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

<u>**CARD RETURN FILE LAYOUT**</u>

Header Record

FIELD NAME	ATTRIBUTE	REQUIRED/OPTIONAL	DESCRIPTION
	Character	Required	Lists the names of the fields.

Record

FIELD NAME	ATTRIBUTE	REQUIRED/OPTIONAL	DESCRIPTION
SSN	Numeric	Required	4 digits.
Employee ID	Numeric	Required	
First Name	Character	Required	
Last Name	Character	Required	
MI	Character	Optional	
Card Order Date	Numeric	Required	YYYYMMDD
Address Updated Date	Numeric	Optional	YYYYMMDD
Updated Address 1	Character	Optional	Street Address
Updated Address 2	Character	Optional	2nd Street Address
Updated City	Character	Optional	
Updated State	Character	Optional	
Updated Zip	Character	Optional	00000-0000
Account Number	Numeric	Required	13 digits long
Card Return Date	Numeric	Required	YYYYMMDD
Previous Address 1	Character	Required	Street Address
Previous Address 2	Character	Optional	2nd Street Address
Previous City	Character	Required	
Previous State	Character	Required	
Previous Zip	Numeric	Required	00000-0000
Card Destroyed?	Character	Required	"Y" or "N"