MICHIGAN DEPARTMENT OF
LABOR & ECONOMIC OPPORTUNITY
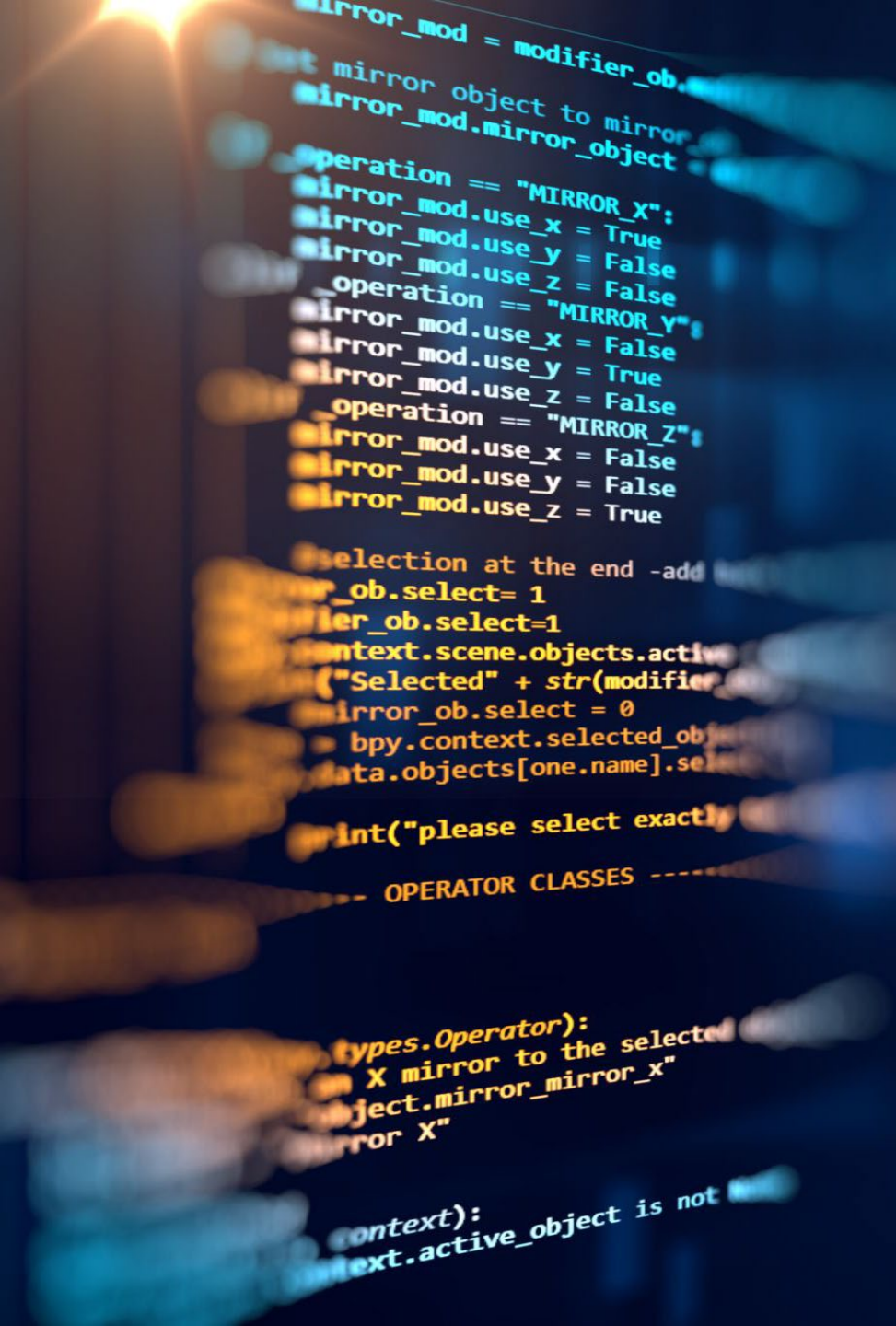
CREATING AN EMPLOYER FILED CLAIMS FILE

MICHIGAN DEPARTMENT OF
**LABOR & ECONOMIC
OPPORTUNITY**

FLAT TEXT FORMAT

The State of Michigan's system will only accept Employer Filed Claim files that are created in a flat text format. The most common software used is Microsoft Notepad. Microsoft Notepad will be the software used in this tutorial.

FILE SPECIFICATIONS

Employer Filed Claims files have to be written exactly as stated in the file specifications. You will be given a copy of the file specifications during the review process of joining the EFC program.

Employer Filed Claims (EFC)

EFC File Layout		Frequency: Weekly - Incoming			Record Length: 242
Field #	Description	Data Type	Length	Line Position	Comments
1	Social Security Number	String	9	1-9	**Required** - Employee's Social Security number Must be all digits. Do not include the dashes.
2	Last Name	String	30	10-39	**Required** - Last name of the employee. Left justified, padded with spaces to the right
3	First name	String	25	40-64	**Required** - First name of the employee. Left justified, padded with spaces to the right
4	Street Address	String	30	65-94	**Required** - Employee's street address. Left justified, padded with spaces to the right
5	Street 2 Address	String	30	95-124	Optional - Employee's street 2 address. Left justified, padded with spaces to the right. **Use 30 spaces if not supplied.**
6	Unit Type	String	3	125-127	
7	Unit	String	10	128-137	Optional - Employee's unit of the address. **Use 10 spaces if not supplied**
8	City	String	20	138-157	**Required** - Employee's city. Left justified, padded with spaces to the right.
9	State or Province Code	String	2	158-159	**Required** - Employee's state or province code
10	ZIP or Postal Code	String	10	160-169	**Required** - Employee's ZIP or Postal Code Acceptable US ZIP Code formats: 99999 or 99999-9999 or 999999999 Acceptable Canadian Postal Code formats: A9A 9A9 or A9A9A9 Right justified, padded with spaces to the left.
11	Telephone	Numeric	10	170-179	Optional - Area code and telephone number where the employee can be contacted while laid off. Usually a home phone number. This field is recommended though not required. Do not include any formatting: (269) 965-2200 should be sent as 2699652200. **Use 10 spaces if not supplied.**
12	DOB	Date	8	180-187	**Required** - Employee's date of birth Format is MMDDYYYY where MM is the month, DD is the day, and YYYY is the year.
13	Gender	String	1	188	Optional - Employee's gender: **(Use 1 space if not supplied)** F = Female M = Male
14	Citizen	String	1	189	**Required** - Is the employee a United States citizen? Y = Yes N = No

FIELD LOCATION AND STATUS BAR IN MICROSOFT NOTEPAD

Each field has to be in the specific location based on the file specifications. Utilizing the status bar in Microsoft Notepad will allow you to find the location for each field in the document.

The status bar option is located in the 'view' tab.
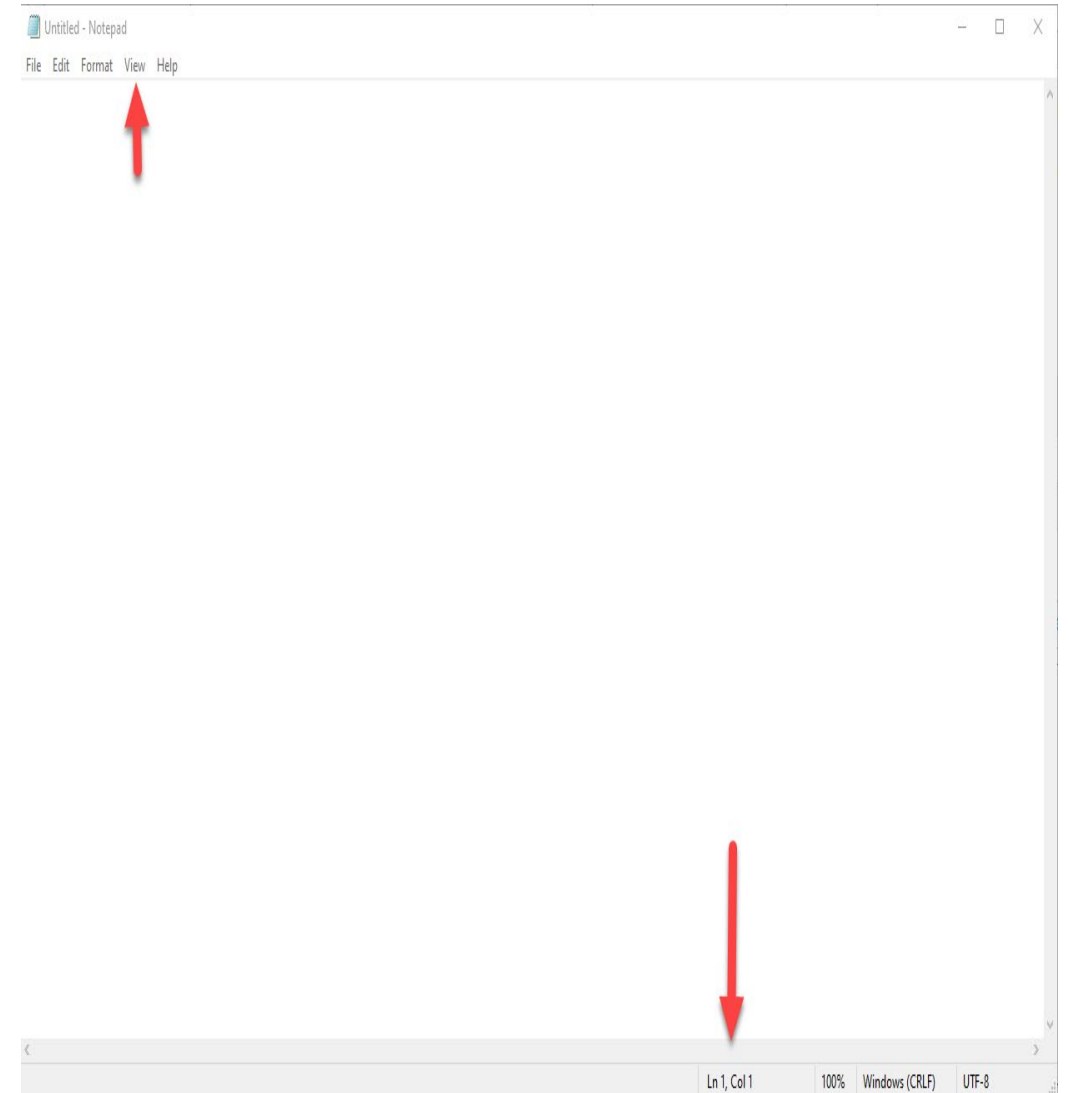
POPULATING THE FILE

The line position column on the file specifications tells you the location each field needs to be in on notepad.

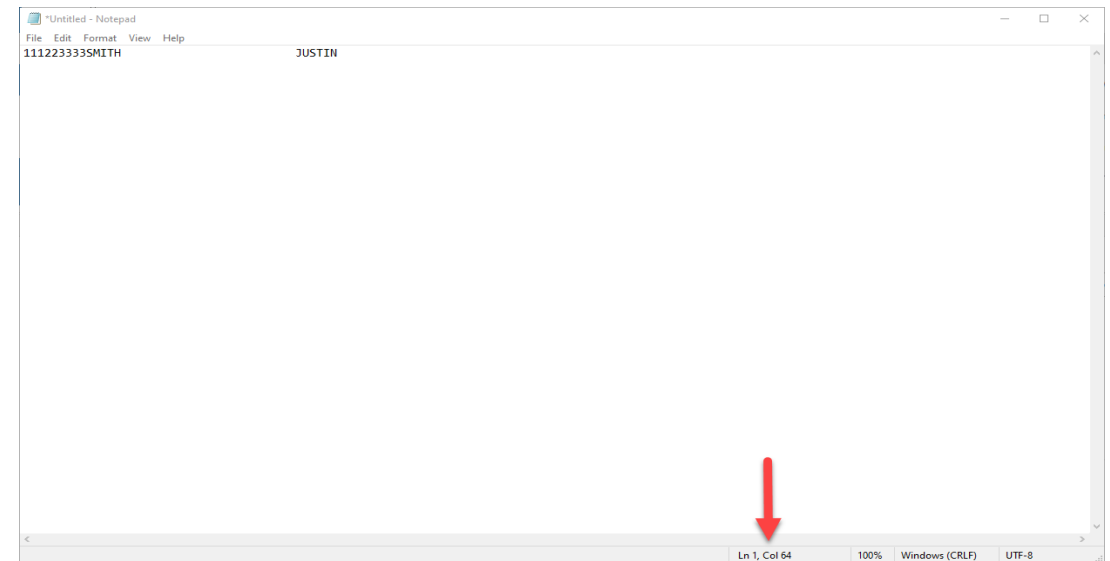Do not use the tab key to move the cursor. The tab will move the cursor five spaces, but it will count as one. Use the space bar to move the cursor only.

FIELD #1 SOCIAL SECURITY – STARTS ON COLUMN 1 AND ENDS ON COLUMN 9

FIELD #2 LAST NAME – STARTS ON CLUMN 10 AND ENDS ON COLUMN 39

FIELD #3 FIRST NAME – STARTS ON COLUMN 40 AND ENDS ON COLUMN 64

Field #	Description	Data Type	Length	Line Position	Comments
1	Social Security Number	String	9	1-9	**Required** - Employee's Social Security number. Must be all digits. Do not include the dashes.
2	Last Name	String	30	10-39	**Required** - Last name of the employee. Left justified, padded with spaces to the right
3	First name	String	25	40-64	**Required** - First name of the employee. Left justified, padded with spaces to the right

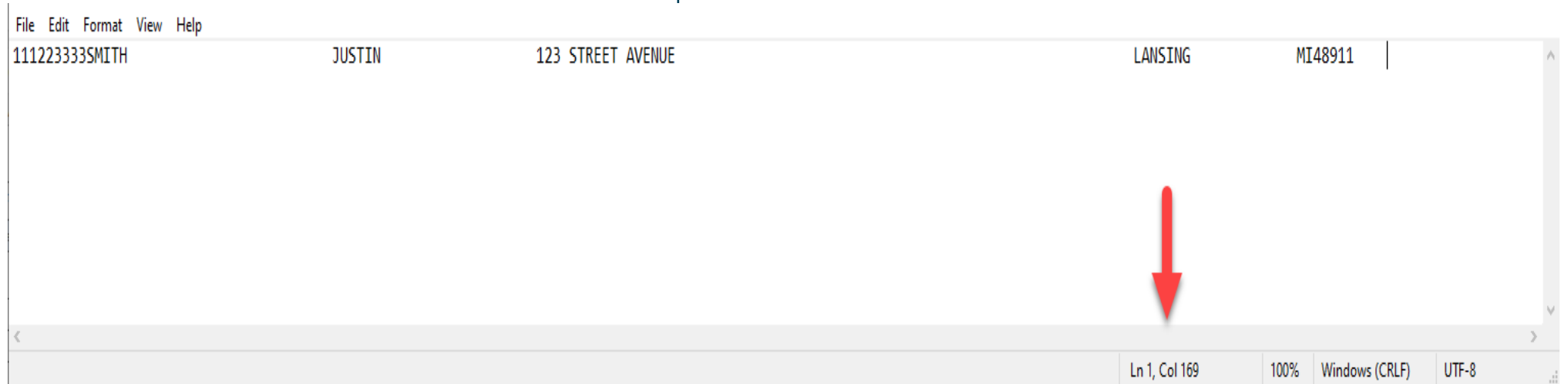FIELD # 4 STREET ADDRESS – STARTS ON COLUMN 64 AND ENDS ON COLUMN 94.

FIELDS #5, #6 AND #7 ARE OPTIONAL AND WILL BE ALL BLANK SPACES IF NO SUPPLIED.

FIELD #8 CITY – STARTS ON COLUMN 138 AND ENDS ON COLUMN 157

FIELD #9 STATE OR PROVIDENCE – STARTS ON COLUMN 158 AND ENDS ON COLUMN 159

FIELD #10 ZIP OR POSTAL CODE – STARTS ON COLUMN 160 AND ENDS ON COLUMN 169

4	Street Address	String	30	65-94	**Required** - Employee's street address. Left justified, padded with spaces to the right
5	Street 2 Address	String	30	95-124	Optional - Employee's street 2 address. Left justified, padded with spaces to the right. **Use 30 spaces if not supplied.**
6	Unit Type	String	3	125-127	Optional - Employee's unit type. **Use 3 spaces if not supplied**
7	Unit	String	10	128-137	Optional - Employee's unit of the address. **Use 10 spaces if not supplied**
8	City	String	20	138-157	**Required** - Employee's city. Left justified, padded with spaces to the right.
9	State or Province Code	String	2	158-159	**Required** - Employee's state or province code
10	ZIP or Postal Code	String	10	160-169	**Required** - Employee's ZIP or Postal Code Acceptable US ZIP Code formats: 99999 or 99999-9999 or 999999999 Acceptable Canadian Postal Code formats: A9A 9A9 or A9A9A9 Right justified, padded with spaces to the left.

File   Edit   Format   View   Help

111223333SMITH   JUSTIN   123 STREET AVENUE   LANSING   MI48911

Ln 1, Col 169   100%   Windows (CRLF)   UTF-8

FIELD #11 TELEPHONE – OPTIONAL, USE 10 SPACES IF NOT SUPPLIED

FIELD #12 DATE OF BIRTH – STARTS ON COLUMN 180 AND ENDS ON COLUMN 187

FIELD #13 GENDER – IS ON COLUMN 188 AND IS OPTIONAL, USE 1 SPACE IF NOT SUPPLIED

FIELD #14 CITIZENSHIP – IS ON COLUMN 189. THE EMPLOYER IS REQUIRED TO VERIFY CITIZENSHIP.

FIELD #15, #16 AND #17 ARE ONLY OPTIONAL IF FIELD #18 IS ANSWERED YES. IF AN EMPLOYEE IS NOT A CITIZEN OF THE UNITED STATES, YOU MUST SUPPLY THEIR INS INFORMATIONS. IF THE EMPLOYEE IS A CITIZEN, USE SPACES FROM COLUMN 190 THROUGH COLUMN 210.

11	Telephone	Numeric	10	170-179	Optional - Area code and telephone number where the employee can be contacted while laid off. Usually a home phone number. This field is recommended though not required. Do not include any formatting: (269) 965-2200 should be sent as 2699652200. **Use 10 spaces if not supplied.**
12	DOB	Date	8	180-187	**Required** - Employee's date of birth Format is MMDDYYYY where MM is the month, DD is the day, and YYYY is the year.
13	Gender	String	1	188	Optional - Employee's gender: **(Use 1 space if not supplied)** F = Female M = Male
14	Citizen	String	1	189	**Required** - Is the employee a United States citizen? Y = Yes N = No
15	Alien Document Type	String	3	190-192	**Required if citizen is answered NO** - Type of Alien Documentation: 545 = FS-545 Certification of Birth Aboard 179 = I-179 US Resident Card 20 = I-20 Certificate of Eligibility, Student Status 327 = I-327 Re-entry Permit 551 = I-551 Permanent Resident Card 571 = I-571 Refugee Travel Document 776 = I-776 Employment Authorization Card 94 = I-94 Arrival/Departure Record Right justified, padded with spaces to the left. **Use 3 spaces if not supplied**.
16	Alien Number	String	10	193-202	**Required if citizen is answered NO** - Alien Number For A-Numbers, include the "A". Do not include spaces or dashes. Right justified, padded with spaces to the left. **Use 10 spaces if not supplied.**
17	Alien Expiration Date	Date	8	203-210	**Required if citizen is answered NO** - Expiration date of the alien documentation, if any Format is MMDDCCYY where MM is the month, DD is the day, and CCYY is the century and year. Use High date format (12319999) or **8 spaces, if not supplied.**

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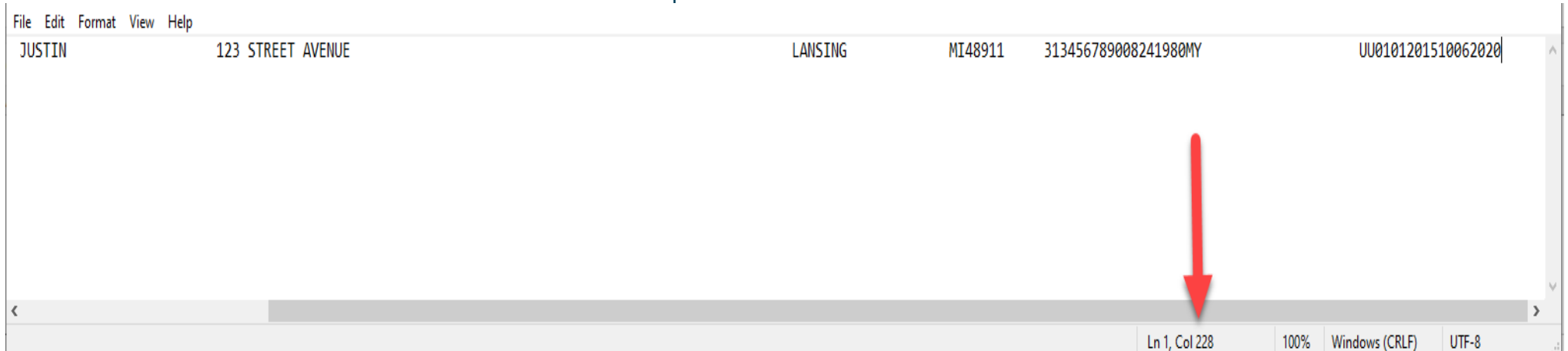Ln 1, Col 210   100%   Windows (CRLF)   UTF-8

FIELD #18 RACE – IS ON COLUMN 211. THIS IS REQUIRED, BUT 'U' CAN BE USED IF NOT SUPPLIED.

FIELD #19 ETHNICITY – IS ON COLUMN 212. THIS IS REQUIRED, BUT 'U' CAN BE USED IF NOT SUPPLIED.

FIELD #20 FIRST DAY WORKED – STARTS ON COLUMN 213 AND END ON COLUMN 220. FORMAT IS MMDDYYY. THIS DOES NOT HAVE TO BE THE ACTUAL FIRST DAY WORKED, A DEFAULTED DATE IN THE PAST CAN BE USED.

FIELD #21 LAST DAY OF WORK – STARTS ON COLUMN 221 AND END ON COLUMN 228. THIS DATE MUST BE IN THE WEEK PRIOR TO THE EFFECTIVE DATE OF LAYOFF.

18	Race	String	1	211	Employee's race: (Use 1 space if not supplied) W = White B = Black A = Asian I = American Indian/Alaskan Native P = Pacific Islander/Native Hawaiian T = Two or More Races O = Some Other Race U = Unavailable
19	Ethnicity	String	1	212	Optional - Is the employee Hispanic or Latino? (Use 1 space if not supplied) Y = Yes N = No U = Unavailable
20	First day of work	Date	8	213-220	Required - First day employee started work Format is MMDDYYYY where MM is month, DD is day, and YYYY is the year
21	Last day of work	Date	8	221-228	Required - Last day the employee worked. DATE MUST BE IN THE WEEK PRIOR TO THE EFFECTIVE DATE OF LAYOFF. Format is MMDDYYYY where MM is month, DD is day, and YYYY is the year. Use High date format (12319999) or 8 zeroes, if not supplied.

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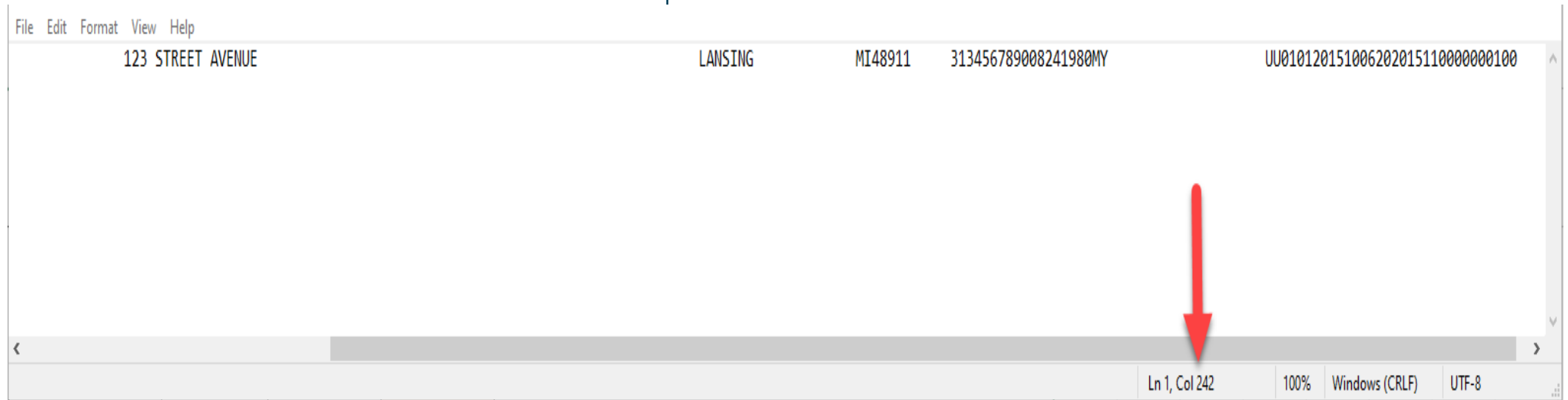Ln 1, Col 228   100%   Windows (CRLF)   UTF-8

FIELD #22 RETURN TO WORK CODE – IS ON COLUMN 229. THIS FIELD WILL GIVE YOUR EMPLOYEES A MICHIGAN WORKS REGISTRATION WAIVER, AND OR A SEEKING WORK WAIVER DEPENDING ON THE LENGTH OF THE LAYOFF.

FIELD #23 OCCUPATION CODE – STARTS ON COLUMN 230 AND ENDS ON COLUMN 231.

FIELD #24 SEPERATION REASON – IS ON COLUMN 232. THE EMPLOYER FILED CLAIMS PROGRAM IS ONLY FOR LAYOFFS.

FIELD #25 WAGES – STARTS ON COLUMN 233 AND ENDS ON COLUMN 242. THE WAGES ON THE FILE ARE NOT USED TO ESTABLISH A CLAIM, AT LEAST 1.00 HAS TO BE REPORTED.

22	RTW Code	Numeric	1	229	**Required** - Expected return-to-work date: 1 = 45 days or less 2 = 46-120 days 3 = over 120 days or permanent layoff If return to work date is unknown OR if this is a permanent layoff, RTW Code should be 3
23	Occupation Code	String	2	230-231	**Required** - Employee's occupation code 11 = Management Occupations 13 = Business and Financial Operations Occupations 15 = Computer and Mathematical Occupations 17 = Architecture and Engineering Occupations 19 = Life, Physical, and Social Science Occupations 21 = Community and Social Service Occupations 23 = Legal Occupations 25 = Education, Training, and Library Occupations 27 = Arts, Design, Entertainment, Sports, and Media Occupations 29 = Healthcare Practitioners and Technical Occupations 31 = Healthcare Support Occupations 33 = Protective Service Occupations 35 = Food Preparation and Serving Related Occupations 37 = Building and Grounds Cleaning and Maintenance Occupations 39 = Personal Care and Service Occupations 41 = Sales and Related Occupations 43 = Office and Administrative Support Occupations 45 = Farming, Fishing, and Forestry Occupations 47 = Construction and Extraction Occupations 49 = Installation, Maintenance, and Repair Occupations 51 = Production Occupations 53 = Transportation and Material Moving Occupations
24	Separation Reason	Numeric	1	232	**Required** - Separation reason: 1=Laid off/Lack of Work Only employees with a separation reason of "Laid Off/Lack of Work" can be submitted
25	Wages	Currency	10	233-242	**Required** - Total gross wages earned in the last completed calendar quarter (**can be estimated**). Do not include the dollar sign, the commas, or the decimal point. Round to the nearest whole dollar. **This value must be at least 1.00**. Right justify and pad on the left with zeros: for example, $1,234.56 should be sent as 0000123500

COMPLETED FILE

Complete each row for every employee that is laid off. When the file is completed, you're ready to upload it to the agency through your MIWAM account.