

**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.

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

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

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

Field Name	Start	Length	Data Type	Comments
Record Identifier	1	2	A/N	Required This must contain the characters 'RR'
Employer Name	3	45	A/N	Required
Employer Address 1	48	40	A/N	Required
Employer Address 2	88	40	A/N	Optional
Employer Address 3	128	40	A/N	Optional
Employer City	168	25	A	Required
Employer State	193	2	A	Required
Employer Zip Code	195	9	N	Required This must contain a 5 digit or 9 digit number
Employer payroll address 1	204	40	A/N	Required, if different from employer address
Employer payroll address 2	244	40	A/N	Optional
Employer payroll City	284	25	A	Required
Employer payroll State	309	2	A	Required
Employer payroll Zip Code	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
Record Identifier	1	2	A/N	Required This must contain the characters 'NH'
Employee SSN	3	9	N	Required This must contain a nine-digit SSN
Employee First Name	12	20	A	Required
Employee Middle Name	32	20	A	Optional
Employee Last Name	52	30	A	Required
Employee Address 1	82	40	A/N	Required
Employee Address 2	122	40	A/N	Optional
Employee Address 3	162	40	A/N	Optional
Employee City	202	25	A	Required
Employee State	227	2		Required
Employee Zip Code	229	9	N	Required This must contain a 5 digit or 9 digit number
Employee/Dependent health insurance available	238	1	A	Optional Y or N
Date employee/dependent qualifies for health insurance	239	8	N	Optional – MMDDYYYY
Employee Date of Birth	247	8	N	Optional – MMDDYYYY
Employee Date of Hire	255	8	N	Required – MMDDYYYY
Employee State of Hire	263	2	A	Optional

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