

## Appendix A: Data Mapping – New Hire File

Field Name	Location/Position	Length	Alpha/Numeric	Comments
<b>New Hire Header Record</b>				
Record Identifier	1-2	2	A/N	Contains the characters “H4”.
State Code	3 – 4	2	N	Contains the state code for New Mexico – “35”.
Filler	5-13	9	A	Not used. Contains blanks.
Transmission Type	14-15	2	A/N	Required. This must contain the characters “W4”.
Filler	16	1	A/N	This will be used in future versions. For the current version, this contains blanks.
Cycle Number	17 – 18	2	N	Contains “01”.
Processing date	19 – 26	8	N	Format = CCYYMMDD
Business date	27 – 32	6	N	Format = MMDDYY
Filler	32- 801	770	A/N	This will be used for future versions. For the current version, this contains blanks.
<b>New Hire Data Record</b>				
Record Identifier	1-2	2	A/N	Contains characters “W4”.
Employee SSN	3-11	9	N	Contains a nine-digit SSN.
Employee Name First Name	12-27	16	A	
Middle Name	28-43	16	A	
Last Name	44-73	30	A	
Employee Address Line 1	74 – 113	40	A/N	1 <sup>st</sup> street address line
Employee Address Line 2	114 – 153	40	A/N	2 <sup>nd</sup> street address line
Employee Address Line 3	154 - 193	40	A/N	3 <sup>rd</sup> street address line
Employee City	194 – 218	25	A/N	City name
Employee State	219 – 220	2	A	State abbreviation
Employee Zip Code	221 – 225	5	N	1 <sup>st</sup> 5 digits of zip code
Employee Zip + 4	226 – 229	4	A/N	If not present, contains blanks.
Employee Foreign Country Code	230 –231	2	A/N	If not present, contains blanks.
Employee Foreign	232 – 256	25	A/N	If not present, contains blanks.

Field Name	Location/Position	Length	Alpha/Numeric	Comments
Country Name				
Employee Foreign Country Zip	257 - 271	15	A/N	If not present, contains blanks.
Employee Date of Birth	272 – 279	8	A/N	Format = CCYYMMDD. If not present, will be blanks.
Employee Date of Hire	280 – 287	8	A/N	Format = CCYYMMDD. If not present, will be blanks
State of Hire	288 – 289	2	A	State abbreviation
Employer FEIN	290 - 298	9	N	
Employer State Code	299 – 310	12	A/N	Can contain blanks and special characters.
Employer Name	311 - 355	45	A/N	
Employer Address Line 1	356 – 395	40	A/N	
Employer Address Line 2	396 - 435	40	A/N	
Employer Address Line 3	436 – 475	40	A/N	
Employer City	476 – 500	25	A/N	
Employer State	501 - 502	2	A	State abbreviation
Employer Zip Code	503 – 507	5	N	
Employer Zip + 4	508 - 511	4	A/N	If not present, contains blanks.
Employer Foreign Country Code	512 – 513	2	A/N	If not present, contains blanks.
Employer Foreign Country Name	514 – 538	25	A/N	If not present, contains blanks.
Employer Foreign Zip Code	539 – 553	15	A/N	If not present, contains blanks.
Filler	554 – 709	156	A/N	This will be used for future versions. For the current version, this contains blanks.
Filler	710 – 751	42	A/N	This will be used for future versions. For the current version, this contains blanks.
Employer Contact	752 - 771	20	A/N	If not present, contains blanks.
Employer Contact Telephone Number	772 – 787	16	A/N	If not present, contains blanks.
Medical Insurance Availability	788	1	A/N	“Y” or “N”. If not present, contains blanks.
Received Date	789 - 796	8	N	Format = CCYYMMDD

<b>Field Name</b>	<b>Location/Position</b>	<b>Length</b>	<b>Alpha/Numeric</b>	<b>Comments</b>
Filler	797 – 801	5	A/N	Not used, contains blanks