NEW HIRE TEXT TAB DELIMITED – SAMPLE ONLY

	A	B	C	D	E	F	G	H	I	J	K	L
1	SSN (9)NO HYPHENS	Account Number (10)NO HYPHENS	Activity Date (6)MMDDYY	Indicator (1) "N"=NEW HIRE "R"=RECALL "W"=WORK REFUSAL	Name (27)INSERT SLASHES (LAST/ FIRST/MIDDLE INITIAL	Employee's Street Address (30)	Employee's City Name (20)	Employee's State Name (2)	Employee's Zip + 4 Zip Code (9)NO HYPHENS	Employer's FEIN (9)NO HYPHENS	Employer Name (20)	Employer Address (14)
2	111111111	9987654321	060420	R	Doe/Jane/T	333 No name Rd	Arab	AL	361173232	345678901	Big Hire	888 Come in
3	222222222	1234567890	071320	N	Smith/John/E	184 My Rd.	Opp	AL	361225847	582647913	BHAM	444 Here Lan
4												
5												
6												
7												
8	BLACK verbiage in Yellow highlighted area = type of info required in that cell											
9	RED (#) = Maximum allowed spaces within that cell											
10												
11	★ NOTE: DO NOT include the sample data in rows 2 & 3											
12												

ASCII TEXT FILE REPORTING FORMAT
FOR ALABAMA NEW HIRE DATA

PUNCTUATION MARKS SHOULD NOT BE USED IN ANY FIELDS, EXCEPT AS NOTED BELOW.

LOCATION	FIELD	LENGTH	DESCRIPTION & REMARKS
1-9	Social Security Number	9	Employee's Social Security Number **(DO NOT INSERT HYPHENS)**
10-19	Account Number**	10	Ten-digit UC Tax Account Number **(DO NOT INSERT HYPHENS)**
20-25	Activity Date	6	First day of work or date of job refusal **(MMDDYY)** NOTE: This date should be the first day the employee did or would have physically reported to worked
26	Indicator	1	Enter "N" - New Hire Enter "R" - Recall Enter "W" - Work Refusal
27-53	Employee's Name	27	Last/First/Middle Initial **(Insert slashes as shown)**
54-83	Employee's Street Address	30	Employee's Mailing Address
84-103	Employee's City Name	20	City Name of Employee's Address
104-105	Employee's State Name	2	State Name of Employee's Address
106-114	Employee's ZIP + 4 ZIP Code	9	Nine-Digit ZIP Code of Employee's Address (If Last 4 Digits Are Unknown, Enter 0's) **(DO NOT INSERT HYPHEN)**
115-123	Employer's FEIN	9	Nine-Digit Federal Identification Number **(DO NOT INSERT HYPHEN)**
124-143	Employer Name	20	**Employer's Name (Abbreviate when possible)**
144-157	Employer Address	14	Employer's Address **(Abbreviate when possible)**
158-168	Employer City	11	Employer's City
169-170	Employer State	2	Employer's State
171-175	Employer ZIP	5	Employer's 5 digit Zip Code
176-200	Blanks	25	In-House Use

** Alabama Department of Labor Unemployment Compensation Tax Account Number recorded in the upper right corner of the UCCR4 and UC10R forms. If not applicable, enter 0's.