

Pension Review Services

Confidential Employee Census

Plan Name: _____ Fiscal Year Ends: _____

Date Compiled: _____

Plan Year Ending: _____ Page _____ of _____ Pages

(a) Name of Employee Last First	(b) Status	(c) Sex F-M	(d) Date of Birth	(e) Date Hired	(f) Total Hours Worked	(g) Termination Date	(h) Gross Compensation	(i) 401(k) Contribution
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

Note: Form must be signed.

To the best of my knowledge, this information is complete and accurate:

By: _____ Date: _____