

Verification of Employment File layout

Field	Type	Length	Start position	End position	Required or Optional For Emp	Format
Federal Employer Identification Number (FEIN)	C	9	1	9	Required	
Employer Name	C	50	10	59	Required	
Employer Address line 1	C	50	60	109	Required	
Employer Address line 2	C	50	110	159	Optional	
Employer City	C	30	160	189	Required	
Employer State	C	2	190	191	Required	
Employer Postal Code	C	9	192	200	Required	A minimum of 5 bytes must be populated.
First Name of Person Completing Form	C	16	201	216	Optional	
Last Name of Person Completing Form	C	30	217	246	Optional	
Phone Number of Person Completing Form	C	10	247	256	Optional	
Employee SSN	C	9	257	265	Required	
First Name of Employee	C	16	266	281	Required	
Last Name of Employee	C	30	282	311	Required	
Employee Date of Birth	C	8	312	319	Optional	Dates must be valid dates in YYYYMMDD format.
Form Sequence Number	C	10	320	329	Optional	If responding to a form, enter the number under the barcode, use leading zeros as needed.
Employment Status	C	3	330	332	Required	CEM=currenty employed, DEC=Deceased, NEM=Never Employed, QIT=Quit, SEM=Self-employed, TER=Terminated, RET=Retired
Start Date of Employment	C	8	333	340	Conditional	Use format: YYYYMMDD, leave blank if person was never employed
End Date of Employment	C	8	341	348	Conditional	Use format: YYYYMMDD, leave blank if person was never employed or is still currently employed
Current Wage Amount	C	10	349	358	Conditional	Enter dollar amount, including decimal point (ex: 800.00) - leave blank if person is not employed
Current Wage Frequency	C	1	359	359	Conditional	A=Annually, B=Bi-weekly, D=daily, H=Hourly, M-Monthly, Q=Quarterly, S=Semi-Monthly, W=Weekly - leave blank if person is not employed
Active Workers Compensation	C	1	361	361	Optional	Y = YES, N = NO

Claim						
Workers Compensation Provider	C	30	362	391	Optional	Enter name of provider
Employee Last Known Address	C	25	392	416	Optional	
Employee City	C	20	417	436	Optional	
Employee State	C	2	437	438	Optional	
Employee Postal code	C	9	439	447	Optional	When sending, must include at least 5 digits
Employee Home Phone	C	10	448	457	Optional	
New Employer Name	C	50	458	507	Optional	
New Employer Address line 1	C	50	508	557	Optional	
New Employer Address line 2	C	50	558	607	Optional	
New Employer City	C	30	608	637	Optional	
New Employer State	C	2	638	639	Optional	
New Employer Postal Code	C	9	640	648	Optional	
Current Job Location Street Address	C	50	649	698	Optional	
Current Job location City	C	30	699	728	Optional	
Current Job Location State	C	2	729	730	Optional	
Current Job Location Postal code	C	9	731	739	Optional	
Current Job Location country code	C	2	740	741	Optional	
Work phone	C	10	742	751	Optional	
Current Occupation	C	26	752	777	Optional	
Shift	C	1	778	778	Optional	D = Day, N = Night
Starting Wage Amount	C	10	779	788	Optional	Enter dollar amount, including decimal point (ex: 800.00)
Starting Wage Frequency	C	1	789	789	Optional	A=Annually, B=Bi-weekly, D=daily, H=Hourly, M-Monthly, Q=Quarterly, S=Semi-Monthly, W=Weekly
Payroll Frequency	C	1	790	790	Optional	
If paid weekly, day of week paid	C	2	791	792	Optional	SU = Sunday, MO = Monday, TU = Tuesday, WE = Wednesday, TH = Thursday, FR = Friday, SA = Saturday
If paid biweekly, next pay date	C	8	793	800	Optional	Dates must be valid dates in YYYYMMDD format.
If paid semi-monthly, first day of month	C	2	801	802	Optional	
If paid semi-monthly, second day of month	C	2	803	804	Optional	
If monthly, day of month	C	2	805	806	Optional	
Filler	C	44	807	850		
Total File Length:		850				