	ST	_	L EMPLOYME			IISSION ATION (EEC) 4)		APPROVED BY OMB 30460008
			CHOOL SYSTE						EXPIRES 12/31/2005
		DO NOT ALT	ER INFORMAT	TION PRINTED	IN THIS BOX				MPLETED M TO:
		<u>(</u>	CONTROL NUM Survey	MBER: 3530002 Year: 17	0			EEO-4 Repo	orting Center ox 8127 /A 20195
			A. TYPE (OF GOVERNM	ENT (Check o	ne box only)			
	1. State		2. County		3. City		4. Township		5. Special District
	6. Other (Specif	y)							
				B. IDENTI	FICATION				
		1. NA	ME OF POLITION			as label, skip to I	tem C)		
				ALBUQUERQ	UE CITY OF				
2. Ac	ddressNumber and	Street	CITY/	TOWN	CO	UNTY	STAT	TE/ZIP	EEOC USE ONLY A
ONE	E CIVIC PLAZA R	M 703	ALBUQI	UERQUE	BERN	ALILLO	NM-S	87103	В
				C. FUN	CTION				
function(e box to indicate the f s) indicated. If you ca SUMMARY FUN	annot supply the d		=	on(s) attach a list	-		-	-
V	1.Financial Admin purchasing, central carried on by a trea	l accounting and s	imilar financial adr	ministration	Z		vision of public hea od and sanitary ins ice, etc.	-	
	GENERAL CONT supervisors or com agencies, central p employees (judges	nmissioners, centra ersonnel or planni	al administration of ng agencies, all jud	fices and	☑		de enforcement, lo ment, housing for o	•	
V	2. STREETS AND administration of s				V		Y DEVELOPMEN	=	ıg, land
V	3. PUBLIC WELF the needy administ should be reported	ARE. Maintenance tration of public as	e of homes and oth	ner institutions for		11. CORRECTIO	NS. Jails, reformat arole and probation	ories, detention ho	mes, halfway
Ø	4. POLICE PROTI constable's, corone employees engage	er's office, etc., inc	luding technical an		N		ND TRANSPORT		
V	5. FIRE PROTECT employees. (Report	ΓΙΟΝ. Duties of th	ne uniformed fire for		V	collection and disp	N AND SEWAGE. posal. Provision, m ystems and sewage	naintenance and op	-
☑	6. NATURAL RE- irrigation drainage PARKS AND REC parks, playgrounds zoos, etc.	, flood control, etc CREATION. Prov	., and ision, maintenance	and operation of		14. EMPLOYME	NT SECURITY ST	ΓATE GOVERNM	IENTS ONLY
	7. HOSPITALS A	ND SANATORIU	MS. Operation and	d maintenance of		15. OTHER (Spec	rify on Page Four)		

institutions for inpatient medical care.

(Lines 75-82)

		FUNCTION	N TYPE 1							
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)					
LIST AGENCIES INCLUDED	ON THIS FORM									
•	•		•	vas reported in ac	cordance with acc	companying				
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE						
	Mary Scott			Director HR						
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777										
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V				
2017-09-15	Mary Scott ADDRESS (Number and Street, City, State, Zip Code) TELEPHONE NUMBER Ext FAX NUMBER One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777 DATE EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE									

(Lines 75-82)

		FUNCTION	N TYPE 2									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)											
LIST AGENCIES INCLUDED	ON THIS FORM											
•	he information given in this report in this report in this report are punishable l		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in ac	cordance with acc	companying						
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE								
	Mary Scott			Director HR								
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER						
One Civic Plaza I	Room 703,Albuquerque,NM,8710)3	505-768-3714 505-768-3777		8-3777							
DATE	EMAIL	TYPED NA	D NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE									
2017-09-15	mscott@cabq.gov		Mary Scott Director HR									

(Lines 75-82)

		FUNCTION	N TYPE 3						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	ON THIS FORM								
•	•		e to the best of my knowledge and w Title 18, Section 1001.)	vas reported in ac	cordance with acc	companying			
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE									
Mary Scott Director HR									
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

		FUNCTION	N TYPE 4						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	ON THIS FORM								
•	IARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) IST AGENCIES INCLUDED ON THIS FORM*** TIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying uctions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR ADDRESS (Number and Street, City, State, Zip Code) TELEPHONE NUMBER One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 DATE EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE					
	Mary Scott			Director HR					
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

(Lines 75-82)

	FUNCTION TYPE 5											
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)												
LIST AGENCIES INCLUDED ON THIS FORM												
•	he information given in this report nents on this report are punishable		•	vas reported in ac	cordance with acc	companying						
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE									
	Mary Scott			Director HR								
ADDRESS (Numb	er and Street, City, State, Zip Co	ode)	TELEPHONE NUMBER	Ext	FAX NU	JMBER						
One Civic Plaza I	Room 703,Albuquerque,NM,8710	03	505-768-3714 505-768-3777			8-3777						
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE										
2017-09-15	mscott@cabq.gov	Mary Scott Director HR										

(Lines 75-82)

FUNCTION TYPE 6												
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)												
LIST AGENCIES INCLUDED ON THIS FORM												
•	he information given in this report nents on this report are punishable		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in ac	cordance with acc	companying						
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE								
	Mary Scott			Director HR								
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER						
One Civic Plaza I	Room 703,Albuquerque,NM,8710	03	505-768-3714 505-768-3777			8-3777						
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE										
2017-09-15	mscott@cabq.gov		Mary Scott Director HR									

		FUNCTION	N TYPE 8						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	ON THIS FORM								
•	•		e to the best of my knowledge and w Title 18, Section 1001.)	vas reported in ac	cordance with acc	companying			
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE									
Mary Scott Director HR									
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

(Lines 75-82)

		FUNCTION	N TYPE 9						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	*LIST AGENCIES INCLUDED ON THIS FORM								
•	he information given in this report tents on this report are punishable		e to the best of my knowledge and w Title 18, Section 1001.)	vas reported in ac	cordance with acc	companying			
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE					
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR									
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

		FUNCTION	TYPE 10						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	ON THIS FORM								
·	ARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) IST AGENCIES INCLUDED ON THIS FORM*** ITFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying actions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR ADDRESS (Number and Street, City, State, Zip Code) TELEPHONE NUMBER Ext FAX NUMBER One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 DATE EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE									
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR									
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

		FUNCTION	TYPE 12						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)				
LIST AGENCIES INCLUDED	ON THIS FORM								
•	ARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) ST AGENCIES INCLUDED ON THIS FORM*** CIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying lections. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR ADDRESS (Number and Street, City, State, Zip Code) TELEPHONE NUMBER Ext FAX NUMBER One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777								
NAME OF PERSON TO CONTACT REGARDING THIS FORM TITLE									
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Room 703, Albuquerque, NM, 87103 505-768-3714 505-768-3777									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-15	mscott@cabq.gov		Mary Scott Director HR						

	D. EMPLOYMENT DATA AS OF JUNE 30										FUNCTION	TYPE 13				
				1	L. FULL-T	IME EMPLO	YEES (Te	mporary e	mployees	are not	included))				
IES								RA	CE/ETHNICI	ГҮ						
80	ANNUAL	HISP. O	ANIC					1	NON-HISPANI	C OR LATING)					-
Ĕ	SALARY (In thousands	LAT				MA	LE					FEM	IALE			TOTALS (COLUMN
JOB CATEGORIES	000)	MALE A	FEMALE B	WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIAN OR OTHER PACIFIC ISLANDER,	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	S A-N)
	1. \$0.1-15.9	_	_	_	_		F		_	_	_	_	L	_	_	_
OUS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stra	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ē	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ā	4. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
and	5. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Officials and Administrators	6. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ē	7. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8. 70.0 Plus	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
	9. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nals	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ssion	12. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	13. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ā	14. 43.0-54.9	2	2	3	0	0	0	0	0	1	0	0	0	0	0	8
	15. 55.0-69.9	1	1	2	1	0	0	0	0	0	0	0	0	0	0	5
	16. 70.0 Plus	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
	17. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S	19. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ijĊ	20. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	21. 33.0-42.9	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	22. 43.0-54.9	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3
	23. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	24. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	25. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Service Workers	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ě	27. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ervic	28. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ve S	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
tecti	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pro	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	32. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ø	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paraprofessionals	35. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
essi	36. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
prof	37. 33.0-42.9	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Para	38. 43.0-54.9	2	2	2	0	0	0	0	0	0	0	0	0	0	0	6
	39. 55.0-69.9	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	40. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	41. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Į,	42. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supi	43. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
tive	44. 25.0-32.9	2	18	0	0	0	0	1	0	2	1	0	0	1	0	25
istra	45. 33.0-42.9	1	6	0	0	0	0	0	0	0	1	0	0	0	0	8
Administrative Support	46. 43.0-54.9	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
₽₩	47. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	48. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		·	-	-		-				-	-	-				

FUNCTION TYPE 13						
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)						
LIST AGENCIES INCLUDED ON THIS FORM						
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)						
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE			
Mary Scott			Director HR			
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NUMBER	
One Civic Plaza Room 703, Albuquerque, NM, 87103			505-768-3714		505-768-3777	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	
2017-09-15	mscott@cabq.gov	Mary Scott Director HR				