



DATE: September 16, 2009

TO: All Members of the Governor's Cabinet, State Agencies, and Employee Organizations

/S/ SUZANNE M. AMBROSE

FROM: Suzanne M. Ambrose
Executive Officer

SUBJECT: NEW ONLINE SURVEY PROCESS

Pursuant to the Rehabilitation Act of 1973 and Government Code Section 19233, the State Personnel Board (SPB) requires that departments survey their employees to determine the number of individuals with a disability employed in each department. Historically, this data has been collected on a scantron form that required entry of an employee's full social security number. The SPB is pleased to announce that a new automated survey process is now available for use by State agencies to report their representation of employees with disabilities. The new process is a more efficient, cost-effective, and secure method of collecting information. There is no cost to State agencies.

The new process allows employees to directly input their information using a computer, with only their last name and the last 4 digits of their social security number as identifiers. Employees are assured that their response to the survey is confidential. This automated process eliminates the need for departments to provide a scantron form to each employee, as the data is captured directly onto the computer system by use of a survey link, identifying the department involved.

To use the new process, you will need to:

1. Contact Kathy Martinez, SPB Office of Civil Rights, at kmartinez@spb.ca.gov.
2. You will obtain a unique departmental survey link from SPB.
3. Choose a date to start and end the survey period.
4. Notify employees of the survey period and process. For your convenience, attached is a sample employee notification letter.

Upon completion of the survey period, results will be available in a matter of days. Should you have any questions about the new survey process, please contact Kathy Martinez, SPB Office of Civil Rights, at (916) 653-1161 or TDD (916) 653-1498.

Thank you for your support of the new online survey process.

Attachment

SAMPLE MEMORANDUM

DATE: (Insert)

TO: All Employees

FROM: (Director)
(Name of Department)

SUBJECT: EMPLOYEE DISABILITY SURVEY

Under the Rehabilitation Act of 1973 and Government Code Section 19233, the State Personnel Board requires departments to provide employees with the opportunity to self-identify any disabilities.

The new survey is online and allows employees to participate using only their last name and last four digits of their social security number as identifiers. Also, survey data is confidential and protected under the Privacy Act of 1974 (PL 93-579). As in the past, your response to the survey is voluntary.

The survey period will begin on (Insert date) and end (Insert date) close of business. To get started, just enter the survey link into a computer and follow the instructions.

I encourage you to complete the survey as it is important for the State to have complete and accurate information on the representation of employees with disabilities. The survey will also let your department know its success rate in attracting persons with disabilities into the workforce. Should you have any questions concerning the survey or wish to change your status in the future, please contact (Name of Department Contact) at (Telephone Number and/or E-mail Address).

Thank you in advance for your cooperation.