LIABLE/AGENT DATA TRANSFER RECORD
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FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	TIC	REOP/ TRAN	W/C - IB	W/C - COMM	DESCRIPTION
1	Social Security Number	N	1	9	Y	Y	Y	Y	Enter Claimant's Social Security Number
2	Claimant's Name - First	A/N	10	12	Y	Y			Enter at least one alphabetic character. This is the claimant's first name. First position cannot be blank.
3	Claimant's Name - Middle Initial	A/N	22	1	Y	Y			Claimant's middle initial.
4	Claimant's Name - Last	A/N	23	23	Y	Y			Enter at least one alphabetic character. This is the claimant's last name. First position cannot be blank.
5	Mailing Address - Street	A/N	46	30	Y	Y	2	2	Enter Claimant's (Mailing) Street
6	Mailing Address - City	A/N	76	19	Y	Y	2	2	Enter Claimant's (Mailing) City
7	Mailing Address - State	A/N	95	2	Y	Y	2	2	Enter Claimant's (Mailing) State
8	Mailing Address - Zip Code	A/N	97	9	Y	Y	2	2	Enter Claimant's (Mailing) Zip Code
9	Residence Addr - Street	A/N	106	30	6	6	6	6	Enter Claimant's (Residence) Street
10	Residence Addr - City	A/N	136	19	6	6	6	6	Enter Claimant's (Residence) City
11	Residence Addr - State	A/N	155	2	6	6	6	6	Enter Claimant's (Residence) State
12	Residence Addr - Zip Code	A/N	157	9	6	6	6	6	Enter Claimant's (Residence) Zip Code
13	Claimant's Telephone Number	N	166	10	Y	Y			Enter Area Code, Exchange, and Extension of the Claimant's Telephone Number
14	Year of Birth	N	176	4	Y	Y	Y	Y	Claimant's Year of Birth - Format is "CCYY" - "CC" (century) is not used at this time but is included for the future.
15	Sex	N	180	1	Y	Y	Y	Y	Enter the sex of the claimant 1 = Male 2 = Female 3 = Unknown

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FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	TIC	REOP/ TRAN	W/C - IB	W/C - COMM	DESCRIPTION
16	**RACE**	N	181	1	Y	Y			Claimant's Race Code 1 = White 2 = Black 3 = Asian 4 = American Indian/Alaskan Native 5 = Native Hawaiian/Other Pacific Islander 6 = Information Not Available
17	Education	N	182	2					Highest Grade Completed 01 - 12 Actual grade completed (GED = 12) 13 = 1 year of college or technical school 14 = 2 years of college or Associate degree/technical school 15 = 3 years of college 16 = 4 years of college or undergraduate degree 17 = 1 year of post graduate study 18 = 2 years of post graduate study or Masters degree 19 = Doctorate
18	Liable State FIPS	A/N	184	2	Y	Y	Y	Y	Liable state FIPS code or US postal alphabetic abbreviation. The liable state cannot be the same as the agent state.
19	**Liable State Office/Call Center Number**	**N**	**186**	**4**	**Y**	**Y**			**Enter number that identifies the Liable Interstate office/Liable Call Center that handles the claim.**
20	Agent State FIPS	A/N	190	2	5	5	Y	5	Agent state FIPS code or US postal alphabetic abbreviation. The agent state cannot be the same as the liable state.
21	Agent State Local Office/Call Center Number	N	192	4	Y	Y	Y	Y	Local office/Call Center where the claimant filed the claim.

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FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	TIC	REOP / TRAN	W/C - IB	W/C - COMM	DESCRIPTION
22	Residence State FIPS	N	196	2	5	5	1	5	Residence State FIPS code. The residence state cannot be the same as the liable state.
23	Residence County FIPS	N	198	3	Y	Y	2	2	Residence County FIPS code.
24	Residence City/Town FIPS	N	201	4	Y	Y	Y	Y	Residence City/Town FIPS Code.
25	Date Claim Taken	N	205	8	Y	Y			Enter the date the claim was taken. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
26	Effective Date of Claim	N	213	8	Y	Y			Enter effective date of the claim. Correlates with today's date, backdate reason, and liable state. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
27	Program Type	N	221	1	Y	Y	Y	Y	Enter the program type: 1 = UI 5 = UCFE 7 = UCX
28	Entitlement	N	222	1	Y	Y	Y	Y	Enter the entitlement type: 0 = Regular 1 = Extended Benefits (EB) 2 = Federal Benefit Extension 3 = Additional Benefits (AB)
29	**SOC Code**	**N**	**223**	**4**	**3**	**3**	**3**	**3**	**Enter at least the first 3 digits of the Claimant's Standard Occupational Classification (SOC) Code (left justified) followed by a zero or enter the first 4 digits of the SOC.**

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30	Initial Claim	N	227	1	Y				Enter Status of Claim: 1 = New 2 = Additional 3 = Transitional
31	BYB	N	228	8					Benefit year beginning date. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
32	BYE	N	236	8					Benefit year ending date. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
33	WBA	N	244	3					Weekly Benefit Amount (include Dependents Allowance)
34	MBA	N	247	5					Maximum Benefit Amount (include Dependents Allowance)
35	Base Period Wages - 1st Qtr	N	252	7					Enter BP wages for the 1st Qtr
36	Base Period Wages - 2nd Qtr	N	259	7					Enter BP wages for the 2nd Qtr
37	Base Period Wages - 3rd Qtr	N	266	7					Enter BP wages for the 3rd Qtr
38	Base Period Wages - 4th Qtr	N	273	7					Enter BP wages for the 4th Qtr
39	Base Period Wages - 5th Qtr	N	280	7					Enter BP wages for the 5th Qtr

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FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	TIC	REOP / TRAN	W/C - IB	W/C - COMM	DESCRIPTION
40	Base Period Wages - Total	N	287	8					Enter total BP wages for all quarters
41	**NAICS (Employer with Most Wages)**	**N**	**295**	**6**					**Enter at least the first four digits of the North American Industry Classification System (NAICS) code, followed by "00", of the claimant's employer for which he/she had the most wages or enter the 6 digit code.**
42	Last Employer - Name	A/N	301	30					Enter name of last employer
43	Date Employment Began	N	331	8					Enter date employment began with last employer. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
44	Date Employment Ended	N	339	8					Enter date employment ended with last employer. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
45	**Last Employer - NAICS**	N	347	6	4	4	4	4	Enter at least the first four digits of the North American Industry Classification System (NAICS) code, followed by "00", of the claimant's employer for which he/she had the most wages or enter the 6 digit code.
46	Last Employer - Ownership Code	N	353	1	Y	Y	Y	Y	Valid entries are '1' through '5', default is '5'. 1 = Federal government 2 = State government 3 = Local government 4 = International or Foreign 5 = Private
47	Separation	N	354	1					Separation: 1 = Permanent 2 = Temporary
FLD	FIELD NAME	FIELD	BEGIN	FIELD	TIC	REOP/	W/C -	W/C -	DESCRIPTION

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NBR		TYPE	COLUMN	LENGTH		TRAN	IB	COMM	
48	Recall Date	N	355	8					Enter date claimant is to return to work. If no recall date, enter all zeros, format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
49	Union	A/N	363	1					Y = Yes N = No
50	US Citizenship	A/N	364	1					Y = Yes N = No
51	Alien Registration Number	A/N	365	20					Enter claimant's alien registration number, if applicable and available
52	Week Ending Date	N	385	8			Y	Y	Week ending date of week claimed, format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
53	Earnings During Week Claimed	A/N	393	1	Y	Y	Y	Y	X = Yes. Indicated that claimant had earnings during the week claimed.
54	Date First Payment Issued	N	394	8					Enter the date the first payment was issued. Format is "CCYYMMDD". "CC" (century) is not used at this time but is included for the future.
55	Exhaustee	A/N	402	1					X = Yes. Complete only upon exhaustion
56	Weeks Compensated	N	403	2					Enter the number of weeks compensated during the benefit year.
57	$ Amount of Benefits Paid	N	405	7					Enter the total amount of benefits paid during the benefit year.
58	Commuter Identification Code	A/N	412	1				Y	X = Yes. Complete to identify claims filed by commuters from residence state.

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FLD NBR	FIELD NAME	FIELD TYPE	BEGIN COLUMN	FIELD LENGTH	TIC	REOP/ TRAN	W/C - IB	W/C - COMM	DESCRIPTION
59	Reopen Claim/Transfer of Claim	N	413	1		Y			1 = Reopen claim. Complete when there is a break in claim series not caused by employment. 2 = Transfer of claim. Complete when there is a change in the Residence Agent State with no break in claim series.
60	**Ethnic**	**N**	**414**	**1**	**Y**	**Y**			**1 = Hispanic** **2 = Non-Hispanic** **3 =Information Not Available**
61	Filler	A/N	415	57					(for future use)
62	Record Type	A/N	472	1	Y	Y	Y	Y	Required Entry to indicate Type-of Record 1 = TIC (Telephone Initial Claim) 2 = Weeks Claimed 3 = Reopen/Transfer
63	Process Date	N	473	8	Y	Y	Y	Y	Format is "CCYYMMDD". "CC"(century) is not used at this time but is included for the future.

Rule Number
Definition of Rule

1	**On a Weeks Claimed (IB) – the Residence State FIPS can be the same as the Liable State FIPS as long as the Agent State FIPS is different.**
2	**Either Mailing Address or Field 23 (Residence County FIPS) should be provided. For New England states, either Mailing Address or Field 24 (Residence City/Town FIPS) should be provided.**
3	**SOC should be provided if possible. If not provided, a warning message will be returned. THE RECORD WILL BE PROCESSED.**
4	**Last Employer – NAICS should be provided if possible. If not provided, a warning message will be returned. THE RECORD WILL BE PROCESSED.**
5	**On a Weeks Claimed – Commuter, the value in the Residence State FIPS (field 20) will determine the receiving state.**
6	**Residence Address will be completed when the Liable State can provide a Residence Address that is different from the Mailing Address. For TIC and Reopen/Transfer of Claims records, these fields should be filled in if the state has elected to provide the County FIPS Code (Field 23) or City/Town FIPS Code (Field 24) on the Weeks Claimed data record.**