

Help Text

Employee File Format for Employer Filed Claims

This screen will allow you to download a spreadsheet that you may use to add employees affected by the separation. Click the Download button to retrieve this file and 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

First Row - Header Record:

- 1 - Employer Account Number
- 2 - Contact Name
- 3 - Contact Phone Number
- 4 - Contact Fax Number
- 5 - Contact Email
- 6 - Group ID (Generated Group ID for the Mass Layoff)
- 7 - Number of Employees (This number should match the total number of employees listed in the file)

Second Row - Contains the Employee Detail column headings.

Third Row and Subsequent Rows ? Employee Detail Records:

- 1 - Employee SSN (999999999/) (Required)
- 2 - Date of Birth (MM/DD/YYYY) (Required)
- 3 - Last Name (No Special Characters)
- 4 - First Name (No Special Characters)
- 5 - Middle Initial (No Special Characters)
- 6 - Race (American Indian/AK Native, Asian, Black/African American, Native Hawaiian Or Pacific Islander, White, Choose Not to Answer) (Required)
- 7 - Gender (Male or Female) (Required)
- 8 - Ethnicity (Not Hispanic or Latino, Choose Not to Answer, Hispanic or Latino) (Required)
- 9 - Alien Registration (Required if not US Citizen)
- 10 - Address Line 1 (Required)
- 11 - Address Line 2
- 12 - City (Required)
- 13 - State (Postal Code) (Required)
- 14 - Zip (Required)
- 15 - County (Required)
- 16 - Telephone (Required)
- 17 - US Citizen (Yes or No) (Required)
- 18 - Alien Reg. Exp. Date (Expiration date of Claimant?s Alien Registration, MM/DD/YYYY) (Required if Alien Registration provided)
- 19 - Hours Worked

- 20 - Claimant's Gross Earnings for the week of MM/DD/YYYY through MM/DD/YYYY
- 21 - Holiday Pay
- 22 - Vacation Pay
- 23 - Bonus Pay
- 24 - Bonus Type (Required if Bonus Pay provided)
- 25 - Start Date (MM/DD/YYYY)
- 26 - Last Day Worked (If different from group, MM/DD/YYYY)
- 27 - Return to Work Date (If different from group, MM/DD/YYYY)
- 28 - Has the claimant applied for or received any disability payments? (Yes or No) (Required)
- 29 - Is the claimant receiving any kind of retirement or pension (excluding Social Security) (Yes or No) (Required)
- 30 - Is this claimant an Owner, Corporate Officer, Stake Holder/Share Holder of this business? (Yes or No) (Required)
- 31 - Is the claimant the child, spouse, or parent of this employer? (Yes or No) (Required)