

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION		FORM APPROVED BY OMB NO. 3046-0003 Approva EXPIRES 12/31/2008	
ELEMENTARY-SECONDARY STAFF INFORMATION (EEO-5) Public School Systems		This is a joint requirement of EEOC, and the Office for Civil Rights and National Center for Education Statistics of the Department of Education.	
DO NOT ALTER INFORMATION PRINTED IN THIS BOX			
OE NUMBER : 0638670 Survey Year : 16			
NOTE: ALL EMPLOYEES IN YOUR SCHOOL DISTRICT MUST BE INCLUDED ON THIS FORM Additional Copies of this form may be obtained from the address below. Send your full report (the original and one copy of this form) to:  U.S. Equal Employment Opportunity Commission PO Box 8127 Reston VA 20195			
PART I. IDENTIFICATION			
PART A. TYPE OF AGENCY WHICH OPERATES THE REPORTING SCHOOL SYSTEM			
<input checked="" type="checkbox"/> Local Public School System	<input type="checkbox"/> Special or Regional Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Other (Specify)
B. SCHOOL SYSTEM IDENTIFICATION (OMIT IF SAME AS LABEL)			
NAME			
SYLVAN UNION SCHOOL DISTRICT			
605 Sylvan Ave.	Modesto	Stanislaus	STATE/ZIP CA-95350
C. GENERAL STATISTICS			
NUMBER OF SCHOOLS OPERATED 13	NUMBER OF ANNEXES OPERATED 0	OCTOBER 1ST ENROLMENT whole numbers only! no ,8099	
D. REMARKS (500 Characters maximum)			
AUTHORIZATION			
THE NATIONAL CENTER FOR EDUCATION STATISTICS WILL PUBLISH INFORMATION APPEARING IN PART II, TOTAL COLUMN 'A' UNLESS THE DISTRICT SPECIFICALLY WITHHOLDS AUTHORITY TO DO SO. IF THE DISTRICT WISHES TO WITHHOLD SUCH AUTHORITY, CHECK HERE.			
			<input type="checkbox"/> AUTHORITY WITHHELD

PART II. STAFF STATISTICS AS OF (DATE) 2016-11-22 14:51:20.0									DO NOT INCLUDE ELECTED/APPOINTED OFFICIALS (SEE DEFINITION IN APPENDIX)							
DISTRICT NAME: SYLVAN UNION SCHOOL DISTRICT									DISTRICT ID: 0638670							
A. FULL-TIME STAFF																
ACTIVITY ASSIGNMENT CLASSIFICATION	RACE/ETHNICITY															
	HISPANIC OR LATINO		NON-HISPANIC ORIGIN													TOTALS (COLUMN A-N)
			MALE							FEMALE						
	MALE A	FEMALE B	WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N		
1. Officials, Administrators, Managers	0	0	6	0	0	0	0	0	12	0	0	0	0	0	18	
2. Principals	0	0	1	0	0	0	0	0	8	0	0	0	0	0	9	
3. Assistant Principal, Teaching	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Assistant Principals, Non teaching	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3	
5. Elementary Classroom Teachers	3	16	15	0	0	0	1	0	161	0	2	0	5	0	203	
6. Secondary Classroom Teachers	2	1	31	0	1	0	0	1	69	0	1	1	0	0	107	
7. Other Classroom Teachers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Guidance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Psychological	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
10. Librarians /Audio Visual Staff	0	0	0	0	0	0	0	0	12	0	1	0	0	0	13	
11. Consultants & Super-visors of Instruction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Other Professional Staff	1	1	5	0	0	0	0	0	57	0	1	0	0	0	65	
13. Teachers Aids	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
14. Technicians	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4	
15. Clerical/Secretarial Staff	0	8	0	0	0	0	0	0	26	2	1	0	2	0	39	
16. Service Workers	12	2	17	1	0	0	0	0	3	1	0	0	0	0	36	
17. Skilled Crafts	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5	
18. Laborers, Unskilled	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	
19. TOTAL (Lines 1-18)	21	28	85	1	1	0	1	1	351	3	7	1	8	0	508	
B. PART-TIME STAFF																
20. Professional Instructional	0	4	1	0	0	0	0	0	27	0	0	0	0	0	32	
21. All Other	4	80	8	1	0	0	0	4	180	9	5	1	2	5	299	
22. TOTAL (Lines 20-21)	4	84	9	1	0	0	0	4	207	9	5	1	2	5	331	
C. NEW HIRES (JULY THRU SEPT. OF THE SURVEY YEAR)																
23. Officials, Administrators, Managers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
24. Principals/Asst. Principals	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4	
25. Classroom Teachers	0	3	8	0	0	0	0	1	38	0	1	0	0	5	56	
26. Other Professional Staff	0	2	2	0	0	0	0	0	1	0	0	1	0	1	7	
27. Nonprofessional Staff	0	1	1	0	0	0	0	0	0	0	0	0	1	0	3	
28. TOTAL (Lines 23-28)	0	6	14	0	0	0	0	1	40	0	2	1	1	6	71	
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.)																
DATE	PHONE	Email	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL						SIGNATURE	<input checked="" type="checkbox"/>						
11/22/2016	209-574-5000	rhondabrown@sylvan.k12.ca.us	Rhonda Brown/Position Control													