

Partial Bulk Filing  
Field Descriptions

FIELD	LENGTH	DESCRIPTION & REMARKS
<b>Note: All fields marked with an (*) are required. Required fields left blank will be rejected.</b>		
<b>Social Security Number/ITIN*</b>	<b>9</b>	9-digit Social Security Number <b>or</b> Individual Taxpayer Identification Number
<b>Week Ending Date*</b>	<b>10</b>	End of payroll week for which benefit payment is requested (MM/DD/YYYY format - ex. 01/01/2020)
<b>Employer Account Number*</b>	<b>10</b>	10-digit UC account number
<b>FEIN*</b>	<b>9</b>	9-digit federal employer identification number
<b>Claimant Name*</b>	<b>27</b>	Claimant's name (LastName/FirstName format - ex. Doe/John)
<b>Mailing Street Address*</b>	<b>30</b>	Claimant's mailing street address
<b>Mailing City*</b>	<b>20</b>	Claimant's mailing city
<b>Mailing State*</b>	<b>2</b>	Claimant's mailing state
<b>Mailing Zip Code*</b>	<b>5</b>	Claimant's mailing zip code
<b>Citizen*</b>	<b>1</b>	Is the claimant a U.S. citizen:
		1 = Yes
		2 = No
<b>Ethnicity*</b>	<b>1</b>	Claimant's ethnicity
		1 = Non-Hispanic
		2 = Hispanic
		3 = Information not available
<b>Race*</b>	<b>1</b>	Claimant's race
		0 = Information not available
		1 = White
		2 = Black
		3 = Native Hawaiian / Other Paccific Islander
		4 = American Indian / Alaskan Native
		5 = Asian
<b>Gender*</b>	<b>1</b>	Claimant's gender
		1 = Male
		2 = Female
<b>Handicap*</b>	<b>1</b>	Is the claimant handicapped
		1 = Yes
		2 = No
<b>Earnings*</b>	<b>8</b>	Gross <b>actual</b> total earnings for the week for which payment is requested (99999.99 format - ex. 00388.12)
<b>Holiday Pay*</b>	<b>8</b>	Gross total holiday pay for the week for which payment is requested (99999.99 format - ex. 00388.12)
<b>Vacation Pay*</b>	<b>8</b>	Gross total vacation pay for the week for which payment is requested (99999.99 format - ex. 00388.12)
<b>Other Pay*</b>	<b>8</b>	Gross total wages with another employer during week for which payment is being requested (99999.99 format - ex. 00388.12)
<b>Federal Withholdings*</b>	<b>1</b>	Does the claimant wish to have federal taxes withheld
		1 = Yes
		2 = No
<b>Last Date Worked*</b>	<b>10</b>	Last day on which employee actually performed work (MM/DD/YYYY format - ex. 01/01/2020)
<b>Telephone Number*</b>	<b>10</b>	Claimant's 10-digit telephone number (include area code)

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<b>Date of Birth*</b>	<b>10</b>	Claimant's date of birth (MM/DD/YYYY format - ex. 01/01/2020)
<b>Veteran Status*</b>	<b>1</b>	Is the claimant a veteran
		1 = Yes
		2 = No
<b>Education*</b>	<b>2</b>	Claimant's education
		1 thru 12 = Grade 1 thru 12
		13 = 1 year college
		14 = Associate Degree
		15 = 3 years college
		16 = Bachelors Degree
		17 = 1 year post-graduate
		18 = Masters Degree
		19 = PhD
<b>Occupation</b>	<b>35</b>	Job Title / Description, if available
<b>COVID*</b>	<b>1</b>	Is this claim COVID related
		1 = Yes
		2 = No
<b>Authorized Alien Number</b>	<b>10</b>	Work Authorization Number required if <b>Citizen = 2</b> above