

**AN IMPORTANT MESSAGE FOR THE UH SYSTEMS AND
UH EMPLOYEES WHO ARE VETERANS, SURVIVING
SPOUSES of VETERANS AND/OR ORPHANS of VETERANS**

The University of Houston System and the University of Houston, in cooperation with government agencies and in compliance with federal and state law, provide equal opportunity consideration for the veterans and specified surviving family members. In order to measure the effectiveness of this objective, the University requests that veterans, surviving spouses and/or orphans of veterans, who are employed in benefits-eligible faculty or staff positions, voluntarily identify themselves by completing the attached veterans' questionnaire.

If you are a surviving spouse and/or an orphan of a veteran or if you served in active duty for more than 90 days and wish to identify yourself as such and have not already done so, or if unsure you have completed the voluntary veterans questionnaire, please complete, sign and forward the attached questionnaire to the Equal Opportunity Services office. The questionnaire may be forwarded via fax (3-0959), emailed to EOS@uh.edu or campus mail addressed to EOS Mail Code 3020. Should you have any questions please contact the Equal Opportunity Services Office at 713-743-8835.

Your response to the questionnaire is voluntary and confidential to the extent allowed by the law.

Thank you,



Dr. Richard Anthony Baker
Asst. VC/VP
Equal Opportunity Services
University of Houston

YOU ARE THE PRIDE

VETERANS STATUS QUESTIONNAIRE

- A. ____ I served on active duty for a period of more than 90 days. (State regulation)
- B. ____ I served on active duty for a period of more than 180 days. (Federal regulation)
- C. ____ I was on active duty at sometime between August 5, 1964 and May 7, 1975.
- D. ____ I was discharged or released with other than a dishonorable discharge.
- E. ____ I was discharged or released from active duty for a service connected disability.
- F. ____ I qualify for disability compensation under laws administered by the Veterans Administration for disability related at 30% or more.
- G. ____ I am listed as an other qualified veteran, who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- H. ____ I am a veteran who served on active U. S. duty and was released or discharged within the past three years.
- I. ____ I am a surviving spouse of a veteran, who was killed while on active duty and who served more than 90 consecutive days, and who has not remarried.
- J. ____ I am an orphan of a veteran, who was killed while on active and who served more than 90 consecutive days.

Print Name: _____

Discharge Date: _____

Signature: _____

Date: _____

PeopleSoft ID Number: _____