

**RHODE ISLAND STATE DIRECTORY OF NEW HIRE  
EMPLOYER FILE LAYOUT**

The following information is a specified record layout of how information needs to be transmitted to the Rhode Island State Directory of New Hires. Each transmission must contain the following three types of records:

1. **Header Record** – This is the first record in the file, and is required.
2. **Employer Record** – This record must contain employer information and is required.
3. **New Hire Record** – This record is required for all new or rehired employees on or after October 1, 1997.

A file must be submitted in a fixed length ASCII file format with LF/CR at the end of each record. . This record layout may be submitted via the Internet. Visit our Internet site at [www.RInewhire.com](http://www.RInewhire.com).

**HEADER RECORD:** System processing requires the completion of all fields in the Header Record

Field Name	Start	Length	Data Type	Comments
<b>Record Identifier</b>	1	2	A/N	Required This must contain the characters 'HR'
<b>Number of new hires</b>	3	5	N	Required This must contain the number of hires or rehires that are being submitted.
<b>Date Stamp</b>	8	8	N	Required The date must be submitted in the format of : MMDDYYYY
<b>Employer federal identification number (FEIN)</b>	16	9	N	Required

**EMPLOYER RECORD:** System processing requires the completion of all required fields.

Field Name	Start	Length	Data Type	Comments
<b>Record Identifier</b>	1	2	A/N	Required This must contain the characters 'RR'
<b>Employer Name</b>	3	45	A/N	Required
<b>Employer Address 1</b>	48	40	A/N	Required
Employer Address 2	88	40	A/N	Optional
Employer Address 3	128	40	A/N	Optional
<b>Employer City</b>	168	25	A	Required
<b>Employer State</b>	193	2	A	Required
<b>Employer Zip Code</b>	195	9	N	Required This must contain a 5 digit or 9 digit number
<b>Employer payroll address 1</b>	204	40	A/N	Required, if different from employer address
Employer payroll address 2	244	40	A/N	Optional
<b>Employer payroll City</b>	284	25	A	Required
<b>Employer payroll State</b>	309	2	A	Required
<b>Employer payroll Zip Code</b>	311	9	N	Required (5 or 9 digits)

**NEW HIRE RECORD:** This record can be repeated for all employees associated with the previous Header & Employer record

Field Name	Start	Length	Data Type	Comments
<b>Record Identifier</b>	1	2	A/N	Required This must contain the characters 'NH'
<b>Employee SSN</b>	3	9	N	Required This must contain a nine-digit SSN
<b>Employee First Name</b>	12	20	A	Required
Employee Middle Name	32	20	A	Optional
<b>Employee Last Name</b>	52	30	A	Required
<b>Employee Address 1</b>	82	40	A/N	Required
Employee Address 2	122	40	A/N	Optional
Employee Address 3	162	40	A/N	Optional
<b>Employee City</b>	202	25	A	Required
<b>Employee State</b>	227	2		Required
<b>Employee Zip Code</b>	229	9	N	Required This must contain a 5 digit or 9 digit number
<b>Employee/Dependent health insurance available</b>	238	1	A	Optional Y or N
<b>Date employee/dependent qualifies for health insurance</b>	239	8	N	Optional – MMDDYYYY
Employee Date of Birth	247	8	N	Optional – MMDDYYYY
<b>Employee Date of Hire</b>	255	8	N	Required – MMDDYYYY
Employee State of Hire	263	2	A	Optional

(Only for File Upload, Diskette, FTP or Tape submissions)