OCSE Federal Parent Locator Service

National Directory of New Hires

Guide for Data Submission
Version 13.0
January 28, 2015

E.   INPUT TRANSACTION LAYOUTS

This appendix has the layouts for records accepted by the NDNH system. Each record layout in this appendix includes:

- **Field Name** – the name of the field as it appears on the input transaction layout
- **Location** – the position of the field on the record
- **Length** – the number of characters allowed in the field
- **A/N** – the type of field: alphabetic (A), numeric (N), or alphanumeric (A/N)
- **Comments** – shows if the field is required for the transaction and includes an explanation of the field and the field's relationship to other fields or records

When sending input records, the NDNH Transmission Header record must be the first record in the transmission. If the Header record is not the first record in the transmission, the system rejects all records until a Header record is located.

The data sent to the NDNH must comply with these requirements:

1. All alphabetic data except the User field, must be in upper case.
2. All alphabetic and alphanumeric data must be left justified.
3. All numeric data must be right justified with leading zeros.
4. All dates must be in CCYYMMDD format.
    - CC represents the century
    - YY represents the year
    - MM represents the month and must be a number greater than 00, but less than 13
    - DD represents the day of the month and must be a valid number for the month
5. Name fields cannot include suffixes, such as 'Jr.,' 'Sr.,' or 'III.'
6. All Filler fields must be spaces, not low values.
7. The hyphen is the only special character allowed in the Employee Name, Employer Name, and City fields.
8. All state and territory abbreviations in addresses must be valid USPS abbreviations.
9. All foreign country codes in addresses must be the two-letter FIPS codes assigned to foreign countries.
10. If an address is less than 40 characters per line, do not concatenate it into one line.

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OMB Control No: 0970-0166

Expiration Date: xx/xx/xxxx

CHART E-1: UNEMPLOYMENT INSURANCE TRANSMITTER HEADER RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must have 'HU.'
Transmitter State Code	3-4	2	A/N	**Required** This field must have the two-digit FIPS code of the state or territory sending data to the NDNH. FIPS codes are at http://www.census.gov/geo/reference/ansi_statetables.html.
Filler	5-13	9	A/N	**Required** This field is for future versions. For the current version, this is all spaces.
Transmission Type	14-15	2	A/N	**Required** This field must have 'UI.'
Filler	16	1	A/N	**Required** This field is for future versions. For the current version, this is all spaces.
Version Control Number	17-18	2	A/N	**Required** This field must have '01.' OCSE will tell you when this changes.
Date Stamp	19-26	8	N	**Required** This field must have the transmission date of the UI data to the NDNH, in CCYYMMDD format.
Batch Number	27-32	6	N	**Required** You generate this number. Do not repeat batch numbers.

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CHART E-1: UNEMPLOYMENT INSURANCE TRANSMITTER HEADER RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Filler	33-295	263	A/N	**Required** This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent and overlays it with spaces.

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Field Name	Location	Length	A/N	Comments
CHART E-2: UNEMPLOYMENT INSURANCE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Record Identifier	1-2	2	A/N	**Required** This field must have 'UI.'
Claimant SSN	3-11	9	N	**Required** This is the nine-digit number SSA assigns to an individual. This field must have a nine-digit SSN. If this field is blank or has any alphabetic characters, NDNH rejects the record.

Claimant Name
  First Name
  Middle Name
  Last Name
	
	12-27
	28-43
	44-73
		
		16
		16
		30
			
			A
			A
			A
				Required
				This is the claimant's first name, middle name or initial, and last name.
				This field must have least one character in the first name and one character in the last name.
				If both the first and last names are blank, NDNH rejects the record.
				If the claimant middle name is non-blank, it must have at least one character.
				The first and last names cannot begin with a space or hyphen.
				No special characters are allowed except hyphens.

Claimant Street Address
  Line 1
  Line 2
  Line 3
	
	74-113
	114-153
	154-193
		
		40
		40
		40
			
			A/N
			A/N
			A/N
				Required: Line (1)
				This is the number, street name, PO box or rural route, city, state, and ZIP code where an individual resides.
				This field must be at least two characters.
				If an address is less than 40 characters per line, do not concatenate into one line.
				Use Line 3 for a military designation or the Canadian province code.

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CHART E-2: UNEMPLOYMENT INSURANCE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Claimant City	194-218	25	A	**Required** This field must be at least two characters. No special characters are allowed except hyphens.
Claimant State	219-220	2	A	**Required** This field must be a valid two-letter USPS abbreviation of a state or territory. FIPS codes are at http://www.census.gov/geo/reference/ansi_statetables.html.
Claimant ZIP Code 　ZIP Code (1) 　ZIP Code (2)	 221-225 226-229	 5 4	 A/N A/N	**Required: First five-digits** This field must be the five-digit USPS ZIP code associated with the claimant's address. ZIP Code (2) must be either all spaces or the four-digit extra numeric code, but not all zeros.
Benefit Amount	230-240	11	N	**Optional** This is the gross amount, before any deductions, of benefits paid to a claimant during a reporting quarter. This may be zero if an individual has filed for UI benefits, but no amount was paid during the reporting quarter, such as when a claim is pending or denied. The last two positions are decimal places. All zeros are allowed. Do not include a decimal point as part of this field. Negative values are not allowed.

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CHART E-2: UNEMPLOYMENT INSURANCE DATA RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Reporting Period	241-245	5	N	**Required** This is the calendar quarter and year during which the UI benefits were paid or activity was done, in QCCYY format: Q – Reporting quarter: 　　　1 – January 1 through March 31 　　　2 – April 1 through June 30 　　　3 – July 1 through September 30 　　　4 – October 1 through December 31 CC – Century YY – Year
Filler	246-295	50	A/N	This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent and overlays it with spaces.

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CHART E-3: UNEMPLOYMENT INSURANCE TOTAL RECORD				
OMB CONTROL NUMBER: 0970-0166 EXPIRATION DATE: XX/XX/XXXX				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must have 'TU.'
Data Record Count	3-13	11	N	**Required** This field must be the number of records in the transmission, including the Header and Total records.
Filler	14-295	282	A/N	**Required** This field is all spaces. Do not use the Filler field. This Filler field is strictly reserved for OCSE. NDNH does not return anything sent in the field and overlays it with spaces.