



NONLICENSED PERSONNEL REPORT
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
 OFFICE OF MANAGEMENT INFORMATION SYSTEMS
 Rev. 7/29/2013

PER02

Page 1 of 1
 Due Date: 9/30/2023
 SchoolYear:

1.	County No.	LEA No.	School No.	School Name

2.	3.				4.	5.	6.					
State ID	First	MI	Last	Maiden	Birthday mm/dd/yyyy	Gender	Ethnicity	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Black or African American	White

7.	8.	9.	10.	11. Assignment															14.	15.
Hourly Wage	No. Days Emp.	School's Emp. No.*	No. Years Emp.	Major Assignment			Other Assignment 1			Other Assignment 2			Other Assignment 2			Other Assignment 2			Full Time Equiv.	Ed. Level
				Pos. Title	Area of Resp.	Time	Pos. Title	Area of Resp.	Time	Pos. Title	Area of Resp.	Time	Pos. Title	Area of Resp.	Time	Pos. Title	Area of Resp.	Time		

16.	I certify that this is a true and accurate report.														
	<hr/> Administrator's Signature <hr/> Date 														

A copy may be required by your County Superintendent/Designee.

* Optional

NOTE: Some positions require supplemental data to be reported. Enter this through the online system.