Office of the State Americans with Disabilities Act Coordinator (OSADAC)
# STATE AS A MODEL EMPLOYER (SAME) AGENCY PLAN

*Each executive branch state agency shall submit an annual SAME plan outlining its strategies and goals for the upcoming year, and progress and outcomes for the current year, related to employment of individuals with disabilities (La. R.S. 46:2597). This includes a comparison of the percentage of individuals with disabilities employed by the agency from the previous to current calendar year based on data collected from the Voluntary Self-Identification of Disability process. Agencies shall submit the annual plan by December 1st of each year using the State As a Model Employer (SAME) Agency Plan Form, which is available on the OSADAC website at https://www.doa.la.gov/doa/office-of-state-ada-coordinator/.*

## 1. AGENCY INFORMATION

Agency Name: _____

Name of SAME Designee: _____

Job Title of SAME Designee: _____

Email for SAME Designee: _____

## 2. PROGRESS AND OUTCOMES FOR CURRENT PLAN YEAR

**CURRENT PLAN YEAR:** _____

The _____ previously set forth certain strategies as part of its Agency Plan for the current plan year related to employment of individuals with disabilities. The outcome of these strategies is as follows:

| | Strategy | Outcome |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

*(Attach additional sheet if necessary)*

## 3. DATA COMPARISON

| Dates | Total # of Employees | # of Employees Voluntary Self-ID with Disability | Overall Disability Percentage |
|---|---|---|---|
| | | | % |
| | | | % |

*Percent Difference:* %

## 4. STRATEGIES FOR UPCOMING PLAN YEAR

**UPCOMING PLAN YEAR:** _____

The _____ intends to implement the following strategies related to employment of individuals with disabilities for the upcoming plan year:

| | Strategy | Target Completion Date |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

*(Attach additional sheet if necessary)*

## 5. APPROVED BY:

_____

_____
Signature / Date

**\*\* RETURN BY EMAIL TO Rikki.David@la.gov OR BY FAX TO (225) 342-1057. \*\***

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