NONLICENSED PERSONNEL REPORT

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

PER02

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.
				Major Assignment			Other Assignment 1			Other Assignment 2			Other Assignment 2			Other Assignment 2				
Hourly Wage	No. Days Emp.	School's Emp. No.*	No. Years Emp.	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	Full Time Equiv.	Ed. Level

16.	I certify that this is a true and accurate report.
	Administrator's Signature _____ 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.