

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

FIELD	FIELD DESCRIPTION	LENGTH	RULES/FORMAT	EXAMPLE
1	SSN	4	Last 4 Digits	6789
2	Employee ID	25		
3	First Name	20		
4	Last Name	20		
5	MI	1		
6	Card Order Date	8	CCYYMMDD	20100901
7	Address Updated Date	8	CCYYMMDD	20100901
8	Updated Address 1	60		
9	Updated Address 2	60		
10	Updated City	20		
11	Updated State	2		
12	Updated Zip	9		
13	Account Number	13		
14	Card Return Date	8	CCYYMMDD	20100901
15	Previous Address 1	60		
16	Previous Address 2	60		
17	Previous City	20		
18	Previous State	2		
19	Previous Zip	9		
20	Card Destroyed	1	Y, N	