DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
REQUEST FOR PROPOSAL
ENROLLMENT FILE LAYOUT

Family Leave Account #6
State Plan Disability Account #7
Disaster Unemployment Assistance (DUA) Account #11
Trade Re-Adjustment Act (TRA) Account #13
Unemployment Compensation Benefit (UC) Account #15
Extended Benefits Account #16
Stimulus Account #17
Temporary Extended Unemployment Compensation (TUC) Account #18

COLUMN OR FIELD	FIELD NAME	MAX LENGTH	ATTRIBUTE	REQUIRED/ OPTIONAL	DESCRIPTION
A	Carholder First Name	20	Character	Required	Cardholder's first name. Cannot include any special characters other than dash (-), apostrophe ('), or period (.)
B	Cardholder Middle Initial	1	Character	Optional	Cardholder's middle initial.
C	Cardholder Last Name	20	Character	Required	Cardholder's last name. Cannot include any special characters other than dash (-), apostrophe ('), or period (.)
D	Cardholder Suffix	5	Character	Optional	Cardholder's suffix, such as Jr. or M.D. Cannot include any special characters other than dash (-), apostrophe ('), or period (.)
E	Cardholder Address Line 1	30	Character	Required	First line of street address.
F	Cardholder Address Line 2	30	Character	Optional	Second line of street address.
G	Cardholder City	19	Character	Required	City where carholder resides.
H	Cardholder State	3	Character	Required	U.S. post office state code for the state where cardholder resides.
I	Cardholder Zip Code	9	Character	Required	Cardholder's 5 or 9 digit zip code. No dashes or spaces.
J	Cardholder Phone Number	10	Numeric	Required	the 10-digit phone number provided for contacting the cardholder.
K	Cardholder Phone Type	1	Character	Required	Indentifies the type of phone number. Valid values: 0 = Home Phone 1 = Work Phone 2 = Cell Phone
L	Cardholder Government ID Type	1	Character	Required	The kind of Government ID used to identify the cardholder. Valid Values: 0 = None 1 = Social Security Number 2 = Taxpayer ID 3 = Driver's License 4 = Individual Tax ID Number 5 = Mexican ID Card 6 = Passport Number If this field is not equal to 0 (zero), you must enter a value in Field M.
M	Cardholder Government ID Type	20	Numeric	Required	The cardholder's Government ID number.
N	Country that Issued Passport	3	Numeric	Required under certain conditions	If Passport was selected as the form of Government ID (if Field L = 6), the 3-digit code for the county that issued the passport.
O	State the Issued Driver's License	2	Character	Optional	If Driver's License was selected as the form of Government ID (if Field L = 3), the 2-character code for the US state that issued the Driver's License.
P	Cardholder Date of Birth	8	Numeric	Required	Format = YYYYMMDD
Q	Cardholder E-mail address	50	Character	Optional	E-mail address of the cardholder.
R	Employee ID	25	Character	Optional	Employee ID of the cardholder. Must be unique within the company hierarchy.
S	Card Value	8	Numeric	Optional	You must either: -include a value for each individual card in the file using this field , or -Enter a single value for all cards when you upload the file. Field is required if the user selects Card Value = Provided in File. Value must include two decial places. For example, enter 1000.00 for $1,000. If the card value is $0, you must include 0.00 for the field (spaces or blanks are not allowed).