

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

___ Check here if this
is a change of
address.

2. Year Report Filed

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

4. Number of Full-Time Employees during Selected

Reporting Period (check one):

a. ___ Fewer than 16 (complete Sections I, IV, and V only)

b. ___ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N	
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male					Female								
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1																
First/Mid-Level Officials and Managers	1.2																
Professionals	2																
Technicians	3																
Sales Workers	4																
Administrative Support Workers	5																
Craft Workers	6																
Operatives	7																
Laborers and Helpers	8																
Service Workers	9																
TOTAL	10																
PREVIOUS YEAR TOTAL	11																

SECTION III - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)															
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N	
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers 1.1																
First/Mid-Level Officials and Managers 1.2																
Professionals 2																
Technicians 3																
Sales Workers 4																
Administrative Support Workers 5																
Craft Workers 6																
Operatives 7																
Laborers and Helpers 8																
Service Workers 9																
TOTAL 10																
PREVIOUS YEAR TOTAL 11																

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- _____ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- _____ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing	Signature	Telephone No.
Title of Person Signing		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	

Embarq Florida, Inc.

There are 11 Embarq Florida, Inc. employees that did not report a race/ethnicity. The categorization gathered is reflected below.

Full – Time Employees

Job Categories	Male	Female	TOTAL
Technicians	5	2	7
Sales Workers	0	2	2
Craft Workers	2	0	2
TOTAL	7	4	11

REDACTED – FOR PUBLIC INSPECTION

Embarq Florida, Inc.

Case Number	Type	Date Filed	External Agency Name	Agency Number	Charging Party	Employing Entity	Charging Party State	Status	Closed	Close Type
████ ████ ████	• Disability Or Handicap	6/30/2017	Florida Commission On Human Rights	████ ████	████ ████ ████	EQ Embarq - South Florida	FL	Open		