

New Mexico New Hires Directory**Fixed-Width file layout**

Each record line of the file should represent one record.

Data record (one per new hire)

Create file using FIXED-WIDTH ASCII TEXT FORMAT

#	Field	Max Length	Start	End	Status	Type	Description
1	Record Identifier	17	1	17	Required	Char	The following text: "NM Newhire Record". Case does not matter.
2	Format Version Number	4	18	21	Required	Char	The following text: "1.00".
3	Employee First Name	16	22	37	Required	Char	At least one character, no special characters.
4	Employee Middle Name	16	38	53	Optional	Char	If non-blank must be at least one character, no special characters.
5	Employee Last Name	30	54	83	Required	Char	At least one character, no special characters except hyphen.
6	Employee SSN#	9	84	92	Required	Num	As reported by employee.
7	Employee Address Line 1	40	93	132	Required	Char	At least two characters, left justify
8	Employee Address Line 2	40	133	172	Optional	Char	Left justify. Spaces if unused.
9	Employee Address Line 3	40	173	212	Optional	Char	Left justify. Spaces if unused.
10	Employee City	25	213	237	Required	Char	At least two characters, no special characters except hyphen.
11	Employee State	2	238	239	Required	Char	Valid state or territory abbreviation. Not required for foreign address.
12	Employee Postal Code	20	240	259	Required	Char	If a non-foreign address then only U.S. 5 digit zip code, left justified.
13	Employee Zip+4	4	260	263	Optional	Num	US state and territories only
14	Employee Country Code	2	264	265	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)
15	Employee Date of Birth	8	266	273	Optional	Num	If present, numeric. Format - MMDDYYYY
16	Employee Date of Hire	8	274	281	Required	Num	Format - MMDDYYYY
17	Employee State of Hire	2	282	283	Optional	Char	Valid state or territory abbreviation. Field is required for registered Multistate employers.
18	Medical Insurance Available?	1	284	284	Optional	Char	"Y" if medical insurance is available to employee, otherwise "N"
19	Filler	1	285	285	Optional	Char	Reserved for future use
20	Employer FEIN	9	286	294	Required	Num	Federal Employer Identification Number (no hyphens).
21	Filler	12	295	306	Optional	Char	Reserved for future use

22	Employer Name	45	307	351	Required	Char	At least two characters. Left justify.
23	Employer Address Line 1	40	352	391	Required	Char	At least two characters. Left justify.
24	Employer Address Line 2	40	392	431	Optional	Char	Spaces if unused
25	Employer Address Line 3	40	432	471	Optional	Char	Spaces if unused
26	Employer City	25	472	496	Required	Char	At least two characters. Left justify.
27	Employer State	2	497	498	Required	Char	Valid state or territory abbreviation. Not required for foreign address.
28	Employer Postal Code	20	499	518	Required	Char	If a non-foreign address then only U.S. 5 digit zip code, left justified. If foreign address then left justify
29	Employer Zip+4	4	519	522	Optional	Char	If present, must be 4-digits. Spaces if unknown or international address
30	Employer Country Code	2	523	524	Optional	Char	For foreign addresses only
31	Employer Phone Number	10	525	534	Optional	Num	Employer contact ten-digit phone number including area code (no hyphens or parentheses).
32	Employer Phone Extension	6	535	540	Optional	Num	Employer contact extension (numeric only).
33	Employer Contact Name	20	541	560	Optional	Char	Name of contact for employer.
34	Employer (Alt) Address 1	40	561	600	Required	Char	Employer Alternate Address 1
35	Employer (Alt) Address 2	40	601	640	Optional	Char	Employer Alternate Address 2
36	Employer (Alt) Address 3	40	641	680	Optional	Char	Employer Alternate Address 3
37	Employer (Alt) City	25	681	705	Required	Char	Employer Alternate City
38	Employer (Alt) State	2	706	707	Required	Char	Employer Alternate State
39	Employer (Alt) Postal Code	20	708	727	Required	Char	Employer Alternate Zip Code
40	Employer (Alt) Zip+4	4	728	731	Optional	Char	Employer Alternate Zip+4
41	Employer (Alt) Country Code	2	732	733	Optional	Char	For foreign addresses only.
42	Employer (Alt) Contact Phone	10	734	743	Optional	Num	Employer Alternate Point of Contact ten-digit Phone Number
43	Employer (Alt) Contact Extension	6	744	749	Optional	Num	Employer Alternate Point of Contact Extension
44	Employer (Alt) Contact Name	20	750	769	Optional	Char	Employer Alternate Point of Contact Name
45	Filler	32	770	801	Optional	Char	Reserved for future use