

## **NOTICE**

SHOULD YOU NO LONGER OPERATE THIS EMPLOYMENT UNIT, PLEASE FURNISH THE CURRENT OPERATOR'S NAME, ADDRESS, DATE OF TRANSFER AND RETURN THE FORM 396-C IMMEDIATELY. CALL (202) 418-1450 TO OBTAIN FORMS FOR NEWLY ACQUIRED UNITS OR IF YOU HAVE ANY EEO QUESTIONS.

RETURN THE COMPLETED FORM IN DUPLICATE INCLUDING ANSWERS TO THE SUPPLEMENTAL INVESTIGATION SHEET (SIS), IF APPLICABLE, AS SOON AS POSSIBLE. PURSUANT TO SECTION 76.1802 OF THE COMMISSION'S RULES, THE DUE DATE FOR FILING FORM 396-C IS SEPTEMBER 30<sup>TH</sup> OF EACH YEAR.

**INSTRUCTIONS FOR COMPLETING  
FCC 396-C**

**YOU ARE STRONGLY URGED TO CONSULT THE COMMISSION'S MVPD EEO RULES  
BEFORE COMPLETING THIS FORM  
47 C.F.R. Section 76.71 et seq.**

**General Instructions**

Supply the requested information for the unit. If the unit no longer exists due to consolidation with another unit, or is no longer under your control, attach as Exhibit A an explanation and proceed to Section V.

**Section I**

- A. In addition to the unit operator's legal name, supply, if applicable, the name of the MSO owning or controlling the operator.
- B. Supply the address to which you want the correspondence sent.
- C. Supply the county and state of the unit's principal employment office.
- D. A full-time employee is one who permanently works 30 or more hours per week.
- E. Insert the payroll period in July, August or September used for this year's report.

**Section II**

Submit as Exhibit 1, a list of communities added or deleted from the unit using the format provided. To obtain this information, review the prior year's form for the unit, noting the communities then comprising the unit, and comparing that list with the names of the communities now comprising the unit. (Not applicable to wireless MVPD units.)

**Section III**

Carefully answer each of the nine (9) questions by checking either Yes or No. If the answer is No, attach as Exhibit 2 an explanation. The focus of Question Three (3) is whether cable units have engaged in broad and inclusive outreach. The Commission does not require the targeting of certain kinds of sources or organizations. With regard to Question Five (5), we clarify that efforts to seek out entrepreneurs should be broad enough to cover all segments of the community, and that no entity should be excluded on the basis of race, color, religion, national origin, age or gender. *See* 47 C.F.R. Section 76.75.

#### **Section IV**

You may attach as Exhibit 3 any additional information you believe useful in the FCC's evaluation of your EEO efforts. There is no requirement to provide such information.

#### **Section V**

Sign and date the form in the spaces provided. Also, print the name of the official signing as well as the title of that person. Return the original and one copy to the Commission by September 30<sup>th</sup>. Retain a copy for your files.

#### **Supplemental Investigation Sheet (SIS)**

If required, attach as Exhibits 4, 5, and 6 the job descriptions requested in Part I, the responses to the questions checked in Part II, and the EEO public file report requested in Part III.

#### **FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; (b) any employee of the FCC; or (c) the United States Government is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested in this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization. We have estimated that each response to this collection of information will vary from 10 minutes to 1 hour, 15 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1033), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [Judith.Herman@fcc.gov](mailto:Judith.Herman@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1033.

**THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 95-511, DECEMBER 11, 1980, 44 U.S.C. 3507.**

FOR FCC USE ONLY

FOR COMMISSION USE ONLY

FILE NO.

## FCC 396-C

# MULTI-CHANNEL VIDEO PROGRAM DISTRIBUTOR EEO PROGRAM ANNUAL REPORT

**Read INSTRUCTIONS Before Filling  
Out This Form**

### SECTION I - IDENTIFYING INFORMATION

<b>A. Name of Operator</b>		
MSO Name		
<b>B. Employment Unit's Mailing Address</b>		
City	State	Zip Code
Emp. Unit ID#		
<b>Application Purpose</b>		
<input type="radio"/> New Program Report <input type="radio"/> Amendment to Program Report		
<input type="checkbox"/> Supplemental Investigation Sheet (SIS) Attached		
<b>C. County and State in which unit's employment office is located</b>		
<b>D. Category of Respondent (check applicable box)</b>		
<input type="radio"/> Fewer than six (6) full-time employees during the selected payroll period: <b>Complete Sections I, II and V.</b>		
<input type="radio"/> Six (6) or more full-time employees during the selected payroll period: <b>Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet (SIS), if attached.</b>		
<b>E. Pay Period Covered by this Report (inclusive dates)</b>		
<b>F. Attachments (See "Exhibit" buttons, below)</b>		

**SECTION II - COMMUNITY INFORMATION**

System Communities Comprising Local Employment Unit			
Ident No.	Name of Community	Location (State)	Type

Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. **NOTE: APPLICABLE ONLY TO CABLE OPERATORS AND NOT TO OTHER MVPD UNITS. [EXHIBIT 1]**

**SECTION III- EEO POLICY AND PROGRAM REQUIREMENTS**

Check **YES** or **NO** to each of the following questions. If answer to any question below is **NO**, attach as Exhibit 2 an explanation. **[EXHIBIT 2]**

1.	Have you complied with the outreach provisions of the FCC's MVPD Equal Employment Opportunity Rule, 47 C.F.R. Section 76.75(b), during the twelve-month period prior to filing this form?	<input type="radio"/> Yes <input type="radio"/> No
2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	<input type="radio"/> Yes <input type="radio"/> No
3.	Do you contact organizations, media, educational institutions, and other potential sources of applicants for referrals whenever job vacancies are available in your organization?	<input type="radio"/> Yes <input type="radio"/> No
4.	Do you undertake to offer promotions to positions of greater responsibility in a nondiscriminatory manner?	<input type="radio"/> Yes <input type="radio"/> No
5.	To the extent possible, do you seek out entrepreneurs in a nondiscriminatory manner and encourage them to conduct business with all parts of your organization?	<input type="radio"/> Yes <input type="radio"/> No
6.	Do you analyze the results of your efforts to recruit, hire, promote, and use services in a nondiscriminatory manner and use these results to evaluate and improve your EEO program?	<input type="radio"/> Yes <input type="radio"/> No
7.	Do you define the responsibility of each level of management to ensure a positive application and vigorous enforcement of your policy of equal employment opportunity and maintain a procedure to review and control managerial and supervisory performance?	<input type="radio"/> Yes <input type="radio"/> No
8.	Do you conduct a continuing program to exclude every form of prejudice or discrimination based upon race, color, religion, national origin, age, or sex from your personnel policies and practices and working conditions?	<input type="radio"/> Yes <input type="radio"/> No
9.	Do you conduct a continuing review of job structure and employment practices and maintain positive recruitment training, job design, and other measures needed to ensure genuine equality of opportunity to participate fully in all organizational units, occupations, and levels of responsibility?	<input type="radio"/> Yes <input type="radio"/> No

Exhibit No. 1

Exhibit No. 2

**SECTION IV - ADDITIONAL INFORMATION**

You may provide as Exhibit 3 any additional information that you believe might be useful in evaluating your efforts to comply with the Commission's EEO provisions. There is no requirement to provide additional data or information.

Exhibit No. 3

**SECTION V - CERTIFICATION**

This report must be certified as follows:

- A. By the individual owning the reporting system if individually owned;
- B. By a partner, if a partnership, or
- C. By an officer, if a corporation or association.

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signature	Title
Date	Name of Respondent
Telephone Number (include area code)	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

**EXHIBITS**

## FCC FORM 396-C -- SUPPLEMENTAL INVESTIGATION SHEET

### PART I - EMPLOYEE JOB DESCRIPTIONS

Give brief job descriptions for employees in the job categories specified below. The number specified in the box indicates the number of different job descriptions that are to be submitted for each category. Job descriptions should include the position title and a brief description of the major duties and responsibilities of the individual(s) in the position.

- |                             |                        |                             |                         |                             |                           |
|-----------------------------|------------------------|-----------------------------|-------------------------|-----------------------------|---------------------------|
| 1. <input type="checkbox"/> | Officials and Managers | 4. <input type="checkbox"/> | Sales Workers           | 7. <input type="checkbox"/> | Operatives (semi-skilled) |
| 2. <input type="checkbox"/> | Professionals          | 5. <input type="checkbox"/> | Office & Clerical       | 8. <input type="checkbox"/> | Laborers (unskilled)      |
| 3. <input type="checkbox"/> | Technicians            | 6. <input type="checkbox"/> | Craft Workers (skilled) | 9. <input type="checkbox"/> | Service Workers           |

### PART II - INQUIRIES CONCERNING EEO PROGRAM AND PRACTICES

Submit responses to the inquiries indicated by an "X". Responses should be brief, but must provide sufficient information to describe the employment unit's activity and efforts in the area of inquiry.

1.  Describe the employment unit's efforts to comply with the outreach provisions of 47 C.F.R. Section 76.75(b).
2.  Describe the employment unit's efforts to disseminate widely its equal employment opportunity program to job applicants, employees, and those with whom it regularly does business.
3.  Name the organizations, media, educational institutions, and other recruitment sources used to attract applicants whenever job vacancies become available.
4.  Explain the employment unit's efforts to promote in a nondiscriminatory manner to positions of greater responsibility.
5.  Describe the employment unit's efforts to encourage entrepreneurs to conduct business in a nondiscriminatory manner with all parts of its operation and provide an analysis of the results of those efforts.
6.  Report the findings of the employment unit's analysis of its efforts to recruit, hire, promote in a nondiscriminatory manner and explain any difficulties encountered in implementing its EEO program.
7.  Describe the level of responsibility of each level of the employment unit's management with respect to application and enforcement of its EEO policy and explain the procedure for review and control of managerial and supervisory performance.
8.  Describe the manner in which the employment unit conducts its continuing review of job structure and employment practices.
9.  Other Inquiries:

**PART III - EEO PUBLIC FILE REPORT**

Attach a copy of the EEO public file report from the previous year. MVPD units are required to place annually such information as is required by 47 C.F.R. Section 76.1702 in their public files.

<b>EMP UNIT ID:</b>	<b>MSO NAME:</b>
	<b>OPR NAME:</b>