***SAMPLE***

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

**EMPLOYMENT POLICY STATEMENT**

**XYZ Company** will not discriminate or permit discrimination against any person or group of persons on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless such disability, even with reasonable accommodation, prevents the applicant from being able to perform the work involved, or in any manner prohibited by the laws of the United States or of the State of Connecticut. Further, **XYZ Company** will not retaliate against or condone retaliation against any person or group of persons who oppose actions, treatment, or conduct that they believe to be discriminatory.

As an Equal Opportunity Employer, it is the policy and practice of **XYZ Company** to assure that no person will be discriminated against, or be denied the benefit of any activity, program or employment process, in areas including but not limited to recruiting, advertising, hiring, upgrading, promotion, transfer, demotion, lay off, termination, rehiring, employment, rates of pay and/or other compensation or any other terms and conditions of employment on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless such disability prevents performance of the work involved.

**XYZ Company** shall take affirmative action to ensure that applicants with job-related qualifications are employed and to ensure that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved. If an individual has a disability for which a reasonable accommodation is requested, **XYZ Company** will engage in an interactive process with the individual/representative to determine the individual’s needs and accommodation.

(If XYZ Company is a union contractor) **XYZ Company** assures that each labor union or representative of its workers has been provided with a copy of this statement and has been informed that **XYZ Company** is an Affirmative Action/Equal Opportunity Employer and has been informed of **XYZ Company**’s obligations to comply with state and federal law.

**XYZ Company** also assures that each of its subcontractors, vendors, and manufacturers has been informed that **XYZ Company** is an Affirmative Action/Equal Opportunity Employer and of **XYZ Company**’s obligations to comply with state and federal law.

**XYZ Company** will implement, monitor, and enforce this *Affirmative Action/Equal Opportunity Employment Policy Statement* and program in conjunction with all applicable federal and state laws, regulations and executive orders. In order to implement our Affirmative Action/Equal Opportunity Employment Program, **XYZ Company** will develop written strategies and plans designated to correct any deficiencies identified. Furthermore, this policy statement, as well as the posters regarding labor, sexual harassment, and discrimination laws, shall be posted and otherwise made known to all workers in the company’s home office, each satellite office, and at each job site.

Management and supervisory staff will be advised of their responsibilities to ensure the success of this program. Ultimate responsibility for this Affirmative Action/Equal Opportunity Employment Program will be with the **Insert Head of Company’s Name and Official Title**. The day-to-day duties for the plan will be coordinated by **Insert the name of the company’s Affirmative Action/Equal Opportunity Employment Officer**, who is hereby designated the Affirmative Action/Equal Opportunity Employment Officer for **XYZ Company**.

I have expressly advised **Insert the name of the company’s Affirmative Action/Equal Opportunity Employment Officer** of their legal responsibilities as **XYZ Company**’s Affirmative Action/Equal Opportunity Employment Officer pursuant to the Regulations of Connecticut State Agencies Section 46a-68j-27(4).

This Affirmative Action Plan has my total support and **XYZ Company** pledges it best good faith efforts to achieve the objectives of this Affirmative Action Plan. I expect each manager, supervisor, and employee of this Company to aid in the implementation of this program and be accountable for complying with the objectives of this Affirmative Action Plan.

 Date Signature of Head of Company

 Printed Name and Title of Head of Company