Affirmative Action Plan
for the Recruitment, Hiring, Advancement, and
Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their affirmative action plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities.

Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 CFR §1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with disabilities and persons with targeted disabilities in the federal government

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

   a. Cluster GS-1 to GS-10 (PWD)   Answer   No

   b. Cluster GS-11 to SES (PWD)   Answer   Yes

This report presents results for both persons with disabilities (PWD) and persons with targeted disabilities (PWTD) specified in the revised regulations implementing Section 501 of the Rehabilitation Act of 1973. Participation of PWD and PWTD are presented to assess against the specific numerical goals found in EEOC regulations to identify the presence of any triggers. A trigger is a trend, difference, variance, outlier, or anomaly that suggests the need for further inquiry into a particular policy, practice, procedure, or condition. Statistics are only a starting point for analysis, which considers the totality of the circumstances. For employees below a GS-11, step 1, the NIH achieved the numerical goal for PWD participation; 20.02% of employees in this cluster were PWD compared to the 12% benchmark. See Table B-4P. For employees GS-11 and above, the NIH did not achieve the numerical goal involving PWD; 8.04% of employees in this cluster were PWD compared to the 12% benchmark. While the numerical goal was not achieved, there has been an increase of 11.35 percentage points since the end of FY 2017. Within the total workforce, between FY 2017 and FY 2021, the participation of PWD in increased from 8.66% to 9.41%; and participation increased in both the lower and higher-grade clusters. See Table B-4P.

*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d)(7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

   a. Cluster GS-1 to GS-10 (PWTD)   Answer   No

   b. Cluster GS-11 to SES (PWTD)   Answer   No

Applying the same grade clusters to PWTD as previously described, the NIH achieved the numerical goal established for PWTD of 2% in both lower and higher-grade clusters during FY 2021. In the lower grade cluster, 6.59% of 1,653 permanent employees are PWTD. In the higher-grade cluster, 2.12% of 12,805 permanent employees are PWTD. See Table B-4P.

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	1624	277	17.06	54	3.33
Grades GS-11 to SES	12270	928	7.56	109	0.89

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

Through various presentations and discussions made by the EDI Director, Disability Program Manager, and other EDI staff, the agency has made clear its commitment to meeting the numerical goals set forth under Section 501; 12% and 2% for PWD and PWTD, respectively. This information was provided in the NIH State of the Agency report and discussed in quarterly outreach meetings with Executive Officers, HR staff and hiring managers, as well as the NIH MD-715 Technical Assistance Group (TAG), HR Liaison Group and Employee Resource Groups (ERG). In each of these meetings, we shared the EEOC's concern that NIH has not taken meaningful steps to increase the number of PWD and PWTD, particularly in the senior grade levels. Therefore, we are conducting separate analyses on the grade level clusters of GS 1 through GS 10, and GS 11 through SES, to identify potential barriers that may exist. Also, in FY 2021 the following steps have been taken to communicate our goals: • EDI has hired an outside contract to assist in identifying these barriers and triggers in the higher-grade clusters for PWD and PWTD. They will assist in developing a clear path in getting the higher-grade level clusters above the 12% and 2% goals. • The NIH Diversity Equity Inclusion and Accessibility (DEIA) "Gold Standard" Rubric was developed and implemented by the EDI/DID/SDI team as a benchmark against which to compare the Agency Wide DEIA Strategic Initiatives as well as IC-level DEIA accomplishments. Employment goals for PWD and PWTD have been incorporated into the latest updates of the Rubric as a key performance indicator. • EDI is partnering with HHS to develop a process to resurvey the workforce for updates on disability status. Office of Human Resources (OHR), Client Services Division (CSD), Corporate Recruitment Unit (CRU) provided the following training that discusses our overall numeric goals: o Conducted training on the Workforce Recruitment Program (WRP) to the National Institute of Allergy and Infectious Diseases (NIAID's) 10 top management officials o Conducted training on "The Benefits of Using the Schedule A Authority" to National Cancer Institute's (NCI's) 60 Administrative Officers o Conducted orientation on the "Role of the SPC" to six new CSD Branch Selective Placement Coordinators o Conducted annual training on the WRP Program to the CSD Branch Selective Placement Coordinators

Section II: Model Disability Program

Pursuant to 29 C.F.R. § 1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

1. Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If "no", describe the agency's plan to improve the staffing for the upcoming year.

Answer   Yes

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing reasonable accommodation requests from applicants and employees	5	0	0	Jessica Center, Branch Director jessica.center@nih.gov edi.ra@mail.nih.gov
Special Emphasis Program for PWD and PWTD	1	0	0	David P. Rice Jr NIH Disability Portfolio Strategist, David.Rice@nih.gov
Architectural Barriers Act Compliance	0	1	0	Soussan Afsharfar NIH Senior Architect Soussan.afsharfar@nih.gov
Section 508 Compliance	0	0	2	Andrea Norris Chief Information Officer NorrisAT@mail.nih.gov

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Answering questions from the public about hiring authorities that take disability into account	0	0	2	Sheila Monroe David P. Rice Jr David.Rice@nih.gov
Processing applications from PWD and PWTD	1	0	0	Sheila Monroe, NIH Selective Placement Coordinator monroes@od.nih.gov

3. Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If "yes", describe the training that disability program staff have received. If "no", describe the training planned for the upcoming year.

<div align="center">Answer   Yes</div>

NIH has provided the disability program staff with the following training: • NIH continues to conduct annual training for managers and staff on the reasonable accommodation procedures and personal assistance services (PAS) procedures. • The NIH OCIO Section 508 Team participates in federal trainings and workshops to support new initiatives, changes to legislation and sharing of best practices. This includes events sponsored by the US Access Board on the revised Section 508 standards, GSA trainings specific to implementing the revised standards, technical training and new tools designed to assist in meeting the revised standards as well as HHS trainings on their website compliance scanning tool. • The NIH Disability Engagement Committee continued discussions on current NIH disability policies and procedures. Through this committee, EDI leaders can stay connected and aware of concerns of the NIH disability community. • Federal Exchange on Employment and Disability (FEED) meetings • National Employment Law Institute (NELI) Employment Law Conference (this is an annual requirement for all EDI Reasonable Accommodations Staff) • National Employment Law Institute (NELI) Employment Law Return-to-Work in the Age of COVID & Delta Variant • NIH EEO Compliance Training for Managers, Supervisors and Employees • 8 hour-Refresher training Federal EEO new counselor training required by EEOC Entellitrak User Training • Alternative Center for Dispute Resolution-Mediation Training designed to teach participants to apply sound mediation practices and principles while managing/resolving disputes • American Institute of Architects (AIA) continuing education program updates on the new U.S. Access Board's rulings • NIH Webinars addressing the NIH HC community: - NIH IACC (Interagency Autism Coordinating Committee) discussing issues related to Autism Spectrum Disorder (ASD) - NIH Advisory Board meeting; NIDCD (National Deafness and Other Communication Disorder) Advisory Council meeting and discussions • Events sponsored by the U.S. Access Board on the ABA/ADA Standards updates for Building & Sites ADA and FMLA Compliance training

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If "no", describe the agency's plan to ensure all aspects of the disability program have sufficient funding and other resources.

<div align="center">Answer   Yes</div>

Section III: Program Deficiencies In The Disability Program

Brief Description of Program Deficiency	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.
Objective	Establish a process for timely processing and tracking of all NIH reasonable accommodation requests.
Target Date	Dec 31, 2020
Completion Date	

Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Dec 31, 2020		Utilize the RA tracking system to increase the accuracy of the RA data collected from ICs.
	Dec 31, 2023		NIH seeks to achieve a 90% rate of timely RA processing.

Accomplishments	*Fiscal Year*	*Accomplishment*
	2018	This is a new H plan. In FY 2018 NIH received approximately 327 Reasonable Accommodation (RA) requests. Of the 327 RA requests, a cumulative total of 297 (between 81% - 88%) were filled in a timely fashion according to NIH RA procedure guidelines.
	2019	In FY 2019 NIH received approximately 215 Reasonable Accommodation (RA) requests. Of the 215 RA requests a cumulative total of 156 (72.55%) were processed in a timely fashion according to NIH RA procedure guidelines.
	2020	2020 We utilize a central tracking system for RA (2018-present). After two years of operation we have identified deficiencies in our system tracking capabilities. We are updating our Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is "increased accuracy," we would have to create success factors and a plan to measure them upon implementation of the new system. Out of 156 approved accommodation requests 72.55% were processed within the required timeframe. Not every request comes through EDI's process and timeframes.
	2021	A new objective and planned activities were added. Dates for planned activities have been modified as needed. We utilize a central tracking system for RA (2018-present). We are in the process of launching an updated Entellitrak tracking system to ensure more effective and accurate tracking. To assess whether there is "increased accuracy," we will create success factors and a plan to measure them upon implementation of the new system. In FY21 79% of reasonable accommodation requests were processed within the required timeframe. Note: The NIH RA policy provides that managers do not have to utilize EDI to process all requests. The data reflected above is based on the RA requests processed by EDI.

Brief Description of Program Deficiency	C.2.c. Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR §1614.203(d)(6)]		
Objective	Establish procedures for processing requests for personal assistance services.		
Target Date	Apr 30, 2019		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Apr 30, 2019		Develop SOPs to specifically address the provision of personal assistance services utilizing HHS's contract vehicle.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	
	2019	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. The policy includes the use of personal assistance services. https://policymanual.nih.gov/2204 Specific provision of PAS via HHS's IDIQ has not yet occurred, as such we may need to develop an NIH contract. Currently, the IC would need to engage in a micro purchase to procure it. Dates for planned activities have been modified as needed.	
	2021	Dates for planned activities have been modified as needed. In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS's established PAS contract. EDI is assessing whether a stand-alone NIH contract for PAS would be more effective in providing PAS as needed to NIH employees. Detailed SOPs for are still in development. In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location.	
	2020	A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs for NIH's utilization are forthcoming.	

Brief Description of Program Deficiency	C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.		
Objective	Post procedures for processing requests for Personal Assistance Services on the NIH public website.		
Target Date	May 30, 2019		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	May 30, 2019		Post procedures for processing requests for Personal Assistance Services on the NIH public website.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	The EEOC and the NIH Unions have reviewed and approved NIH's RA Policy and Procedures and they are currently being updated in the NIH Manual Chapters. Any changes will be pre-approved by the EEOC prior to dissemination.	
	2019	NIH's RA Policy and Procedures were published in NIH's Manual Chapters-- MC 2204 Reasonable Accommodation on May 15, 2020. https://policymanual.nih.gov/2204 Dates for planned activities have been modified as needed.	
	2020	A PAS contract vehicle has been established for FY 2021 with HHS. NIH is collaborating with HHS to access this contract and therefore provide PAS to NIH employees. Detailed SOPs will be posted on the NIH public website, and cross linked to EDI's Reasonable Accommodations and "Disability-People" Pages.	
	2021	Dates for planned activities have been modified as needed. EDI is evaluating the PAS contract vehicle established for FY 2021 with HHS. EDI is assessing whether NIH's PAS needs would be better addressed via a NIH contract vehicle. Detailed SOPs will be developed in accordance with applicable contract specifics, and posted on the NIH public website, and cross linked to EDI's Reasonable Accommodations and "Disability-People" Pages.	

Brief Description of Program Deficiency	C.3.b.6. Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]		
Objective	Include measurements in performance plans for managers and supervisors to ensure disability accommodations are provided when appropriate.		
Target Date	Dec 31, 2024		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Dec 31, 2024		Coordinate the inclusion of an element in managers/supervisor's performance plans to ensure disability accommodations are provided when appropriate.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2019	EDI is working with HHS to develop a department-wide policy, new PMAP Elements; as well as new procedures.	
	2020	Dates for planned activities have been modified as needed.	
	2021	This objective and the planned activities have been assessed and modified; dates have been modified as needed.	
	2018	This is a new H plan and therefore, NIH has no accomplishments to report currently.	

Brief Description of Program Deficiency	C.4.e.1. Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]

Objective	Establish a process for the EEO office to collaborate with the HR office to implement the Affirmative Action Plan for Individuals with Disabilities.
Target Date	Oct 30, 2022
Completion Date	

Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Jan 31, 2020		EDI will work with OHR to formulate viable plans to implement the Affirmative Action Plan for Individuals with Disabilities.
	Jul 30, 2020		Explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Aug 30, 2020		Provide training to all hiring managers on the use of hiring authorities that take disability into account. Training should also include upward mobility strategies for PWD.
	Sep 30, 2020		When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A, 30% Disabled Veteran), create a standardized process for determining if the individual is eligible for appointment under such authority. If so, forward the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

Accomplishments	*Fiscal Year*	*Accomplishment*
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently. The NIH's Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973.
	2019	EDI has been working closely with OHR in completing this project. The first step was completed by OHR by setting up an automatic email notification system to managers when someone's 2-year probationary period is completed. Furthermore, at EDI we have established an all NIH managers listserv that will provide hiring mangers updates on updates on hiring people with disabilities. We will continue to meet and work with OHR to ensure a seamless process for hiring managers to hire people with disabilities. In addition, under H plan b.s.a.4 we will include information within the managers/supervisors mandatory training module to include information regarding hiring people with disabilities. Dates for planned activities have been modified as needed.
	2020	FY 2020 EDI established a system to gather information from stakeholders for Part J. This includes, providing a template to the CIT OCIO section 508 Office, OHR Selective Placement Coordinator, EDI GEM Reasonable Accommodation Team, OD ORF Architectural Barrier Coordinator and EDI Resolution & Equity Division. Stakeholders received the template provided to stakeholders in early September for their offices to report their data for the MD-715 Part J. OHR provides the data from its Corporate Office to complete the MD-715 Part J. Further coordination is needed between the disability program manager and OHR to begin implementation on Part J action items. The Selective Placement Coordinator at NIH has been invited to the Disability Engagement Committee Meetings every month. The Disability Program Manager has made inquiries about working with OHR regarding their schedule A process and how we can work together on this area. Nothing has come from these inquiries. The selective placement coordinator asked the disability employment program manager to present on schedule A to all OHR branches; however, he has yet to receive a formal invite. The disability program manager is working with our Barrier analysis contract to develop strategies to remove barriers within hiring at NIH. The goal is to provide OHR with these strategies and assist in implementing them. The disability program manager will continue to try to work with the Selective Placement Coordinator to develop a relationship that is needed to ensure that PWD are being hired at its fullest potential.

	Fiscal Year	Accomplishment
	2021	OHR and EDI have developed new partnerships to implement the AAP for people with disabilities (Part J.) DACO/EDI has identified a solution for identifying and correcting Schedule A and Veterans who were hired the Disabled Veterans hiring authority. It is anticipated that this correction will significantly impact the accurate coding of people with disabilities and people with targeted disabilities at NIH within the next year. This correction of the baseline data for people with disabilities will help us with barrier analysis efforts going forward.

Brief Description of Program Deficiency	D.1.c. Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR §1614.203(d)(1)(iii)(C)]
Objective	EDI will work with OHR, COSWD, and other NIH stakeholders through the working group to establish and conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.
Target Date	Dec 31, 2025
Completion Date	

Planned Activities	Target Date	Completion Date	Planned Activity
	Jun 30, 2024		EDI will work with OHR to formulate viable plans to conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention, and advancement of individuals with disabilities.
	Sep 30, 2024		Review NIH and IC's current policies and standard operating procedures on the exit interview and survey process to ascertain more detailed information on triggers impacting separations among PWD and PWTD.
	Jun 30, 2025		Recommend exit interview questions related to PWD and PWTD to be implemented across all 27 ICs and the NIH.
	Dec 31, 2025		Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request. Analyze the reports to ensure that they include questions on how the agency or IC could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities.

Accomplishments	Fiscal Year	Accomplishment
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently. The NIH's Affirmative Action Plan is an integral tool used in assessing the affirmative action program for people with disabilities and people with targeted disabilities under Section 501 of the Rehabilitation Act of 1973. Benchmarks for People with Disabilities and Targeted Disabilities • People with disabilities 12% • People with targeted disabilities 2% NIH's Barrier Analysis Process Step 1: Identify Triggers Step 2: Investigate Barriers Step 3: Devise Action Plan Step 4: Assess Results
	2019	A new planned activity was added "Establish a process to conduct a data call and provide reports regarding employee exit interview data from all 27 ICs upon request." Dates for planned activities have been modified as needed.
	2020	There are no accomplishments to report this year.
	2021	There are no accomplishments to report this year.

Brief Description of Program Deficiency	D.4.d. Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR §1614.203(d)(7)(ii)]		
Objective	Establish a process for the EEO office to collaborate with the HR office to increase the number of persons with disabilities and targeted disabilities employed at the NIH until it meets the following goals: •12% representation rate for people with disabilities (PWD) at the GS-11 and above (including SES) and at the GS-10 level and below. •Using the same grade level clusters, agencies must also adopt goals for individuals with targeted disabilities (PWTD) to reach 2%		
Target Date	Mar 31, 2021		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Nov 30, 2019		EDI will work with OHR to formulate viable plans to conduct an outreach initiative with NIH's hiring managers and recruiters to communicate numerical goals for PWD and PWTD and increase conversions of Schedule A candidates.
	Nov 30, 2019		EDI will work with OHR/CRU to formulate viable plans to explore the current usage of the NIH Schedule A database and identify methods or processes to increase usage of the database.
	Mar 31, 2021		EDI will work with OHR to formulate viable plans to establish a process for the EEO office to collaborate with the HR office to set annual hiring and retention goals to increase the number of persons with disabilities and targeted disabilities over the next three years.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2021	The progress made toward achieving the numerical goals has been made to hiring managers and recruiters through various presentations made by the EDI Director, Disability Program Manager, and other EDI staff. The EDI Director shared the goals during the NIH State of the Agency report and in quarterly outreach meetings with executive officers, HR staff, hiring managers, and the NIH MD-715 Technical Assistance Group and HR Liaison Group. EDI also has hired an outside contractor to identify barriers and triggers in the higher-grade clusters. Dates for planned activities have been modified.	
	2019	Dates for planned activities have been adjusted as necessary.	
	2020	The EDI Rubric will include the employment goals for people with disabilities and targeted disabilities as a key performance indicator.	

Brief Description of Program Deficiency	E.4.b. Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]		
Objective	Resurvey the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.		
Target Date	Jun 30, 2020		
Completion Date			
Planned Activities	*Target Date*	*Completion Date*	*Planned Activity*
	Jun 30, 2020		EDI will work with OHR to formulate viable plans on resurveying the workforce for disability and other demographic data updates, pending HHS's system solution to permit individual employees to check their identification and make changes.
Accomplishments	*Fiscal Year*	*Accomplishment*	
	2018	This is a new H plan and therefore NIH has no accomplishments to report currently.	
	2019	Julie Murphy, Director, HHS OEEODI is procuring a Service Now application to add to the HHS HR system to allow employees to go in and check their demographic status at their desktops. Once procured and the data categories are sorted out, we will push out a resurvey of the workforce to all of HHS. Dates for planned activities have been adjusted as needed.	
	2020	EDI is working with HHS to develop a process to resurvey of the workforce for demographic updates including disability status and SGM status: o The ability to self-update employee disability status updates through the SF-256 form as well as other demographic updates is anticipated in the near future. This feature will be incorporated into a future update of the HHS Human Capital System. o To gain insight on the representation of the SGM community within the NIH workforce, EDI is supporting an NIH wide effort to identify the best way to collect Sexual Orientation and Gender Identity (SOGI) data. The NIH Sexual and Gender Minority Research Office has led the NIH in organizing a National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Study Panel on Measuring Sex, Gender Identity, and Sexual Orientation. This independent panel will produce a consensus report with conclusions and recommendations on 1) guiding principles for collecting data on sex, gender identity, and sexual orientation, and 2) recommended measures for these constructs in different settings. This panel will hold public sessions prior to providing the final report and its work will help us develop validated survey questions that can be used by OHR to survey the NIH workforce. Upon the completion of the panel's work, EDI will collaboratively work with SGMRO to obtain OMB approval to use the survey questions with the NIH workforce.	
	2021	The DHHS EEO office will push out a resurvey of the workforce to all of HHS in Spring of 2022. Dates for planned activities have been modified.	

Section IV: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency's recruitment program plan for PWD and PWTD

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

The NIH utilizes multiple strategies to recruit qualified applicants with disabilities and targeted disabilities via hiring authorities that

take disability into account, including: • The Workforce Recruitment Program (WRP) – A recruitment and referral program that connects federal and private sector employers nationwide with highly motivated college students and recent graduates with disabilities who are eager to demonstrate their abilities in the workplace through summer or permanent jobs. • The OPM USA Staffing Agency Talent Portal (ATP) – A database of Schedule A applicants that CRU uses to conduct candidate sourcing upon request. • Noncompetitive Applicant Pool – OHR Delegating Examining Unit maintains a report of noncompetitive applicants who have applied to NIH vacancies but were not selected. These applicants have been prequalified for a select group of occupations, and CRU uses this report as a resource for noncompetitive candidate sourcing. • Career Fairs – CRU participated in the Gallaudet University Career Fair, where CRU shared information on NIH Internship Opportunities, including the Pathways and the Office of Intramural Training & Education (OITE) Summer Internship Programs. • Local Universities – EDI developed an email distribution list for a variety of local universities with a focus on providing outreach to university Disability Office contacts. • Individual IC Programs – Several ICs have programs that conduct outreach to recruit PWD and PWTD. Examples include: o The National Heart, Lung, and Blood Institute Director dedicated $3 million to establish the Underrepresented Minority Fellow (URM) Program under the Division of Intramural Research (DIR). This program allows for labs to recruit scientists from underrepresented groups, including minorities, women, and those with disabilities in basic and clinical research with no impact to the lab's operating or personnel budget. o The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) launched the Diversity in Research, Executive and Administrative Management (DREAM) Program in 2013 to recruit postsecondary students and recent graduates with disabilities who are interested in pursuing a research or administrative internship at the NICHD. Several divisions and offices within the Office of the Director have supported DREAM students during the summer. Forty individuals with disabilities have been supported by the program between 2013 and 2019. The program was disrupted due to the pandemic and NICHD is looking at ways to safely host students in the future. o The National Institute of Neurological Disorders and Stroke (NINDS) continued to partner with SEEC (Seeking Employment, Equity and Community for People with Developmental Disabilities) and Ivymount to support Project Search 2.0. NINDS partnered with multiple NIH ICs to establish development sites for 7 interns. Each rotation in the 30-week program provides the intern(s) with multi-layered opportunities for growth and development, with the goal of finding paid employment. Additional recruitment efforts include: • VA Department of Aging and Rehabilitation Services • Gallaudet University Information Session • Bender Virtual Career Fair • Equal Opportunity Publication's Stem Diversity Career Fair • Maryland Division of Rehabilitation Services (DORS) • Delegating Examining Unit (DEU) Cognos Report which consist of qualified Schedule A candidates that have applied to previous NIH positions • Referred parties to the Jobseekers with Disabilities Applicant Information web page available at https://hr.nih.gov/jobs Other Highlights: • The Chief Officer for Scientific Workforce Diversity's (COSWD) NIH Distinguished Scholars Program (DSP) aims to build a more inclusive community within the NIH Intramural Research Program (IRP) by reducing the barriers to the recruitment and success of principal investigators from groups that are typically underrepresented in biomedical research. The strategy is to recruit cohorts of up to 15 tenure track investigators per year who have both an outstanding record of accomplishments in scientific research and a demonstrated commitment to promoting diversity and inclusion. NIH Distinguished Scholars are supported with research funding as well as with mentoring, professional development, and networking to foster a sense of community and their success as principal investigators. The first cohort in 2018 had 13 scholars, followed by 15 in 2019, and 14 in 2020. From FY18 – FY20, 42 scholars have been a part of the program, representing 18 of the 24 IRPs. • OHR hosts an annual service recognition event for Veterans, including Disabled Veterans to improve recruitment and retention of veterans at the NIH.

2. Pursuant to 29 C.F.R. §1614.203(a)(3), describe the agency's use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce

NIH uses several hiring authorities that take disability into account to recruit PWD and PWTD for positions in the permanent workforce, including the Schedule A hiring authority for individuals with intellectual disabilities, severe physical disabilities, or psychiatric disabilities, as set forth at 5 CFR 213.3102(u); the Veterans' Recruitment Appointment authority, as set forth at 5 CFR part 307; and the 30% or More Disabled Veteran authority, as set forth at 5 CFR 316.302(b)(4), 316.402(b)(4). NIH includes language in vacancy announcements encouraging individuals with disabilities to apply for jobs using the Schedule A excepted service hiring authority. Personnel strategies and practices also include rules related to hiring veterans with disabilities. NIH has developed comprehensive policies governing Schedule A for people with disabilities and promotes the use of Schedule A via monthly Trans-Recruitment Forum meetings which consist of IC representatives. Recently, Schedule A training was made part of the mandatory new supervisor training. OHR and EDI also give presentations to HR Liaisons and other administrative staff to convey to managers, as staff leverage those groups to inform Agency managers.

3. When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority; and, (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

OHR continues to regularly engage in recruitment and outreach activities with job seekers with disabilities and hiring managers seeking talent sourcing for candidates. OHR will determine qualifications based on the individuals' resume and confirm their Schedule A certification letter was drafted by the medical professional or state sponsored agency that signed their letter. (In October 2020, HHS policy required HR Specialists to verify the authenticity of Schedule A letters if those letters are provided from a licensed medical professional. The HR Specialists were trained on this new policy. The HR Specialist obtains written confirmation regarding the validity of the letter from the medical professional who issued or signed the Schedule A letter directly. This verification is conducted after the tentative job offer has been made, but before the official job offer is made. This is conducted concurrently with pre-employment requirements and onboarding and does not add any additional time in bringing the new employee on board.) We also continue to recommend to unsolicited Schedule A applicants to upload their resume and documentation to USAJobs to increase exposure to HHS agency wide employment. We recommend that the applicants use the OPM Resume Builder to ensure that their resume is in a federal format. Furthermore, we encourage applicants to make their resumes searchable, other agencies can review their resume and increase the opportunity of getting a job. Source: Corporate Recruitment Office

4. Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.

Answer   No

In FY 2021, EDI provided training for hiring managers to hire qualified individuals under Schedule A and through WRP programs to meet the 12% and 2% goals set by EEOC. The training included laws, regulations, policies, and executive mandates that ensure people with disability are inclusive to the NIH workplace. EDI has also introduced the American Association for the Advancement of Science (AAAS) "Entry Point!" program to all NIH's Scientific Directors. As part for the HR Specialist's pre-recruitment planning meetings with the managers, they are made aware of the benefits of using the Schedule A Hiring Authority. Training is provided to the hiring managers contingent upon requests by the servicing HR Specialists and Administrative Officers. OHR also provided training to all the HR branches on talent sourcing using the Agency Talent Sourcing Portal (ATP). ATP allows recruiters to source candidates who have made their resume visible in the USA Jobs system, and recruiters can filter for Schedule A and other eligible candidates for hiring. H Plan C.4.e.1 describes in more depth, how EDI will work with OHR to formulate viable plans to ensure that all hiring managers are provided training and made aware of the hiring authorities that take disability into account (target date 10/30/2022). Source: Corporate Recruitment Unit and H Plan C.4.e.1

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

In FY 2021, OHR established new relationships with disability organizations such as: Bender Virtual Career Fair, Prince Georges County MD DORS, and the American Association of People with Disabilities. The agency continues partnerships with the Workforce Recruitment Program, Gallaudet University, Division of Rehabilitative Services in Alexandria, Virginia, DC Vocational Rehab Offices, Ability Jobs and the EOP STEM Diversity Career Expo. Source: Corporate Recruitment Office

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

1. Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

a. New Hires for Permanent Workforce (PWD)   Answer   No

b. New Hires for Permanent Workforce (PWTD)   Answer   No

Data from FY 2021 presented in Table B1 were reviewed for evidence of differences in hiring into the permanent workforce. The Agency did achieve the numerical goals for both the 12% goal for PWD among new hires in the permanent workforce and 2% goal for PWTD among permanent new hires. In FY 2021, the Agency hired 1,113 permanent employees, among them were 167

(15.00%) employees who are PWD and 41 (3.68%) PWTD. Source: Table B1-2

New Hires	Total	Reportable Disability		Targeted Disability	
		Permanent Workforce	Temporary Workforce	Permanent Workforce	Temporary Workforce
	(#)	(%)	(%)	(%)	(%)
% of Total Applicants	5617	4.42	0.00	1.60	0.00
% of Qualified Applicants	4681	3.67	0.00	1.45	0.00
% of New Hires	86	3.49	0.00	0.00	0.00

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission- critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

        a. New Hires for MCO (PWD)   Answer   Yes

        b. New Hires for MCO (PWTD)   Answer   Yes

In FY 2021, Table B6P was reviewed for evidence of triggers in the hiring of permanent employees into Mission Critical Occupation (MCO) positions. The table below shows New Hires for PWD/PWTD compared to the qualified applicant pool benchmark for the top ten mission critical occupations. From these data, no PWD or PWTD applicants were found qualified for two out of ten MCO positions (Administrative Officer, series 0340 and Contract/Procurement, series 1102), and no PWTD were found in the qualified applicant pool for nurses (series 0610). In FY 2021, the NIH hired and onboarded a total of 1,113 permanent staff employees. Among these newly hired staff members were 707 persons in the ten MCO positions, including 110 (15.56%) PWD and 28 (3.96%) PWTD. To assess these differences, the percentage of PWD and PWTD in the permanent new hires for each occupation was compared to the qualified applicant pool (QAP). The applicant flow data summarizes the phases of the hiring process through selection or vacancies that were posted and closed through USAJOBS during the fiscal year. The data in Table B6 reflect the pool of qualified applications for permanent vacancies announced through USAJOBS during FY 2021. Table B6 also presents data on permanent new hires on boarded during the fiscal year. Some newly hired staff applied for a vacancy posted in a prior fiscal year or may have elected not to volunteer demographic information. Differences may be observed in comparing the demographic statistics of the QAP and that of new hires on boarded. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind. Triggers were observed for PWD in the hiring of permanent medical officers (series 0602). For PWTD, triggers were found for the General Biological Sciences (series 0401) and Medical Officer occupations. No PWD or PWTD were hired as permanent medical officers (series 0602). No PWTD were hired in a permanent General Biological Sciences occupation (series 0401). As shown in the table below, PWD participation among new hires in nine MCOs exceeds that of QAP, and PWTD in eight MCOs also exceeded their participation among the QAP. (SEE Graph on Page 218 - 219).

New Hires to Mission-Critical Occupations	Total	Reportable Disability	Targetable Disability
		New Hires	New Hires
	(#)	(%)	(%)
Numerical Goal	--	12%	2%
0301 MISC ADMIN AND PROGRAM ANALYST	8	0.00	0.00
0341 ADMIN OFF	0	0.00	0.00
0343 MGMT ANALYSIS	0	0.00	0.00
0401 GEN BIOLOG SCI	32	0.00	0.00
0601 GEN HLTH SCI	15	0.00	0.00
0602 MEDICAL OFF	11	9.09	0.00
0610 NURSE	1	0.00	0.00

New Hires to Mission-Critical Occupations	Total	Reportable Disability	Targetable Disability
		New Hires	New Hires
	(#)	(%)	(%)
Numerical Goal	--	12%	2%
1102 CONTRACT/PROCUREMENT	0	0.00	0.00
1109 GRANTS MGT SPECIALIST	2	50.00	0.00
2210 INFORMATION TECHNOLOGY SPEC	17	5.88	0.00

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

       a. Qualified Applicants for MCO (PWD)   Answer   Yes

       b. Qualified Applicants for MCO (PWTD)   Answer   Yes

In the FY 2021 data presented in Table B6P, differences were identified in the participation of PWD in the qualified internal applicants for competitive promotions as compared to the relevant applicant pool (RAP) within five of the NIH's MCOs, as shown in the table below, differences were observed in the following occupational series: 0301, 0341, 0343, 0601, and 2210. Differences were also identified between the RAP and QAP for PWTD within the internal competitive promotion data for two MCOs: Admin Officer (0341), General Health Science (0601). The RAP was defined for each MCO based on the number of employees holding a qualifying occupation series. For Misc. Admin and Program Analysts (0301), the RAP for PWD was 16.04%, and PWD represented 10.35% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 4.32%, and PWTD were 4.62% of the qualified internal applicants for Misc. Admin and Program Analysts, indicating no trigger. For Admin Officers (0341), the RAP for PWD was 13.90%, and PWD represented 7.02% of the qualified internal applicants. The RAP for PWTD was 3.01%, and PWTD were 0.88% of the qualified internal applicants for Admin Officers. The Agency observed a difference between the RAP and the qualified applicants for Admin Officer internal promotions of PWD and PWTD. For Management Analysts (0343), the RAP for PWD was 15.72%, and PWD represented 15.23% of the qualified internal applicants, indicating a negligible trigger. The RAP for PWTD was 3.23%, and PWTD were 7.62% of the qualified internal applicants for Management Analysts, indicating no trigger. For General Health Sciences (0601), the RAP for PWD was 5.21%, and PWD represented 1.56% of the qualified internal applicants. The RAP for PWTD was 1.46%, and PWTD were 0.00% of the qualified internal applicants for General Health Sciences. The Agency observed a difference between the RAP and the qualified applicants for General Health Sciences internal promotions of PWD and PWTD. For Information Technology Specialists (2210), the RAP for PWD was 11.44%, and PWD represented 4.07% of the qualified internal applicants, indicating a trigger. The RAP for PWTD was 1.93%, and PWTD were 2.71% of the qualified internal applicants for Information Technology Specialists, indicating no trigger. For 0401, 0602, 0610, 1102, and 1109, no vacancies were posted for permanent promotion. As such, no PWD or PWTD were found in the qualified internal applicant pool; therefore, no comparison could be made with the RAP for these occupations. (SEE Graph Page 220)

4. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission- critical occupations (MCO)? If "yes", please describe the triggers below. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

       a. Promotions for MCO (PWD)   Answer   Yes

       b. Promotions for MCO (PWTD)   Answer   Yes

The applicant flow data indicate a difference for PWD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), General Health Science (0601), and Information Technology Specialist (2210) occupations. The applicant flow data indicate a difference for PWTD in the Misc. Admin and Program Analyst (0301), Admin Officer (0341), Management Analyst (0343), and Information Technology Specialist (2210) occupations. No competitive promotions were made amongst permanent staff General Biology Sciences (0401), Medical Officers (0602), Nurses (0610), Contract/Procurement (1102), or Grant Management Specialists (1109) in FY 2021. There was no opportunity to observe triggers for these MCOs. A difference was observed among PWD and PWTD for internal promotions to Misc. Admin and Program Analysts (0301). The QAP for PWD was 10.35%, and PWD represented 6.25% of selections. The QAP for PWTD was 4.62%, and PWTD represented 3.13% of selections. For Admin Officers (0341), the QAP for PWD was 7.02%, and no PWD were selected. The QAP for PWTD was 0.88%,

and no PWTD were selected. For Management Analysts (0343), the QAP for PWD was 15.23%, and PWD represented 11.76% of selections. The QAP for PWTD was 7.62%, and no PWTD were selected. For General Health Science (0601), the QAP for PWD was 1.56%, and no PWD were selected. There were no PWTD in the QAP, and as such there was no basis for comparison. For Information Technology Specialists (2210), the QAP for PWD was 4.07%, and no PWD were selected. The QAP for PWTD was 2.71%, and no PWTD were selected. 7(SEE Graph on Page 221 - 222).

Section V: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

A. ADVANCEMENT PROGRAM PLAN

Describe the agency's plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

The NIH is committed to providing opportunities for advancement among all employees, including people with disabilities and people with targeted disabilities. We currently offer a wide range of career development and training opportunities through the NIH Training Center, the HHS Learning Management System, and the individual Institutes and Centers which comprise our organization. Such opportunities help position all NIH employees for advancement within their current positions and beyond. Also, we offer two targeted programs that offer clear opportunities for advancement among our staff, the NIH Management Intern Program (MI) and the NIH Presidential Management Fellows Program (PMF). Through these programs, staff complete two years of rotational assignments in a variety of administrative and scientific offices across the NIH. Upon completion of the program, alumni of the program exit with positions at the FPL levels of GS-12 (MI) and GS-13 (PMF). This FPL remains the same regardless of the staff members GS level upon entry into the program. Historically, people with disabilities and people with targeted disabilities have been accepted into and completed these programs, however the disability status of those who have applied for and participated in these programs has not been analyzed for applicants from the MI and PMF programs.

B. CAREER DEVELOPMENT OPPORTUNITES

1. Please describe the career development opportunities that the agency provides to its employees.

The NIH offers an array of training and career development opportunities to all employees through multiple venues in our organization. Training and development opportunities offered through the NIH Training Center, the NIH Library, the Center for Information Technology, and individual Institutes and Centers. These opportunities include classes providing technical information on administrative systems (e.g. travel, time and attendance, budget and acquisitions management, Microsoft Office), classes on professional development (e.g., Project Management, Managing Up, Change Management) and formal leadership development programs (the NIH Management Seminar Series, the NIH Management Intern Program, the NIH Mid-Level Leadership Program, the NIH Senior Leadership Program, and the NIH Executive Leadership Program).

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/ approval to participate.

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Mentoring Programs		136		4.4%		
Internship Programs		134		2.2%		0.0%
Fellowship Programs		26		7.7%		0.0%
Coaching Programs		138		4.3%		0.7%
Training Programs		338		6.2%		1.5%

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Detail Programs		14		14.3%		7.1%
Other Career Development Programs		206		18.4%		4.4%

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

      a. Applicants (PWD)   Answer   N/A

      b. Selections (PWD)   Answer   Yes

For purposes of this analysis, as noted above, data on applications for career development programs are not captured at the NIH-wide level. Comparisons between the relevant applicant pool and applicants are then not available. In lieu of this analysis, data comparing the selections to these programs and the relevant applicant pool were made. The relevant applicant pool includes NIH employees eligible to participate in each career development program based on their grade and occupational series. Triggers were found for PWD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs. (SEE Graph on Page 224 - 225).

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4. Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

      a. Applicants (PWTD)   Answer   N/A

      b. Selections (PWTD)   Answer   Yes

Following the comparison described above and as shown in the table above, triggers were found for PWTD in Internship Programs (Pathways), Fellowship Programs (PMF), Mentoring Program (only for mentors, not mentees), and Coaching Programs.

C. AWARDS

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If "yes", please describe the trigger(s) in the text box.

      a. Awards, Bonuses, & Incentives (PWD)   Answer   Yes

      b. Awards, Bonuses, & Incentives (PWTD)   Answer   Yes

Table B9 presents information on awards distributed to employees during the year as part of its employee recognition program. The EEOC has suggested that agencies consider awards distribution based on inclusion rates, the degree to which each employee group is distributed across workforce indicators, e.g., awarded or separated. The inclusion rate for PWD was calculated by comparing the number and percent of employees with disabilities who received awards in each applicable program element to the number and percent of employees without a disability (this category combines persons with no disability and those who did not identify as having a disability) who received awards in each applicable program element. The inclusion rate for PWTD was calculated by comparing the number and percent of employees with targeted disabilities who received an award in each applicable program element to the number and percent of employees without a targeted disability (this category combines persons with no disability, those who did not identify as having a disability, and those with a disability that is not targeted) who received award in each applicable program element. Inclusion rates for PWD: • Time off awards from 1 to 10 hours: 9.26% compared to 9.07% for people without disabilities-No Trigger exists • Time off awards from 11 to 20 hours: 9.92% compared to 9.10% for people without

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disabilities-No Trigger exists • Time off award from 21 to 30 hours: 4.78% compared to 4.54% for people without disabilities-No Trigger exists • Time off awards from 31 to 40 hours: 11.83% compared to 13.61% for people without disabilities-Trigger exists • Cash awards under $500: 23.22% compared to 23.32% for people without disabilities- Trigger exists • Cash awards from $501 to $999: 23.37% compared to 20.11% for people without disabilities-No Trigger exists • Cash awards from $1,000 to $1,999: 41.59% compared to 43.90% for people without disabilities-Trigger exists • Cash awards from $2,000 to $,2999: 21.68% compared to 27.719% for people without disabilities-Trigger exists • Cash award from $3,000 to $,3999: 9.04% compared to 13.65% for people without disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 6.32% compared to 8.65% for people without disabilities-Trigger exists • Cash awards from $5,000 or more: 7.20% compared to 13.81% for people without disabilities-Triggers exists Inclusion rates for PWTD: • Time off awards from 1 to 10 hours: 8.40% compared to 9.99% for people without targeted disabilities-Trigger exists • Time off awards from 11 to 20 hours: 11.02% compared to 10.01% for people without targeted disabilities-No Trigger exist • Time off award from 21 to 30 hours: 2.10% compared to 5.07% for people without targeted disabilities-Trigger exists Time off awards from 31 to 40 hours: 10.50% compared to 14.84% for people without targeted disabilities-Trigger exists • Cash awards under $500: 25.20% compared to 25.52% for people without targeted disabilities- Trigger exists • Cash awards from $501 to $999: 21.26% compared to 22.33% for people without targeted disabilities- Trigger exists • Cash awards from $1,000 to $1,999: 39.37% compared to 48.04% for people without targeted disabilities-Trigger exists • Cash awards from $2,000 to $2,999: 22.83% compared to 29.94% for people without targeted disabilities-Trigger exists • Cash award from $3,000 to $,3999: 6.56% compared to 14.71% for people without targeted disabilities-Trigger exists • Cash awards from $4,000 to $4,999: 5.77% compared to 9.34% for people without targeted disabilities-Trigger exists • Cash awards from $5,000 or more: 5.51% compared to 14.73% for people without targeted disabilities-Trigger exists Source: Table B9-2 Inclusion Rate

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	1333	8.94	9.14	8.28	9.05
Time-Off Awards 1 - 10 Hours: Total Hours	9871	58.66	68.62	49.11	60.17
Time-Off Awards 1 - 10 Hours: Average Hours	7	0.48	0.06	2.96	0.09
Time-Off Awards 11 - 20 hours: Awards Given	1359	9.59	9.25	14.20	8.86
Time-Off Awards 11 - 20 Hours: Total Hours	23271	162.93	158.80	234.91	151.59
Time-Off Awards 11 - 20 Hours: Average Hours	17	1.29	0.14	9.47	0.00
Time-Off Awards 21 - 30 hours: Awards Given	702	5.00	4.84	1.78	5.50
Time-Off Awards 21 - 30 Hours: Total Hours	18150	127.64	125.02	42.60	141.04
Time-Off Awards 21 - 30 Hours: Average Hours	25	2.01	0.20	14.20	0.09
Time-Off Awards 31 - 40 hours: Awards Given	2003	11.93	13.92	11.24	12.03
Time-Off Awards 31 - 40 Hours: Total Hours	81591	477.44	567.50	457.40	480.60
Time-Off Awards 31 - 40 Hours: Average Hours	40	3.22	0.33	23.67	0.00
Time-Off Awards 41 or more Hours: Awards Given	0	0.00	0.00	0.00	0.00
Time-Off Awards 41 or more Hours: Total Hours	0	0.00	0.00	0.00	0.00
Time-Off Awards 41 or more Hours: Average Hours	0	0.00	0.00	0.00	0.00

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $501 - $999: Awards Given	3294	23.77	22.06	16.57	24.91

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $501 - $999: Total Amount	2426861	17378.40	16226.34	12241.42	18188.25
Cash Awards: $501 - $999: Average Amount	736	58.90	6.01	436.69	-0.65
Cash Awards: $1000 - $1999: Awards Given	7045	42.79	48.88	34.32	44.12
Cash Awards: $1000 - $1999: Total Amount	9478402	56915.55	65810.26	46517.16	58554.85
Cash Awards: $1000 - $1999: Average Amount	1345	107.17	11.01	801.78	-2.33
Cash Awards: $2000 - $2999: Awards Given	4356	22.40	31.37	17.75	23.13
Cash Awards: $2000 - $2999: Total Amount	10367186	53138.03	74701.43	41942.60	54902.99
Cash Awards: $2000 - $2999: Average Amount	2379	191.14	19.48	1397.63	0.93
Cash Awards: $3000 - $3999: Awards Given	2103	9.83	15.44	4.73	10.63
Cash Awards: $3000 - $3999: Total Amount	7148821	33345.85	52474.74	16176.33	36052.61
Cash Awards: $3000 - $3999: Average Amount	3399	273.25	27.80	2021.89	-2.43
Cash Awards: $4000 - $4999: Awards Given	1341	6.53	9.84	4.14	6.90
Cash Awards: $4000 - $4999: Total Amount	5927454	28475.91	43551.06	18310.65	30078.45
Cash Awards: $4000 - $4999: Average Amount	4420	351.49	36.20	2615.38	-5.41
Cash Awards: $5000 or more: Awards Given	2104	7.33	15.82	1.18	8.30
Cash Awards: $5000 or more: Total Amount	15161281	52123.53	113807.05	6691.12	59285.91
Cash Awards: $5000 or more: Average Amount	7205	572.76	58.84	3345.56	135.63

2. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance- based pay increases? If "yes", please describe the trigger(s) in the text box.

    a. Pay Increases (PWD)   Answer   No

    b. Pay Increases (PWTD)   Answer   Yes

Inclusion rate for PWD: • QSI: 11.68% compared to 10.58% for people without disabilities-No Trigger exists Inclusion rate for PWTD: • QSI: 11.55% compared to 11.68% for people without targeted disabilities- Trigger exists Source: Tables B9-2 Inclusion Rate The inclusion rate was calculated by comparing the number and percent of employees who received a quality step increase among PWD to the number and percent of employees with no disability (this group includes those who did not identify as having a disability). The inclusion rate for PWD was 11.68%, and for people without disabilities and those who did not self-identify with a disability, it was 10.58%. No trigger was found in these data. The inclusion rate for PWTD was calculated by comparing the number and percent of PWTD who received a quality step increase to the number and percent of employees without a targeted disability (i.e., the combined total of persons with no disability, those who do not identify as having a disability, and those with a disability that is not targeted) who received a quality step increase. A negligible difference was found in quality step increases. The inclusion rate for PWTD was 11.55%, and for people without targeted disabilities (including those with no disability, those who did not self-identify as having a disability, and those with a disability that is not targeted), it was 11.68%. Source: Table B9-2

Other Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Total Performance Based Pay Increases Awarded	0	0.00	0.00	0.00	0.00

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If "yes", describe the employee recognition program and relevant data in the text box.

         a. Other Types of Recognition (PWD)   Answer   N/A

         b. Other Types of Recognition (PWTD)   Answer   N/A

> The agency does have other types of employee recognition programs, such as the NIH Director's Awards, individual IC Director's Awards and the Disability Champion and Allies Awards. These awards are inclusive of PWD and PWTD. Currently, we do not have the data to quantitatively compare and assess for potential triggers involving PWD and PWTD receiving these awards.

D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

         a. SES

              i. Qualified Internal Applicants (PWD)   Answer   Yes

              ii. Internal Selections (PWD)   Answer   Yes

         b. Grade GS-15

              i. Qualified Internal Applicants (PWD)   Answer   Yes

              ii. Internal Selections (PWD)   Answer   Yes

         c. Grade GS-14

              i. Qualified Internal Applicants (PWD)   Answer   Yes

              ii. Internal Selections (PWD)   Answer   Yes

         d. Grade GS-13

              i. Qualified Internal Applicants (PWD)   Answer   No

              ii. Internal Selections (PWD)   Answer   No

> Table B7 presents the relevant FY 2021 data to assess whether triggers exist about promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 144 (8.43%) were submitted by PWD. The Agency was successful in supporting PWD in their interest in and application for senior grade level positions. There were no triggers identified among qualified internal applicants to the GS-13 or SES equivalent senior grades. For the GS-15 and GS-14 equivalent senior grades, a difference was observed. Among internal selections, differences were observed for the GS-15 and GS-14 equivalent levels, but not the SES or GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, six (7.14%) were PWD, which is lower than their availability in the QAP at 8.43%. The following presents data for each grade level equivalent. At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there were no qualified internal applicants nor selections made, thus there was no opportunity to observe triggers. At the GS-15 equivalent level, the RAP was 6.25%, while the participation of PWD among qualified internal applicants was slightly lower at 5.36%. The Agency noted a

difference involving internal selections for GS-15 equivalent grade levels; none of selections were PWD compared to their participation among qualified internal applicants at 5.36%. At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 8.79% and the participation of PWD among qualified internal applicants was 6.13%. Among selections for internal promotions, none were PWD, and 6.13% of the qualified internal applicants were PWD. At the GS-13 equivalent level, PWD exceeded the relevant benchmarks at the qualified and selected stages. The participation of PWD among qualified internal applicants was 10.25% compared to the RAP benchmark of 9.08%. Likewise, 13.64% of selections were PWD compared to 10.25% of qualified internal applicants. (SEE Graph on Page 229).

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

    a. SES

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   No

    b. Grade GS-15

        i. Qualified Internal Applicants (PWTD)   Answer   No

        ii. Internal Selections (PWTD)   Answer   Yes

    c. Grade GS-14

        i. Qualified Internal Applicants (PWTD)   Answer   Yes

        ii. Internal Selections (PWTD)   Answer   Yes

    d. Grade GS-13

        i. Qualified Internal Applicants (PWTD)   Answer   No

        ii. Internal Selections (PWTD)   Answer   Yes

See table above from question 1. Applying the same comparisons to PWTD as described above for PWD, the Agency presents information on trigger identification for PWTD in promotions to senior grade levels. Of 1,708 qualified internal applications for senior grade level positions, 49 (2.87%) were submitted by PWTD. Of 84 promotions to senior grade levels in Table B7, none (0.00%) were PWTD. Overall, the Agency was successful in supporting PWTD in their interest in and application for senior grade level positions and was less successful in selecting PWTD for those promotions. There were no triggers identified among qualified internal applicants to the GS-15 and GS-13 equivalent senior grades; but for GS-14 equivalent senior grades, a difference was observed. There were no postings for internal promotion to SES equivalent positions; therefore, there was no opportunity to observed triggers for that level. Among internal selections, differences were observed for the GS-15, GS-14, and GS-13 equivalent levels. Of the 84 internal promotions to senior grade levels in Table B7, none were PWTD, which is lower than their availability in the QAP at 2.87%. The following presents data for each grade level equivalent. At the SES equivalent level, no job vacancy postings were available at the SES equivalent level in FY 2021, and as such there was no opportunity to observe triggers. At the GS-15 equivalent level, the RAP was 1.64%, while the participation of PWTD among qualified internal applicants was higher at 2.38%. The Agency noted a difference involving internal selections for senior grade levels at GS-15 equivalent grade levels; none of selections were PWTD compared to their participation among qualified internal applicants at 2.38%. At the GS-14 equivalent level, the Agency noted a difference at the qualified and selected stages. The RAP was 1.88% and the participation of PWTD among qualified internal applicants was slightly lower at 1.62%. Among selections for internal promotions, none were PWTD, and 1.62% of the qualified internal applicants were PWTD. At the GS-13 equivalent level, PWTD exceeded the relevant benchmark at the qualified stage, but was a trigger at the selected stage. The participation of PWTD among qualified internal applicants was higher at 3.65% compared to the RAP benchmark of 2.76%. On the other hand, none of the selections were PWTD compared to 3.65% of qualified internal applicants.

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires to SES (PWD)	Answer	N/A
b. New Hires to GS-15 (PWD)	Answer	No
c. New Hires to GS-14 (PWD)	Answer	No
d. New Hires to GS-13 (PWD)	Answer	No

For this trigger analysis, the Agency presents information on trigger identification for PWD new hires to senior grade levels based on reviewing Table B7. Among the 1,113 newly hired permanent staff members in FY 2021 were 549 persons hired into permanent staff senior grade level positions: three SES, 40 into GS-15 equivalent positions, 145 into GS-14 equivalent position positions, and 361 into GS-13 equivalent positions. Sixty-five of those 549 (11.84%) newly hired permanent staff in senior grade levels identified as PWD. The following evaluates participation of PWD in each senior grade equivalent level. The QAP from Table B7 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B7 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind. From reviewing the applicant flow data for FY 2021, no triggers were identified for PWD. • No vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections. • At the GS-15 equivalent level, the QAP was 0.58% PWD, and 5.00% of the permanent new hires for those positions identified as PWD. No trigger. • At the GS-14 equivalent level, the QAP was 3.98% PWD while 12.41% newly hired permanent staff were PWD. No trigger. • At the GS-13 equivalent level, the QAP was 3.15% PWD, while 12.47% of the new hires to GS-13 equivalent positions identified as PWD. No trigger. (SEE Graph on page 231 - 232).

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires to SES (PWTD)	Answer	N/A
b. New Hires to GS-15 (PWTD)	Answer	Yes
c. New Hires to GS-14 (PWTD)	Answer	No
d. New Hires to GS-13 (PWTD)	Answer	No

To respond to this question, the Agency presents information on trigger identification for PWTD new hires to senior grade Among the 1,113 newly hired staff members in FY 2021 were 549 persons hired into senior grade level positions. Eleven of those 549 (2.00%) newly hired permanent staff in senior grade levels identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level. For the senior grade level equivalent GS-15 level only, the Agency found a trigger in the difference in participation of PWTD between qualified applicants and among new hires. More detail about each senior grade level follows in descending order by level. At the SES level, no vacancies were posted for external hire into SES positions during FY 2021. There was, then, no opportunity to observed triggers amongst the qualified applicant pool against tentative selections. At the GS-15 equivalent level, the QAP was 0.95%; none of the new hires were PWTD. At the GS-14 equivalent level, the QAP was 1.35% PWTD; 1.38% of the newly hired GS-14 equivalent staff were PWTD. No trigger. At the GS-13 equivalent level, the QAP was 0.96% PWTD, and 2.49% of new hires were PWTD. No trigger. Data Source: Table B7

5. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to supervisory
positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified

applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

   a. Executives

     i. Qualified Internal Applicants (PWD)   Answer   Yes

     ii. Internal Selections (PWD)   Answer   Yes

   b. Managers

     i. Qualified Internal Applicants (PWD)   Answer   Yes

     ii. Internal Selections (PWD)   Answer   Yes

   c. Supervisors

     i. Qualified Internal Applicants (PWD)   Answer   Yes

     ii. Internal Selections (PWD)   Answer   No

For this trigger analysis, the relevant applicant pools were defined to include all employees holding positions at the next lower level who hold supervisory status for Executives and Managers and at all lower levels with or without supervisory status for the first level Supervisors. The Agency observed triggers at all leadership levels for the qualified stage and among tentative selections for internal competitive promotion to Manager and Executive levels. For the Executive level, triggers were found at both stages for internal promotion. The relevant applicant pool was 6.29% PWD, and the qualified internal applicants include a smaller percentage at 5.42% PWD. None of the promoted internal applicants were PWD, while the qualified pool included 5.42% PWD. For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 8.85% PWD, and the qualified internal applicants was lower at 7.93% PWD. Among 22 internal selections, 4.55% were PWD, which is lower than their availability in the QAP at 7.93%. For first level Supervisors, 9.89% of the relevant applicant pool were PWD. None of the applicants in the qualified pool were PWD. No PWD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger. (SEE Graph 233-234).

6. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

   a. Executives

     i. Qualified Internal Applicants (PWTD)   Answer   No

     ii. Internal Selections (PWTD)   Answer   Yes

   b. Managers

     i. Qualified Internal Applicants (PWTD)   Answer   Yes

     ii. Internal Selections (PWTD)   Answer   Yes

   c. Supervisors

     i. Qualified Internal Applicants (PWTD)   Answer   Yes

     ii. Internal Selections (PWTD)   Answer   No

(SEE Graph top of page 234). For this trigger analysis, the same definitions were applied for RAP as found in the question above. For the Executive level, the relevant applicant pool was 1.80% PWTD, and the qualified internal applicants include 2.41% PWTD. No trigger was observed. None of the promoted internal applicants were PWD, while the qualified pool included 2.41% PWTD. A

trigger was identified. For the Manager level, triggers were found for both the qualified and tentative selection stages. The relevant applicant pool was 1.94% PWTD, and the qualified internal applicants was slightly lower at 1.84% PWTD. None of the promoted applicants to Manager positions were PWTD, though 1.84% were available for selection among qualified internal applicants. For first level Supervisors, 2.71% of the relevant applicant pool were PWTD. None of the applicants in the qualified pool were PWTD. No PWTD applicants were selected for promotion to first level Supervisory positions because none were available among qualified applicants; there was no opportunity to observe a trigger. Data Source: Table B7

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

     a. New Hires for Executives (PWD)   Answer   No

     b. New Hires for Managers (PWD)   Answer   No

     c. New Hires for Supervisors (PWD)   Answer   Yes

For this trigger analysis, the NIH presents information on trigger identification for PWD new hires to leadership positions based on reviewing Table B8. Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Seven of those 58 (12.06%) newly hired permanent staff in leadership positions identified as PWD. The following evaluates participation of PWD in each leadership level. The QAP from Table B8 summarizes data where the applicant self-identified with a disability and qualified for the position. Data in this table describe vacancies for permanent positions with the NIH that were posted in USAJOBS with a closing date during the fiscal year. In addition, Table B8 also presents data on new hires onboarded during the fiscal year; some of whom applied for a vacancy posted prior to the start of the fiscal year. Differences may be observed in the demographic statistics of those selected versus those onboarded as new hires. Triggers comparing the composition of PWD and PWTD in applicant flow versus new hire data should be interpreted with these differences in mind. For first level Supervisor positions, the NIH found a trigger in the difference in participation of PWD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWD, yet the qualified applicant pool included 3.57% PWD. For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 16.67% PWD, which is more than found among the qualified pool at 2.97%. For Executives, a higher proportion of PWD was found among tentative selections at 7.69% than found for the qualified applicant pool (1.66%). (SEE Graph on page 236).

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box. Select "n/a" if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

     a. New Hires for Executives (PWTD)   Answer   Yes

     b. New Hires for Managers (PWTD)   Answer   No

     c. New Hires for Supervisors (PWTD)   Answer   Yes

SEE Graph on page 236. Among the 1,113 newly hired staff members in FY 2021 were 58 persons hired into leadership positions: 26 Executives, 30 Managers, and two first level Supervisors. Of those 58 newly hired permanent staff in leadership positions 1.72% identified as PWTD. The following evaluates participation of PWD in each senior grade equivalent level: • For first level Supervisor positions, the Agency found a trigger in the difference in participation of PWTD among qualified internal applicants and among tentative selections. None of the tentatively selected first level Supervisors were PWTD, yet the qualified applicant pool included 1.79% PWTD. For Manager positions, no triggers were identified for external hiring. Externally hired Managers included 3.33% PWD, which is more than found among the qualified pool at 1.49%. • For Executives, no PWTD were tentatively selected while the qualified applicant pool included 0.92% PWTD. Data Source: Table B8

Section VI: Plan to Improve Retention of Persons with Disabilities

To be model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with

disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace assistance services.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If "no", please explain why the agency did not convert all eligible Schedule A employees.

                                                                Answer   Yes

The NIH maintains discretion on conversions to a career or career-conditional appointment among employees on Schedule A appointments. As a general practice, those Schedule A employees who were not converted voluntarily accepted a new Schedule A appointment within the Agency. During FY 2021, there were a total of 496 employees on new or existing Schedule A appointments, including 11 separations, 136 (27.42%) Schedule A new hires, 21 (4.23%) existing Schedule A, and 328 (66.13%) converted to the competitive service under the Schedule A hiring authority during FY 2021 within two years of the Schedule A appointment. A review of records for other Schedule A employees, who were hired or transferred to the NIH and remain on rolls at the close of FY 2021, confirms that all were converted to competitive service within two years of appointment.

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If "yes", describe the trigger below.

        a. Voluntary Separations (PWD)   Answer   Yes

        b. Involuntary Separations (PWD)   Answer   Yes

Among total workforce (both permanent and temporary) separations, the following was found. Data on voluntary separations: • Resignation: 1.42% for people with disabilities compared to 2.13% for people without disabilities- No trigger exists • Retirement: 3.52% for people with disabilities compared to 2.67% for people without disabilities- Trigger exists • Other Separations: 0.88% for people with disabilities compared to 1.09% for people without disabilities- No trigger exists Data on involuntary separations: • Removal: 0.20% for people with disabilities compared to 0.13% for people without disabilities- Trigger exists • The Agency had no Reductions in Force recorded during FY 2021. Source: B1-2 Inclusion Rate

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	19	0.22	0.10
Permanent Workforce: Resignation	174	1.01	1.00
Permanent Workforce: Retirement	391	2.87	2.20
Permanent Workforce: Other Separations	139	0.79	0.80
Permanent Workforce: Total Separations	722	4.81	4.10

3. Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If "yes", describe the trigger below.

        a. Voluntary Separations (PWTD)   Answer   Yes

        b. Involuntary Separations (PWTD)   Answer   No

Among total workforce (both permanent and temporary) separations, the following was found. Data on voluntary separations: • Resignation: 0.99% for people with targeted disabilities compared to 2.10% for people without targeted disabilities- No trigger exists • Retirement: 3.70% for people with targeted disabilities compared to 2.72% for people without targeted disabilities- Trigger exists • Other Separations: 0.25% for people with targeted disabilities compared to 1.09% for people without targeted disabilities- No trigger exists Data on involuntary separations: • Removal: 0.00% for people with targeted disabilities compared to 0.14% for people without targeted disabilities- No trigger exists • The Agency had no Reductions in Force recorded during FY 2021. Source: B1-2 Inclusion Rate

Seperations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	19	0.00	0.11
Permanent Workforce: Resignation	174	0.55	1.01
Permanent Workforce: Retirement	391	2.20	2.25
Permanent Workforce: Other Separations	139	0.00	0.81
Permanent Workforce: Total Separations	722	2.75	4.17

4. If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources.

Among 89 employees with disabilities who separated in FY 2021, voluntary reasons accounted for 96.63% with retirement as the top reason (52 people, 58.43%) followed by voluntary resignation (21 people, 23.60%), and other voluntary reason (13 people, 14.61%). Three employees (3.37%) were involuntarily removed. The NIH invites all departing employees to complete an exit survey during their last pay period on NIH rolls. This survey asks exiting employees for demographic information and reasons for separation. Among 395 employees who completed the disability questions on the exit survey in FY 2021, 24 self-identified as having a disability (6.98%). The small number of separating employees who self-identified with a disability and completed the exit survey limits the reliability of conclusions to be drawn from these data about the reasons why those employees left the Agency. The reasons for separation are not combined with demographic information, so only general conclusions can be gleaned from the exit survey and not specific to individuals with disabilities. Among total exit survey respondents, the top three most selected reasons for Separation in FY 2021 were:1) "Retirement" (30% of respondents) (Up 7% from last year) 2) "Promotion/Higher Salary/ Advancement Potential" (12%) (Down 3% from last year) 3) "Career Change" (9%) (Down 1% from last year) Of those respondents who selected retirement as a reason for separation: • 31% of respondents said they would have postponed retirement if they were more satisfied with their job, and 19% if they were more satisfied with their supervisor.

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 CFR §1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

Information and resources addressing accessibility are posted on the NIH website at https://www.nih.gov/web-policies-notices. NIH defers to the HHS for intake and management of complaints filed regarding Section 508 compliance.

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the
Architectural Barriers Act, including a description of how to file a complaint.

https://www.orf.od.nih.gov/footer/Pages/Accessibility.aspx

3. Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

NIH's Office of Research Facilities (ORF) reviews accessibility projects, project statements of work and estimates to check the viability of projects and adherence to the ABA Standards and make funding recommendations to the ORF Building and Facilities Board. They address accessible accommodation requests by meeting the requester at the site, exploring possibilities, writing deficiency reports estimating costs and requesting funding. They keep track of the NIH Bethesda Campus building's changing characteristics that affect the building's occupancy categories and their compliance with the ABA Standards. • ORF continued to

work on ABA rights and complaints process on their website. The name and telephone number and email of the ORF ABA POC/ SME is listed. • In 2019, ORF had complaints about lack of larger operation signages that include Braille. The Braille larger operation signages were installed at the project site in 2020. We have included Braille in our new related projects in 2021 such as second HC lift in Building 31B and three Bethesda Campus main sally port entries' signage and operation info. • C105070 - Building31B H/C Lift at B1 Level: This project is to install a H/C lift to accommodate an elderly employee to be able to conduct her work in a safe manner which includes transporting boxes of paper records from storage to her office. This project was funded in 2020, contract was finalized with a design/build contractor, design phase has been completed. Project started construction in 2021and is now going through the final punch-list items to be fixed by the contractor. • C102788 - Mid-Block Crosswalks: This project focus is on improving safety measures for pedestrians on the Bethesda Campus. The project includes adding a few HC curb cuts and detectable warning surfaces. The design has been completed. A construction contract has been awarded in 2017. Project scope covers twenty (20) crosswalks. There are eight (8) crosswalks in operating condition and in different stages of full completion with minor Q/A items to address. During 2019 fiscal year, the contractor has completed most of the remaining items. Pre-final inspection for project Substantial Inspection to be scheduled in late October. The project continued to have issues with the installed fixtures and concrete trenches at several locations. Punchlist items and warranty issues had been discussed with the contractor to fix many items in need of repair in 2020 and 2021. Repairs by contractor is still ongoing and ICs complaints are being investigated. • C102246, Building 66 Gateway Center Sallyports wheelchair Access: This project provides automatic door openers for three locations in the Bethesda Campus Sallyports for HC employees and visitors entries and exits. Due to security requirements, implementation of this project has been going through many revisions. The project started in 2015 and had been going through final phases of the design and construction documentation due to stringent security requirements that required custom made stands. Recently construction permit has been issued. Project was planned to start construction contract bidding in early 2019 fiscal year. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project was funded in 2020.The ORF project architect responsible for the construction documents had left and a new PA is assigned. Due to custom made access poles and security requirements, the project requires not only architectural design but also industrial design of the custom pole that is an object which requires careful coordination of parts and pieces at micro (machined) level. The existing construction documents can be used as a bridging document for a Design/Build contract. New contract was secured, and the custom-made stands were replaced with off the shelf stand that functionally was acceptable to the NIH SPSM (Division of Physical Security Management). This was reducing the project costs and future maintenance. The project has finished design and documentation and started construction phase in 2021. The construction has started on Sally port No. 2 (Pedestrian Entrance leading to Child Care Center at Rockville Pike & Center Dr). • C105241 Building 31C Restrooms Renovation: Full renovation of Building 31C remaining restrooms at B1, B2, B3, 1st, 3rd floors, a total of 10 restrooms and level B4 Unisex restroom modifications for the wheelchair access. The project was recommended for the B&F Board review for the 2018 R&I funding for design and construction. The project was placed on hold, due to funding issues. The project was planned to be funded in FY19. Due to lack of R&I funding in the 2019 fiscal year, the project officer was informed by the ORF Fiscal Authority that this project will be funded in 2020.Unfortunately funding for this project is moved to 2021fiscal year and now again postponed to future years due to many other projects competing with other deficient projects for R&I (Repair & Improvement) funds. Meanwhile, we are trying to request funding for individual restrooms that need upgraded HC access instead of asking for a large R&I funding. • C105223 Convert Building 1, room 15E2 to Offices. Building 1is a historic structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Access to building entry, all entry level offices including pantry are accessible. Project is funded in 2019 fiscal year. This Design/ Build contract received a green construction permit in August 2021. Construction project started by remediation process that is completed and actual construction is on its way. • C106591 Convert Building 1, room15E1to Offices, Building is a historic residential structure. The project includes enlargement of the existing 1st floor restroom to make it accessible. Building entry, kitchen and entry level offices are made accessible. The project is funded in 2019 fiscal year. This Design/Build received a construction permit in 2021. Contract is in construction phase after remediation efforts are completed. • C109507 Building 31A Toilet Renovations Floors 3, 10 and 11, This project was initiated in 2020 to upgrade bathrooms and bring them to compliance with the ABA standards. Design part of the project is almost completed. Construction of one floor is planned to be started in 2022. • C108449 Buildings. 1, room 5G1 + G2 Quarters Renovation, Project is to convert existing residential two story with basement historic buildings into offices for NCI and NHLBI. The renovation included converting the kitchen to a kitchenette/pantry, making the first floor ABA accessible, including bathrooms. This project was funded in 2020 and construction permit is published. Building 15G1 construction is on its way and the project is expected to be completed in 2022. Building G2 is still occupied by the Fire Marshall and the construction will start after the Fire Marshall offices are relocated to their new renovated location. • C107389 Building 1, room 5C1 Renovation, Project is to convert existing residential two story with basement into offices for NCI. The renovation included converting the kitchen to a kitchenette/pantry, making the First floor ABA accessible including bathrooms. This project was funded in 2020 and construction permit was published. Project is now completed, and building was occupied in March 2021. • C105885 Building 49 Public Areas Kitchenettes and Public Bathrooms Renovation. The first phase of this project to renovate the Public Areas Kitchenettes was funded in 2020 and is now in the design review process. All kitchenettes are renovated to be accessible per ABA standards requirements. The design is still going through Fire Marshall review for information regarding the phasing plan in 2021. Construction permit is expected to be published after AE responses are accepted by the Fire Marshall. • C104607 Building15B1 & B2 Officers Quarters Renovation. Historic buildings are in the Utility Feasibility Study and design to

renovate them for Children's Inn use and provide the center with additional capacity. The renovated facility will be in full compliance with the ABA standards. The utility feasibility design documentation is in the design review process. The MDE (Maryland Department of Environment) review comments responses and 95% design review is completed. Project is now completing the design documents to acquire a construction permit. The design phase is scheduled to finish by the end of 2021. • C106564 Building31C Upgrade Showers and Dehumidify Shower Rooms, this project renovates the bathrooms, showers, and locker room per the ABA standards. The project contractor discovered hazardous material that needed to be abated by the ORF/ DEP (Division of Environmental Protection) in 2021. Remediation has been completed. AE team is continuing to finish the design after reassessing the space after abatement. • During 2021, a large number of labs in Building10 and other buildings have been renovated. All renovations provide special attention to cabinets, sinks, adding motion detectors, elevators, and ensuring all renovations are based on the ABA standards and user groups' needs. • In 2021 ORF made a universal effort to make all Bethesda Campus bathrooms faucets and towel dispensers hands free. The effort started in mid-2020 and ended with 2392 automatic faucets in mid 2021vs 844 in 2020. Automatic towel dispensers were fully upgraded to 1560 in 2021 vs 745 in mid-2020. There have been many small projects requested and completed in 2021 by the ORF/DDCM/ SAT (Small Project Team) such as adding automatic door openers, changing door handles, etc. to make them in compliance with the ABA standards. These projects are not listed above due to their small scope.

C. REASONABLE ACCOMMODATION PROGRAM

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

In FY 2021, the NIH primarily relied on its RA tracking system called Entellitrak to collect RA data. The average number of days it took to process RA requests (from initial receipt of the request to closure/provision) was 36 business days. The average time it took to go from initial receipt of the request to a decision was 11 business days. The average time it took from the approval of the request to provision of the accommodation was 11 business days. Source: Entellitrak

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

FY 21 continued to cause unique impact on reasonable accommodation (RA) processing related to the COVID-19 pandemic. FY 21 began with a record low number of requests and escalated throughout the Covid pandemic. This resulted in a low number of RA requests overall, but a busy end of year. According to data collected on requests entered and processed via Entellitrak in FY 21, the NIH processed a total of 102 individual requests. This represents significant overall decrease from the number of employees that EDI assisted in FY 20 (206). In FY 21, the average number of days it took to process RA requests (from initial receipt of the request to provision) was 36 business days. This is an increase from FY 20. It is likely that this increase is due to multiple factors including: (1) increased provision/procurement time due to the pandemic; (2) a proportionally high number of complex cases (including reassignment); and (3) changes in staffing over the FY. The average number of days it took managers to reach a decision on an RA request upon receipt of EDI's recommendation was 11 business days. The average time it took from the approval of the RA request to provision of the accommodation was 11 business days. Average timeframes across the board were increased from FY 20. However, 79% of all requests were processed within the maximum timeframe which is an improvement from 73% in FY20. In terms of the top RA requests received in FY 21, the most requested RA was equipment. It made up 21% of the RAs requested. Following that, 17% of the requested RAs were for telework, 14% were for IT equipment, and 14% were for a modification to duties. In FY21, a total of 401 NIH staff were trained in RA (231 supervisors and managers and 170 employees). EDI additionally provided RA Training to 165 employees of the Administration for Children and Families (ACF). This is a significant decrease from FY 20 as we did not host any large training events. EDI is developing new RA Training Resources to be able to reach more staff.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

Pursuant to 29 CFR §1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

In FY21 EDI continued to work with the Department of Health and Human Services (HHS) on an inter-agency agreement (IAA) to utilize HHS's established PAS contract. In FY21, NIH received one (1) new request for PAS in FY21 that was ultimately approved, and provision is being coordinated. NIH received no requests from employees who previously received on-site PAS to have PAS provided to a telework location.

Section VII: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the governmentwide average?

   Answer   Yes

2. During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

   Answer   Yes

3. If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

The NIH did not have any findings of discrimination alleging harassment based on disability; however, there were four (4) settlement agreements. 1. Attorney's Fees 2. Attorney's Fees; Leave Restored and Neutral Reference 3. Lump Sum Payment; Reassignment and Leave Restored 4. Lump Sum Payment and Leave Restored

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable
   accommodation, as compared to the government-wide average?

   Answer   Yes

2. During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

   Answer   Yes

3. If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

The NIH did not have any findings of discrimination involving the failure to provide a reasonable accommodation; however, there were three (3) settlement agreements. 1. Attorney's Fees 2. Lump Sum Payment; Neutral Reference and Leave Restored 3. Attorney's Fees; Lump Sum Payment; Expungement and Leave Restored

Section VIII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

Answer   Yes

2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

Answer   Yes

3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments

Source of the Trigger:	Workforce Data (if so identify the table)
Specific Workforce Data Table:	Workforce Data Table - B1
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER: Provide a brief narrative describing the condition at issue. How was the condition recognized as a potential barrier?	Considering instructions from the Equal Employment Opportunity Commission (EEOC), the Office of Equity, Diversity, and Inclusion (EDI) will continue conducting a more focused barrier analysis in FY 2021 to identify triggers and potential barriers at the GS-11 through GS-15 and SES pay scales, as compared to the goal of 12% for employees with reportable disabilities and 2% for employees with targeted disabilities. The percentage of PWD in the GS-11 to SES cluster was 8.04% in FY 2021, which falls below the goal of 12.0%.

STATEMENT OF BARRIER GROUPS:	*Barrier Group*
	People with Disabilities
	People with Targeted Disabilities

Barrier Analysis Process Completed?:	N
Barrier(s) Identified?:	N

STATEMENT OF IDENTIFIED BARRIER: Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.	**Barrier Name**	**Description of Policy, Procedure, or Practice**
	Recruitment of PWD and PWTD	We have not completed the barrier analysis. Multi-year Barrier Analysis project is on-going.

Objective(s) and Dates for EEO Plan

Date Initiated	Target Date	Sufficient Funding / Staffing?	Date Modified	Date Completed	Objective Description

Responsible Official(s)

Title	Name	Standards Address The Plan?
Disability Portfolio Strategist	David Rice	Yes

Planned Activities Toward Completion of Objective

Target Date	Planned Activities	Sufficient Staffing & Funding?	Modified Date	Completion Date

Report of Accomplishments

Fiscal Year	Accomplishment
2018	We have not completed the barrier analysis yet and therefore NIH has no accomplishments to report currently.
2019	Contractor in place to conduct Barrier Analyses.
2020	Contractor in place to conduct Barrier Analyses.

Report of Accomplishments	
Fiscal Year	**Accomplishment**
2021	EDI have completed year one of the multi-year barrier analysis contract. The contract has conducted preliminary trigger and barrier analyses. To summarize the work of year one, the major topics addressed are: • Employment Outcomes • Personnel practice including recruitment, hiring, promotion, retention, and performance evaluations • DEIA program (including professional development, training, and learning) • Data collection efforts • Organizational alignment and resources for supporting DEIA • Workplace harassment • Transparency • Equity for employees with disabilities

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

The National Institutes of Health has hired a contractor to conduct Barrier Analyses. The contractor has not completed Barrier Analyses on PWD and PWTD at this time.

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

Barriers have not been identified at this time by the Contractor. The NIH has no activities or plans at this time.

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

The trigger and barrier analyses process is being conducted by a contractor over a five-year contract. At this time NIH has no activities or plans.