

Employer number
Employer name
Report date

## Demographics Report

SSN	Last Name	First Name	Old SSN*	Date of Birth	Gender	Address -1	Address-2	City	State	Zip
	Status Code	Status Date	Estimated leave end date**	PERS Job Code†	FTE Code†‡	Avg. Overtime Code†	Unused Sick Leave††	Contract Months‡	ER Dist. Code	Name Change?
Example xxx-xx-xxxx	Smith	Joseph		11/29/96	M	123 Test Drive	Apt 211	Tester	OR	98000
	01	1/2/04		01		01				
Employee 1										
Employee 2										
Employee 3										
Employee 4										
Employee 5										
Employee 6										

Signature of employer representative (do not print)

\* - Only Report if you are changing the employees SSN

\*\* - Only Report for Leaves

† - For new hires only

†† - Only report for terminations

‡ - Applicable only for school employees "09"