EMPLOYEE FILE FORMAT FOR EMPLOYER FILED CLAIMS

This spreadsheet will allow you to add employees affected by the separation.

Save it to your PC. You can edit this file in a spreadsheet program (e.g. Microsoft Excel) and then upload the file once it contains the affected employees. You MUST save the file as CSV (Comma Delimited)(*.csv). To do this, select File-> Save As and then ensure the Save As Type selection is CSV. Failure to do this will change the file format and you will no longer be able to upload the file into the system.

FILE FORMAT

Column	First Row - Header Record
A	Employer Account Number
B	Contact Name
C	Contact Phone Number
D	Contact Fax Number
E	Contact Email
F	Group ID (Generated Group ID for the Mass Layoff)
G	Number of Employees (This number should match the total number of employees listed in the file)

	Second Row - Contains the Employee Detail column headings.

Column	Third Row and Subsequent Rows Employee Detail Records:	Column	Third Row and Subsequent Rows Employee Detail Records:
A	Employee SSN (999999999/999-99-9999) (Required)	T	Claimant's Gross Earnings for the week of MM/DD/YYYY through MM/DD/YYYY
B	Date of Birth (MM/DD/YYYY) (Required)	U	Holiday Pay
C	Last Name (No Special Characters)	V	Vacation Pay
D	First Name (No Special Characters)	W	Bonus Pay
E	Middle Initial (No Special Characters)	X	Bonus Type (Required if Bonus Pay provided) (Stay, Retention, Completion, Performance, Other)
F	Race (American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian Or Pacific Islander, White, Choose Not to Answer) (Required)	Y	Start Date (MM/DD/YYYY)
G	Gender (Male, Female or Choose Not to Answer) (Required)	Z	Last Day Worked (If different from group, MM/DD/YYYY)
H	Ethnicity (Not Hispanic or Latino, Choose Not to Answer, Hispanic or Latino) (Required)	AA	Return to Work Date (If different from group, MM/DD/YYYY)
I	Alien Registration (Required if not US Citizen)	AB	Has the claimant applied for or received any disability payments? (Yes or No) (Required)
J	Address Line 1 (Required) (45 Characters Max including Spaces)	AC	Is the claimant receiving any kind of retirement or pension (excluding Social Security) (Yes or No) (Required)
K	Address Line 2		
L	City (Required)	AD	Is this claimant an Owner, Corporate Office, Stake Holder/Share Holder of this business? (Yes or No) (Required)
M	State (Postal Code) (Required)		
N	Zip (Required)		
O	County (Required)	AE	Is the claimant the child, spouse, or parent of this employer? (Yes or No) (Required)
P	Telephone (Required)		
Q	US Citizen (Yes or No) (Required)		
R	Alien Reg. Exp. Date (Expiration date of Claimant's Alien Registration, MM/DD/YYYY) (Required if Alien Registration provided)		
S	Hours Worked		