

STATE AS A MODEL EMPLOYER (SAME) AGENCY PLAN

Office of the State Americans with Disabilities Act Coordinator (OSADAC)

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 1 of each year using the State As a Model Employer (SAME) Agency Plan Form (Revised 10/2025).

Attach a separate sheet of paper if additional space is needed.

Agency Name: _____

SAME Designee Name: _____

SAME Designee Email: _____

Strategies: Outcomes for Current Year and Status for Upcoming Year

NOTE: Given that agencies are likely to utilize consistent strategies from one year to the next, the template has been revised in order to combine Section 2 and Section 4 of the previous form into one section for convenience.

Strategy 1:

Strategy 1 was: _____ If not completed, reason: _____

Strategy 1 will be: _____

Strategy 2:

Strategy 2 was: _____ If not completed, reason: _____

Strategy 2 will be: _____

Strategy 3:

Strategy 3 was: _____ If not completed, reason: _____

Strategy 3 will be: _____

Strategy 4:

Strategy 4 was: _____ If not completed, reason: _____

Strategy 4 will be: _____

Strategy 5:

Strategy 5 was: _____ If not completed, reason: _____

Strategy 5 will be: _____

Strategy 6:

Strategy 6 was: _____ If not completed, reason: _____

Strategy 6 will be: _____

Strategy 7:

Strategy 7 was: _____ If not completed, reason: _____

Strategy 7 will be: _____

Data Comparison: Previous Year (PY) to Current Year (CY)

Previous Year Data as of: _____ 

1. Total # of Employees: _____
2. # of Employees Self-Identified with Disability: _____
3. Overall Disability Percentage: _____

Current Year Data as of: _____ 

1. Total # of Employees: _____
2. # of Employees Self-Identified with Disability: _____
3. Overall Disability Percentage (%): _____
4. Percent Difference - Previous to Current Year: _____

Agency Head Signature/Date: _____

Agency Head Name: _____

Agency Head Job Title: _____