

Federal Communications Commission

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Description: 2012 MID-TERM EEO REPORT

Application Reference Number: 20120130AIA

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Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0922 (September 2002)		FOR FCC USE ONLY	
FCC 397					
BROADCAST MID-TERM REPORT				FOR COMMISSION USE ONLY FILE NO. B397 - 20120130AIA	
Legal Name of the Licensee STATE UNIVERSITY OF NEW YORK					
Mailing Address STATE UNIVERSITY PLAZA ATTN: OFFICE OF GENERAL COUNSEL					
City ALBANY		State or Country (if foreign address) NY		Zip Code 12246 -	
Telephone Number (include area code) 5183201400			E-Mail Address (if available)		
FCC Registration Number 0008247116		Facility ID Number 63125		Call Sign WCDB	
TYPE OF BROADCAST STATION:	Commercial Broadcast Station		Noncommercial Broadcast Station		
	<input type="radio"/> Radio		<input checked="" type="radio"/> Educational Radio		
	<input type="radio"/> TV		<input type="radio"/> Educational TV		
	<input type="radio"/> Low Power TV				
	<input type="radio"/> International				
Application Purpose					
<input checked="" type="radio"/> New Program Report					
<input type="radio"/> Amendment to Program Report					
<p>List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through III should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.</p> <p>[Station List]</p> <p style="text-align: center;">Station List</p> <p>List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through III should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.</p>					
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)	
WCDB	63125	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	ALBANY, NY	<input type="radio"/> Yes <input type="radio"/> No	
WHRW	63105	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BINGHAMTON, NY	<input type="radio"/> Yes <input type="radio"/> No	

WBFO	63113	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BUFFALO, NY	<input type="radio"/> Yes <input type="radio"/> No
WOLN	63116	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	OLEAN, NY	<input type="radio"/> Yes <input type="radio"/> No
WUBJ	63120	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	JAMESTOWN, NY	<input type="radio"/> Yes <input type="radio"/> No
WUSB	63110	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	STONY BROOK, NY	<input type="radio"/> Yes <input type="radio"/> No
WBSU	63118	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BROCKPORT, NY	<input type="radio"/> Yes <input type="radio"/> No
WBNY	63117	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BUFFALO, NY	<input type="radio"/> Yes <input type="radio"/> No
WSUC-FM	63111	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	CORTLAND, NY	<input type="radio"/> Yes <input type="radio"/> No
WGSU	63124	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	GENESEO, NY	<input type="radio"/> Yes <input type="radio"/> No
WFNP	63126	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	ROSENDALE, NY	<input type="radio"/> Yes <input type="radio"/> No
WRVO	63115	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	OSWEGO, NY	<input type="radio"/> Yes <input type="radio"/> No
WRVN	63130	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	UTICA, NY	<input type="radio"/> Yes <input type="radio"/> No
WRVJ	63108	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	WATERTOWN, NY	<input type="radio"/> Yes <input type="radio"/> No
WQKE	63128	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	PLATTSBURGH, NY	<input type="radio"/> Yes <input type="radio"/> No
WETD	63129	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	ALFRED, NY	<input type="radio"/> Yes <input type="radio"/> No
WNYO	63122	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	OSWEGO, NY	<input type="radio"/> Yes <input type="radio"/> No
WAIH	63107	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	POTSDAM, NY	<input type="radio"/> Yes <input type="radio"/> No
WCVF-FM	4302	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	FREDONIA, NY	<input type="radio"/> Yes <input type="radio"/> No
WRVD	63131	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SYRACUSE, NY	<input type="radio"/> Yes <input type="radio"/> No

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS

INDICATED BELOW:

Name LISA S. CAMPO		Street Address STATE UNIVERSITY PLAZA S-325	
City ALBANY	State NY	Zip Code 12246-	Telephone Number 5183201400

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a television station employment unit that employs five or more full-time station employees must file a full and complete Broadcast Mid-Term Report. If a television station employment unit employs fewer than five full-time employees, only the first two pages of this report need be filed [through Section I and the Certification] .

A copy of this Mid-Term Report must be kept in the station's public file. Failure to meet these requirements may result in sanctions or remedies. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

Consider as "full-time" employees all those permanently working 30 or more hours a week.

Section I

Does your station employment unit employ fewer than five full-time employees, if television, or fewer than eleven full-time employees, if radio? Yes No

If yes, you do not have to file this form with the FCC. However, you have the option to complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, if television, or eleven or more full-time employees, if radio, you must complete all of this form and follow all instructions.

CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed <i>William F. Howard</i>	Name of Respondent WILLIAM F. HOWARD
Title SENIOR VICE CHANCELLOR, GENERAL COUNSEL AND SECRETARY	Telephone No. (include area code) 5183201400
Date 1/30/2012	

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

Section II	
RESPONSIBILITY FOR IMPLEMENTATION	
A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:	
Name:	Title:
It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.	

Section III	
MID-TERM REPORT	
Television station employment units with five or more full-time employees and radio station employment units with more than ten full-time employees filing in the middle of the license term must attach a copy of each of the two most recent EEO public file reports (the reports from this year and last year). Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 1]

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will average 30 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0922), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to PRA@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0922.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Exhibits