

Each employer filed claim record must include a valid Social Security Number (SSN) in the proper format for a successful submission.

Record Layout Specifications: All employer filed claim records created as Microsoft Excel must adhere to the record layout specifications below.

Field Name	Type	Maximum Size	Alignment	Required	Description
Social Security Number	Numeric	11	Right Justified	Y	The employee's SSN (example 123-45-6789 or 123456789)
WED	Numeric(mm/dd/yyyy)	10	Right justified	Y	Enter the week ending date
First and last Name	Alphabetic	30	Left Justified	Y	Enter the employee's first and last name
Street Mailing Address	Alphanumeric	25	Left Justified	Y	Enter the employee's street mailing address
Mailing City	Alphabetic	12	Left Justified	Y	Enter the employee's mailing city
Mailing State	Alphabetic	2	Left Justified	Y	Enter the employee's mailing state
Mailing Zip	Numeric	5	Left Justified	Y	Enter the employee's mailing zip
Employee's County of Residence	Alphabetic	35	Left Justified	Y	Enter the employee's county of residence
Telephone Number	Numeric	14	Left Justified	Y	Enter the employee's telephone number
Date of Birth	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Enter the employee's date of birth
Gender	Alphabetic	1	Left Justified	Y	Enter the employee's gender (M = male, F = female, Z = choose not to answer)
Race	Numeric	1	Left Justified	Y	Enter as follows: 1 = White 2 = Black 3 = Asian 4 = Native American 5 = Pacific Islander

					6=Multiracial
Race-Hispanic	Alphabetic	1	Left Justified	Y	Enter if employee is of hispanic or latino origin(Y = Yes, N = No)
Physical Handicap	Alphabetic	1	Left Justified	Y	Enter the employee's has a disability(Y = Yes, N = No, U = Unknown)
Fed Tax Deduct	Alphabetic	1	Left Justified	Y	Does the employee want the Department to deduct federal income tax from their unemployment payment? (Y = Yes, N = No)
State Tax Deduct	Alphabetic	1	Left Justified	Y	Does the employee want the Department to deduct state income tax from their unemployment payment? (Y = Yes, N = No)
Earned >=\$7300	Alphabetic	1	Left Justified	Y	Did the employee earn at least \$7300 in your employ? (Y = Yes, N = No). If no, enter amount employee earned in Earned < \$7300 Amount.
Earned < \$7300 Amount	Numeric	4	Left Justified	Y	Amount employee earned (Earned wages must be four digits. Example: \$1234)
Weekly Gross	Numeric	5	Left Justified	Y	If the employee earned wages during the pay week, enter gross weekly wages. (Earned wages must be five digits. Example: \$123.45 - enter as 12345, \$10.25, enter as 01025)
Other Employer Weekly Gross	Numeric	5	Left Justified	Y	If the employee earned wages during the pay week with ANOTHER employer, enter gross weekly wages. (Earned wages must be five digits. Example: \$123.45 - enter as 12345, \$10.25, enter as 01025)
Other Last Name 1	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.
Other Last Name 2	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.
Other Last Name 3	Alphabetic	30	Left Justified	Y	If the employee worked under or used any other last name in the last 2 years, enter the other last name(s). If not, leave blank.
Other SSN 1	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)
Other SSN 2	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)
Other SSN 3	Numeric	11	Left Justified	Y	If the employee worked under or used a different social security number, enter the other social security number(s). If not, leave blank. (example 123-45-6789 or 123456789)

Edu Worker	Alphabetic	1	Left Justified	Y	Is this employee paid by a government operated school system, government institute of higher learning, non-profit private educational institution (with the exception of Head Start employees) or non-profit contractor for an educational institution? (Y = Yes, N = No)
School Closure	Alphabetic	1	Left Justified	Y	If Edu Worker is 'Y', is this employee not working only due to a lack of work because of a school closure, (e.g. Summer break, customary school vacation period or holiday recess)? (Y = Yes, N = No)
Citizen	Alphabetic	1	Left Justified	Y	Is employee a US citizen? (Y = Yes, N = No)
Alien Registration Number	Alphanumeric	15	Left Justified	Y	Employment Authorization Number
Expiration Date	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Employment Authorization Expiration Date
EAD Provided	Numeric	2	Left Justified	Y	Employment Authorization Document provided. Use the number before the description, when entering in the excel document. Eg. User 9 when indicating Certificate of Citizenship, etc. 1 = I-551, Permanent Resident Card/Resident Alien Card/Registration Receipt Card 2 = I-94, Departure Records 3 = I-327, Unexpired Reentry Permit 4 = I-551, Temporary Card or Stamp 5 = I-571, Unexpired Refugee Travel Document 6 = I-766, Employment Authorization Document 7 = Unexpired Passport with picture with I-94/I-551 stamp or other supporting documentation 8 = Immigrant Visa with picture 9 = Certificate of Citizenship

					10 = Certificate of Naturalization 11 = I-20 Certificate of Eligibility for NonImmigrant (F-1) Student Status 12 = DS2019, Certificate of Eligibility for Exchange Visitor (J-1) Status
Disaster	Alphabetic	1	Left Justified	Y	Is this claim being filed because of a federally declared disaster? (Y = Yes, N = No)
Date of disaster	Numeric(mm/dd/yyyy)	10	Left Justified	Y	Date of disaster
Shutdown	Alphabetic	1	Left Justified	Y	Is the work location completely shutdown due to the disaster? (Y = Yes, N = No)
Return to Work Date	Numeric(mm/dd/yyyy)	10	Left Justified	Y	What is the anticipated return to work date? (Employer filed claims may be filed if claimant will return to work within 6 weeks of their last day of work)
Paid during shutdown	Alphabetic	1	Left Justified	Y	Will the employees be paid for the shutdown period? (Y = Yes, N = No)
Work Location County	Alphabetic	20	Left Justified	Y	Provide the name of the county of the work location?
COVID-19 Out of work	Alphabetic	1	Left Justified	Y	Is employee out of work as a result of COVID-19? (Y = Yes, N = No)

When creating your upload file please adhere to the following guidelines:

You must use the template listed below.

Always include the **header record** in your file. Do not alter the template header.

Always ensure that the earned wages must be five digits. Example: \$123.45 - enter as 12345, \$10.25, enter as 01025

Do not submit employer filed claim records with invalid SSNs

Invalid SSN formats include

SSN field is blank (i.e., no number is reported)

SSN is not numeric

SSN is not 9 digits

SSN consists of the same digits, i.e., 111-11-1111

SSN begins with "9"

SSN is "123-45-6789"

SSN is "987-65-4321"

SSN begins with "000"

SSN begins with "666"

SSN have middle two digits of "00"

SSN have last four digits of "0000"

SSN contains dash(es)

SSN with the last four digits only

Do not create multiple worksheets within your Microsoft Excel file

Do not rename or save text files as Microsoft Excel files. Create Excel files using the Microsoft Excel application

The file name should be 30 characters or less

If submitting a Microsoft Excel file it must be created using Microsoft Excel version 97 or greater. Excel files created by Microsoft Excel versions prior to 97 are not supported and will be rejected.