U.S. EQUAL EMPLO 2022 EMPLOYER IN														08/2023	<u>(SF 100)</u> 046-0049
	I OKM				-							Expi	ration Da	te: 08/31	/2024
			С	ONSO	LIDATE	ED REP	ORT								
OFS COMPANY ID		SECT	FION E	B – EMP	PLOYE	R IDEN		ATION OYER N							
N141372						С			MS INC	>					
ADDRESS								ITY/TOV				STATE		ZIP CO	
170 W TASM				-				AN JO				CA		951	34
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	<u>RS OR</u>	ESTAE		<u>IENT-I</u> QUARTE						able)			
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	WN			STATE		ZIP CO	DDE
	SECTI	ON D -	- EMPI	LOYER	IDEN1		TION N	NUMBE	ER (EIN	D					
X YES (Employer Is Eligible				• EMPL oyer Is N						NO LO	NGER	IN BUS	INESS		
		F – FE	DERA	L CON	FRACT	OR DE	SIGNA	TION (
YES (Single-Establishm	ant Emm			tity ID (mant Em	mlovon i	Tadama	1 Contro	aton		
YES (Single-Establishin)	-														
TES (r	ieauqua			ne or Mo				-					actor)		
	334	S	ECTIO	DN G – I Commur	NAICS	INFOR	MATIC	DN		is i eden					
	SE	ECTIO	N H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						-
	Hior	banic					Race/E		ty nic or L	otino					_
		atino			М	lale	NOL	пізраі		auno	Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	14	9	168	10	96	1	0	0	70	6	23	0	0	2	399
First/Mid-Level Officials and Managers Professionals	253 1244	144 570	2753 9306	141 993	1424 7795	6 39	16 46	66 378	1196 3511	94 697	608 3585	3 12	4 19	52 220	6760 28415
Technicians Sales Workers	9 192	2 89	8 2315	4 164	12 153	0	0 7	0 56	1 924	2 71	9 70	0	03	0 36	47 4087
Administrative Support Workers	192	142	41	104	27	0	0	2	265	54	70	5	4	22	665
Craft Workers Operatives	0	0	0	0	0	0	0	0	0	0	0 4	0	0	0	0 35
Laborers and Helpers	0	0	0	0	10 0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1735	965	14591	1325	9517	53	69	502	5968	924	4376	21	30	332	40408
PRIOR 2021 REPORTING YEAR TOTAL	1578	828 SECTI		WORK				425 PERIO	5582 D	743	4063	20	36	279	38277
CECTION I	TIEAT	DOLLA				12/31/20			OMME	NTC ((:1)				
SECTION J Not Applicable	– HEA	DQUAI	KTEKS	OK ES	TABLI	ISHME	NT-LEV	VEL CO	OMME.	N15 (op	tional)				

	I OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
	SECTION K – OFFICIAL C	ERTIFICATION OF SUBMISSION	1			
OFS COMPANY ID	EMPLOYER					
N141372		CISCO SYSTEMS INC				
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE		
			CA	95134		
		CARGOOL	U, (00104		
	CERTIFICATIO	N COMMENTS (optional)				
No Certification Comments Provided	l					
	CERTIFICA	FION STATEMENT				
"I certify that the information, inclu	ding anv workforce demographic	data, provided in this report is corre	ct and true to the b	est of mv knowled		
isnowingly and white	QUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/20: CMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION Expiration Date: 08/20: OMB Control Number: Expiration Date: 08/20: SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION Expiration Date: 08/20: OMB Control Number: Expiration Date: 08/20: Address CISCO SYSTEMS INC Address CITY/TOWN STATE 70 W TASMAN DR SAN JOSE CA OMB CONTENTION COMMENTS (optional) EXERCISE	1001.				
	DATE OF	CERTIFICATION	INISSION (EEOC) 1 COMPONENT 1) Revised 08/202 OMB CONTROL Number: Expiration Date: 08/3 ICATION OF SUBMISSION ITECATION EMPLOYER NAME CISCO SYSTEMS INC INC CITY/TOWN STATE ZIP COL SAN JOSE CA 9513 MENTS (optional) INC			
	11/15/2023	3 5:00 PM [EST]				
	EMPLOVED'S C	EDTIEVING OFFICIAI				
Name of Employer's			artifying Official			
Name of Employer's	Certifying Official	The of C	ertifying Official	ying Oniciai		
June H	aase	Compliar	nce Specialist			
Email Address of C	Pertifying Official	Telephone Num	ber of Certifying Officia	1		
Email Address of C			ber of certifying officia	-		
juhaase@c	isco.com	408-	527-3645			
		C) FOR EEO-1 COMPONENT 1 REPO				
Name of Pri			loyer of Primary POC			
June H	aase	Compliar	nce Specialist			
		Cisco S	ystems, Inc.			
Email Address o	of Primary POC		umber of Primary POC			
Eman Address 0	i i i i i i i i i i i i i i i i i i i	r ciepiiolie Ive	inter or rinnary roc			
juhaase@c	cisco.com	408-3	527-3645			