

**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
REQUEST FOR PROPOSAL**

**ENROLLMENT FILE LAYOUT**

Family Leave Account #6  
State Plan Disability Account #7  
Pandemic Unemployment Assistance (PUA) Account #11  
Trade Re-Adjustment Act (TRA) Account #13  
Unemployment Compensation Benefit (UC) Account #15  
Extended Benefits (EB) Account #16  
Federal Pandemic Unemployment Compensation (FPUC) Account #17  
Pandemic Extended Unemployment Assistance (PEUA) Account #18

COLUMN OR FIELD	FIELD NAME	MAX LENGTH	ATTRIBUTE	REQUIRED/OPTIONAL	DESCRIPTION
A	Cardholder 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 Address Line 3	1	Character	Optional	New field
H	Cardholder City	19	Character	Required	City where cardholder resides.
I	Cardholder State	3	Character	Required	U.S. post office state code for the state where cardholder resides.
J	Cardholder Zip Code	9	Character	Required	Cardholder's 5 or 9 digit zip code. No dashes or spaces.
K	Cardholder Country	1	Character	Optional	New field
L	Cardholder Phone Number	10	Numeric	Required	the 10-digit phone number provided for contacting the cardholder.
M	Cardholder Phone Type	1	Character	Required	Identifies the type of phone number. Valid values: 0 = Home Phone 1 = Work Phone 2 = Cell Phone
N	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.
O	Cardholder Government ID Type	20	Numeric	Required	The cardholder's Government ID number. Field no longer in the layout
P	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. Field no longer in the layout
Q	Government ID SSN	9	Numeric	Required	new field
R	Government ID Country	1	Character	Optional	new field
S	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.
T	Cardholder Date of Birth	8	Numeric	Required	Format = YYYYMMDD
U	Cardholder E-mail address	50	Character	Optional	E-mail address of the cardholder.
V	Employee ID	25	Character	Required	Employee ID of the cardholder. Must be unique within the company hierarchy.
W	Card Value	8	Numeric	Required	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 decimal 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).