

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
0612755

EMPLOYER NAME

HALLIBURTON COMPANY

ADDRESS

3000 N SAM HOUSTON PKWY EAST

CITY/TOWN

HOUSTON

STATE

TX

ZIP CODE

77032

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

752677995

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

213112 - Support Activities for Oil and Gas Operations

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	10	2	60	2	8	0	0	1	12	3	0	0	0	0	98
First/Mid-Level Officials and Managers	190	52	1124	59	138	1	21	14	218	28	53	1	4	6	1909
Professionals	245	138	1086	78	264	5	27	16	303	37	91	0	5	5	2300
Technicians	429	19	761	91	38	6	19	10	40	9	9	0	2	0	1433
Sales Workers	32	4	218	3	9	1	8	1	21	3	3	0	0	0	303
Administrative Support Workers	109	115	301	60	7	0	16	9	363	43	5	1	10	3	1042
Craft Workers	222	19	909	138	34	0	21	16	51	9	0	0	1	1	1421
Operatives	1686	61	3159	892	48	34	141	44	104	23	5	0	10	4	6211
Laborers and Helpers	1	0	2	0	0	0	0	1	1	0	0	0	0	0	5
Service Workers	7	0	8	1	0	0	0	0	1	0	0	0	0	0	17
CURRENT 2022 REPORTING YEAR TOTAL	2931	410	7628	1324	546	47	253	112	1114	155	166	2	32	19	14739
PRIOR 2021 REPORTING YEAR TOTAL	2188	310	6506	944	483	37	158	87	925	122	162	4	16	17	11959

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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EMPLOYER NAME
HALLIBURTON COMPANY

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CITY/TOWN
HOUSTON

STATE
TX

ZIP CODE
77032

CERTIFICATION COMMENTS (optional)

We have modified the reporting approach to align with our current structure.

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

12/4/2023 11:03 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official
Yolanda McCammon

Title of Certifying Official
Corporate HR Manager

Email Address of Certifying Official
yolanda.mccammon@halliburton.com

Telephone Number of Certifying Official
832-623-1809

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC
Yolanda McCammon

Title and Employer of Primary POC
Corporate HR Manager
Halliburton Company

Email Address of Primary POC
yolanda.mccammon@halliburton.com

Telephone Number of Primary POC
832-623-1809