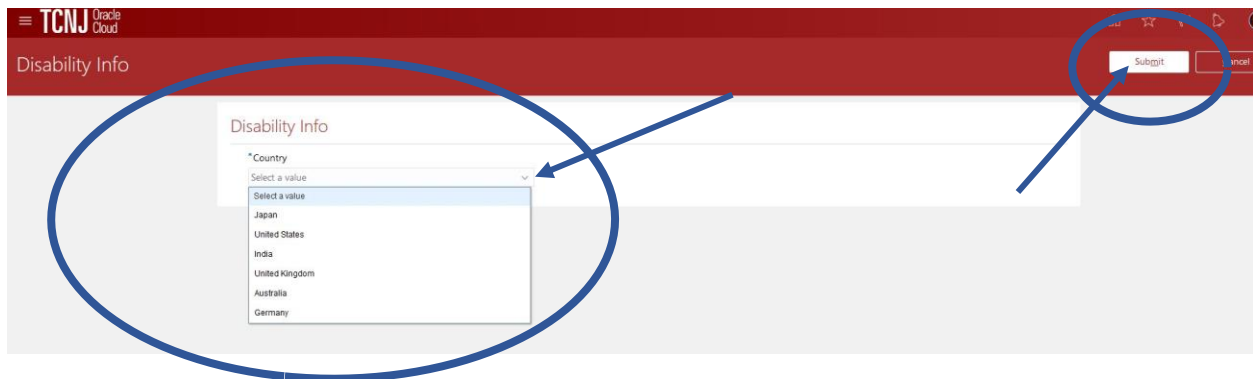
Disability Info



5. After you click the downward arrow you will be able to add a disability declaration. Click Add.



6. Select a value for Country. Click submit.



7. Complete the Voluntary Self-Identification of Disability. Click Submit.

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Disability Info

Submit Cancel

Disability Info

*Country
United States

Voluntary Self-Identification of Disability

Form CC-305 Page 1 of 1 OMB Control Number 1256-0005 Expires 05/31/2023

Name: Antoinette DeLeon Employee ID: 211555 (if applicable) Date: 01/28/2021

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular disease
- Chronic disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
 No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:
Job Title: _____ Date of Hire: _____

Disability Attachments

Drag files here or click to add attachment

Below is an illustration of a Personal Details screen after Disability Info is entered.

National Identifiers

Biographical Info

Disability Info

United States

Disability Code: 300000029292418

Do you have a disability?
I Don't Wish To Answer

Disclosure Date: 01/28/2021

Valid: 01/28/2021