

New Mexico New Hires Directory**Excel file layout**

Each record line of the file should represent one record.

Data record (one per new hire)

Col	Field	Max Length	Status	Type	Description
A	Record Identifier	17	Required	Char	The following text: "NM Newhire Record". Case does not matter.
B	Format Version Number	4	Required	Char	The following text: "1.00".
C	Employee First Name	16	Required	Char	At least one character, no special characters.
D	Employee Middle Name	16	Optional	Char	If non-blank must be at least one character, no special characters.
E	Employee Last Name	30	Required	Char	At least one character, no special characters except hyphen.
F	Employee SSN#	9	Required	Num	As reported by employee.
G	Employee Address Line 1	40	Required	Char	At least two characters, left justify
H	Employee Address Line 2	40	Optional	Char	Left justify. Spaces if unused.
I	Employee Address Line 3	40	Optional	Char	Left justify. Spaces if unused.
J	Employee City	25	Required	Char	At least two characters, no special characters except hyphen.
K	Employee State	2	Required	Char	Valid state or territory abbreviation. Not required for foreign address.
L	Employee Postal Code	20	Required	Char	If a non-foreign address then only U.S. 5 digit zip code, left justified.
M	Employee Zip+4	4	Optional	Num	US state and territories only
N	Employee Country Code	2	Optional	Char	For foreign addresses only. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995)
O	Employee Date of Birth	8	Optional	Num	If present, numeric. Format - MMDDYYYY
P	Employee Date of Hire	8	Required	Num	Format - MMDDYYYY
Q	Employee State of Hire	2	Optional	Char	Valid state or territory abbreviation. Field is required for registered Multistate employers.
R	Medical Insurance Available?	1	Optional	Char	"Y" if medical insurance is available to employee, otherwise "N"
S	Filler	1	Optional	Char	Reserved for future use
T	Employer FEIN	9	Required	Num	Federal Employer Identification Number (no hyphens).
U	Filler	12	Optional	Char	Reserved for future use

V	Employer Name	45	Required	Char	At least two characters. Left justify.
W	Employer Address Line 1	40	Required	Char	At least two characters. Left justify.
X	Employer Address Line 2	40	Optional	Char	Spaces if unused
Y	Employer Address Line 3	40	Optional	Char	Spaces if unused
Z	Employer City	25	Required	Char	At least two characters. Left justify.
AA	Employer State	2	Required	Char	Valid state or territory abbreviation. Not required for foreign address.
AB	Employer Postal Code	20	Required	Char	If a non-foreign address then only U.S. 5 digit zip code, left justified. If foreign address then left justify
AC	Employer Zip+4	4	Optional	Char	If present, must be 4-digits. Spaces if unknown or international address
AD	Employer Country Code	2	Optional	Char	For foreign addresses only
AE	Employer Phone Number	10	Optional	Num	Employer contact ten-digit phone number including area code (no hyphens or parentheses).
AF	Employer Phone Extension	6	Optional	Num	Employer contact extension (numeric only).
AG	Employer Contact Name	20	Optional	Char	Name of contact for employer.
AH	Employer (Alt) Address 1	40	Required	Char	Employer Alternate Address 1
AI	Employer (Alt) Address 2	40	Optional	Char	Employer Alternate Address 2
AJ	Employer (Alt) Address 3	40	Optional	Char	Employer Alternate Address 3
AK	Employer (Alt) City	25	Required	Char	Employer Alternate City
AL	Employer (Alt) State	2	Required	Char	Employer Alternate State
AM	Employer (Alt) Postal Code	20	Required	Char	Employer Alternate Zip Code
AN	Employer (Alt) Zip+4	4	Optional	Char	Employer Alternate Zip+4
AO	Employer (Alt) Country Code	2	Optional	Char	For foreign addresses only.
AP	Employer (Alt) Contact Phone	10	Optional	Num	Employer Alternate Point of Contact ten-digit Phone Number
AQ	Employer (Alt) Contact Extension	6	Optional	Num	Employer Alternate Point of Contact Extension
AR	Employer (Alt) Contact Name	20	Optional	Char	Employer Alternate Point of Contact Name
AS	Filler	32	Optional	Char	Reserved for future use