

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 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
GY47595

EMPLOYER NAME
Bath & Body Works Inc.

ADDRESS
3 LIMITED PARKWAY

CITY/TOWN
COLUMBUS

STATE
OH

ZIP CODE
43230

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)
311029810

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): [RRDKKLGZ14G3](#)

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

[551114 - Corporate, Subsidiary, and Regional Managing Offices](#)

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 | 0 | 0 | 14 | 3 | 2 | 0 | 0 | 0 | 13 | 2 | 1 | 0 | 0 | 0 | 35 |
| First/Mid-Level Officials and Managers | 64 | 269 | 390 | 54 | 30 | 2 | 1 | 11 | 1557 | 203 | 53 | 7 | 18 | 50 | 2709 |
| Professionals | 17 | 44 | 312 | 30 | 68 | 0 | 1 | 6 | 613 | 65 | 51 | 0 | 1 | 14 | 1222 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 2040 | 17451 | 2244 | 1348 | 223 | 40 | 68 | 36 | 30333 | 15063 | 1738 | 259 | 628 | 495 | 71966 |
| Administrative Support Workers | 6 | 14 | 46 | 7 | 9 | 0 | 0 | 0 | 141 | 29 | 15 | 0 | 0 | 2 | 269 |
| Craft Workers | 6 | 0 | 103 | 7 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 122 |
| Operatives | 65 | 18 | 164 | 521 | 52 | 2 | 2 | 9 | 64 | 90 | 11 | 1 | 2 | 2 | 1003 |
| Laborers and Helpers | 17 | 36 | 36 | 253 | 10 | 0 | 2 | 0 | 86 | 181 | 42 | 0 | 1 | 3 | 667 |
| Service Workers | 5 | 1 | 14 | 7 | 1 | 0 | 0 | 2 | 10 | 5 | 2 | 0 | 0 | 1 | 48 |
| CURRENT 2024 REPORTING YEAR TOTAL | 2220 | 17833 | 3323 | 2230 | 398 | 44 | 74 | 64 | 32820 | 15638 | 1913 | 267 | 650 | 567 | 78041 |
| PRIOR 2023 REPORTING YEAR TOTAL | 2153 | 18206 | 3329 | 2123 | 402 | 38 | 64 | 52 | 33332 | 16752 | 1980 | 270 | 642 | 537 | 79880 |

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/6/2024 - 10/19/2024

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

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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COLUMBUS

STATE

OH

ZIP CODE

43230

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

6/23/2025 1:35 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Tiffany Harvey

Title of Certifying Official

Mgr Compliance & Reporting

Email Address of Certifying Official

tharvey@bbw.com

Telephone Number of Certifying Official

614-415-7000

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

Name of Primary POC

Tiffany Harvey

Title and Employer of Primary POC

Mgr Compliance & Reporting
Bath & Body Works

Email Address of Primary POC

tharvey@bbw.com

Telephone Number of Primary POC

614-415-7000