DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
REQUEST FOR PROPOSAL
NEW CARDHOLDER ACCOUNTS ADDED FILE LAYOUT

Family Leave Account #6
State Plan Disability Account #7
Disaster Unemployment Assistance (DUA) Account #11
Trade Re-Adjustment Act (TRA) Account #13
Unemployment Compensation Benefit (UC) Account #15
Extended Benefits Account #16
Stimulus Account #17
Temporary Extended Unemployment Compensation (TUC) Account #18

FIELD	FIELD DESCRIPTION	MAX LENGTH	FORMAT	GENERAL COMMENTS
1	Date Account Added	23	AN	MM/DD/YYYY HH:MM:SS AM or PM
2	Cardholder Name	90	A	Last Name First Name Middle Initial Suffix
3	Employee ID	25	AN	
4	Government Issued ID	20	AN	
5	Routing and Transit Number	9	N	
6	Account Number	13	N	
7	PAN	16	N	
8	Card Status	30	A	
	Total Maximum Record Length	248		