U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT															
			C	ONSO	LIDATE	D REP	ORT								
SECTION B - EMPLOYER IDENTIFICATION															
OFS COMPANY ID	EMPLOYER NAME														
6263512	SEALED AIR CORPORATION														
ADDRESS						C	ITY/TOV	VN			STATE ZIP CODE			DDE	
2415 CASCADE POINTE BOULEVARD					CHARLOTTE					NC 2820		08			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADOUARTERS OR ESTABLISHM	STABLISHMENT-LEVEL ADDRESS CITY/TOWN							STATE ZIP COD			DDE				
HEADQUARTERS OR ESTABLISHIVIENT-LEVEL ADDRE															
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767															
		SECTI	ON F -				r FI IC	RII IT	v						
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
				-							WEK.	пов	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): UNAVAILABLE															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION															
	55111								g Office	es					
551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E		•						
Hispanic Not Hispanic or Latino															
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				믊		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_
JOB CATEGORIES		o o		Black or African American		iial	nerican Indian Alaska Native	R		Black or African American		iial	American Indian Alaska Native	Ra	Row
	Male	Female	White	ck or Afric American	Asian	ic I	S S	ore	White	Black or an Amer	Asian	ic I	S S	ore	Total
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Executive/Senior Level Officials and Managers	2	0	27	3	3	0	1	0	7	2	2	0	0	0	47
First/Mid-Level Officials and Managers	31	15	447	15	18	1	1	6	121	9	6	0	0	5	675
Professionals	42	26	410	24	58	2	2	7	193	24	33	0	1	8	830
Technicians Sales Workers	12	14 0	260 163	20 4	3	1	1	1	80 29	12 1	9	0	0	1	457 217
Administrative Support Workers	18	23	109	21	1	0	2	1	162	31	2	0	0	7	377
Craft Workers	50	0	445	32	12	4	3	6	9	0	1	0	0	0	562
Operatives	500	250	1722	632	59	8	14	78	443	226	27	1	4	21	3985
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL		328	3583	751	163	16	26	106	1044	305	81	2	6	42	7150
CURRENT 2023 REPORTING TEAR TOTAL 097 320 3303 731 103 10 20 100 1044 300 81 2 6 42 7150															
PRIOR 2022 REPORTING YEAR TOTAL	679	287	3487	744	172	11	28	78	911	302	71	1	4	36	6811
THOR ZOZZ NEI ONTINO TEAN TOTAL	-					E SNAP						<u> </u>			
	'	SEC III	J11 I -			L SNAP 12/31/20	-	LENIO	<i>.</i>						
SECTION I - HEADOUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION							
OFS COMPANY ID	EMPLOYER NAME						
6263512	SEALED AIR CORPORATION						
ADDRE	ESS	CITY/TOWN	STATE	ZIP CODE			
2415 CASCADE PO	INTE BOULEVARD	CHARLOTTE	NC	28208			

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 5/17/2024 10:07 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
James McIlroy	Executive Director - Global People Services					
Email Address of Certifying Official	Telephone Number of Certifying Official					
james.l.mcilroy@sealedair.com	940-235-2454					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
James McIlroy	Executive Director - Global People Services					
·	Sealed Air					
Email Address of Primary POC	Telephone Number of Primary POC					
james.l.mcilroy@sealedair.com	940-235-2454					