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 Website – <https://oregon.gov/pers>



Web Administrator Agreement

Print clearly in black ink. Illegible forms may be returned to employer. This could delay your request.

Section A: Employer information

Employer name		Employer number	
Mailing address (street or PO box)			
City	State	Zip code	
Contact person	Phone number	Ext	

Section B: Responsibilities

- As the Web Administrator for my employer reporting unit, I agree to
- Authorize access to PERS’ Web-Based Employer Reporting System (EDX) for users of my employer reporting unit. I will take appropriate measures to verify the identity of anyone requesting access to EDX before activating his/her account.
 - Create, activate, update, and deactivate web accounts for my employer’s users.
 - Ensure that user account information is current and accurate.
 - Reset passwords and unlock web accounts for my employer’s users.
 - Communicate the importance of protecting IDs and passwords to avoid compromising security.
 - Ensure that designated users are proficient in EDX.

Section C: Web Administrator

I have read this agreement, and understand and agree to its contents, as evidenced by my signature below.

Web Administrator _____ Job title _____ Date _____
 (Signature)

Web Administrator name _____ Date _____
 (Print)

Section D Web Administrator contact information

The following Web Administrator information is required for PERS records. PERS will use the email address provided below to email the EDX ID and password to the Web Administrator.

Web Administrator work address _____

Work phone number _____ Work email _____

Section E: Reporting Official

As the reporting official for _____, I certify that the designated Web
 (Employer name)

Administrator in Section C is duly authorized to carry out the responsibilities described in this agreement and that the information provided is accurate, as evidenced by my signature below.

Reporting Official _____ Job title _____ Date _____
 (Signature)

Reporting Official name _____
 (Print)

System entry	
Initial	Date

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll-free 888-320-7377 or TTY 503-603-7766.