

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**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	7	1	63	2	9	0	0	1	14	3	0	0	0	1	101
First/Mid-Level Officials and Managers	232	65	1161	72	157	2	22	17	228	33	55	2	5	6	2057
Professionals	271	145	1136	82	294	7	32	12	325	47	108	0	7	6	2472
Technicians	469	23	742	90	35	5	21	15	41	8	8	0	2	2	1461
Sales Workers	32	9	215	5	13	0	6	0	18	2	2	0	0	0	302
Administrative Support Workers	116	128	326	70	8	1	14	10	369	46	7	1	8	3	1107
Craft Workers	230	22	894	128	41	1	16	19	51	11	0	0	2	1	1416
Operatives	1671	55	3002	778	46	30	132	39	92	17	5	1	8	1	5877
Laborers and Helpers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	4	3	13	1	0	0	0	0	2	0	0	0	0	0	23
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>3033</b>	<b>451</b>	<b>7554</b>	<b>1228</b>	<b>603</b>	<b>46</b>	<b>243</b>	<b>113</b>	<b>1140</b>	<b>167</b>	<b>185</b>	<b>4</b>	<b>32</b>	<b>20</b>	<b>14819</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>2931</b>	<b>410</b>	<b>7628</b>	<b>1324</b>	<b>546</b>	<b>47</b>	<b>253</b>	<b>112</b>	<b>1114</b>	<b>155</b>	<b>166</b>	<b>2</b>	<b>32</b>	<b>19</b>	<b>14739</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12/16/2023 - 12/31/2023

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

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0612755

EMPLOYER NAME  
HALLIBURTON COMPANY

ADDRESS

3000 N SAM HOUSTON PKWY EAST

CITY/TOWN

HOUSTON

STATE

TX

ZIP CODE

77032

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**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**

6/4/2024 5:59 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

8326231809

**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

8326231809