

**ILLINOIS DEPARTMENT OF HUMAN RIGHTS
LIAISON UNIT**

**CERTIFICATION SHEET
(DHR LO-1)**

**REPORT OF IMPACT RATIO ANALYSIS IN
PROJECTED LAYOFF**

AGENCY: _____

CHIEF EXECUTIVE OFFICER: _____

EEO/AA OFFICER: _____

EFFECTIVE DATE OF PROJECTED LAYOFF: _____

CERTIFICATION OF AGENCY EEO/AA OFFICER

I certify that the information contained in this report is complete, is accurate and complies with the requirements of Section 2-105 (B) (6) of the Human Rights Act and Section 2520.770 (f) of the Department of Human Rights Administrative Code for equal employment opportunity and affirmative action by state executive agencies.

Signature of EEO/AA Officer

Date

CERTIFICATION OF AGENCY CHIEF EXECUTIVE OFFICER

I certify the contents and findings of this report.

Signature of Chief Executive Officer

Date

CERTIFICATION OF RECEIPT BY DEPARTMENT OF HUMAN RIGHTS

This report was received by the Department of Human Rights.

Agency Liaison

Date