Federal Communications Commission
Washington, D.C. 20554

Approved by OMB
3060-0390

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee: State University of New York		
Mailing Address: State University Plaza		
City: Albany	State or Country (if foreign address): New York	ZIP Code: 12246
Telephone Number (include area code): (518) 443-5400	E-Mail Address (if available):	
	Facility ID Number: 63129	Call Sign: WETD

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Radio ☐ TV

☐ Low Power TV

☐ International

Noncommercial Broadcast Station

☒ Educational Radio

☐ Educational TV

Headquarters

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WETD	63129	☐ AM ☒ FM ☐ TV	Alfred, NY
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	
		☐ AM ☐ FM ☐ TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 7/9/00-7/21/00

B. CHECK APPLICABLE BOX

☒ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV 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 MADE 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 Brian T Stenson	Print Name Brian T. Stenson
Title Vice Chancellor for Finance & Business	Telephone No. (include area code) (518) 443-5175
Date 9/28/00	

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											