# NEW HIRE MAGNETIC MEDIA REPORTING INSTRUCTIONS

**Submitting New Hire Reports to NH Employment Security on Magnetic Media** 

NH EMPLOYMENT SECURITY NEW HIRE PROGRAM PO BOX 2092 CONCORD, NH 03302-2092 (603) 228-4033 (603) 229-4324 FAX

**AUGUST 1997** 

#### I. GENERAL INFORMATION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires employers to report certain information on their newly-hired employees to a designated State agency. NH RSA 282-A was amended by adding section 117-A establishing the New Hampshire Department of Employment Security as the reporting agency in New Hampshire. This document contains a description of the procedures and specifications for the submittal of new hires information on magnetic tape or diskette. This document is also available on our web site at HTTP://WWW.NHES.STATE.NH.US.

## II. REPORTING REQUIREMENT - GENERAL

RSA 282-A states that each employing unit will report (1) the hiring of any individual, (2) the rehiring of any individual, or (3) the contracting of services with an individual where the reimbursement for such services will exceed \$2500 - within 20 days of action or if by magnetic media or electronic reporting by two monthly transmissions not less than 12 days or more than 16 days apart. The report must contain the following information:

- (1) the individual's complete name, address, and social security number
- (2) the employing unit's name, address, federal and state identification number

The report may also contain the employee state of hire, date of hire, date of birth, and whether or not the individual was an employee or an independent contractor. The date of hire is defined as the first day services are performed for wages or contract.

#### III. PROCEDURES

#### **Questions:**

Any employer having questions concerning this pamphlet or magnetic reporting of new hires in general should call (603) 224-3311 and ask for the Supervisor of Data Preparation.

#### **Test Submission:**

The submission of a test tape or diskette is **NOT** required. The department will test your tape or diskette if you would like them to. The test tape or diskette should be addressed to:

NH Employment Security ATTN: Supervisor of Data Preparation 32 South Main Street Concord, NH 03301-4857

#### **External Label**

Each tape or diskette must have an external label which will contain:

- (1) Name of the Employer and the address to which the tape will be returned.
- (2) Employer's New Hampshire Employer Account Number
- (3) The period covered by this submission
- (4) Total number of records (Employees)

Media without proper, complete, and legible external labels will be rejected before processing.

#### **Due Dates**

Employers reporting by magnetic media are required to make two monthly transmissions not less than 12 or more than 16 days apart.

## **Tape or Diskette Transmittal**

The magnetic media should be mailed or delivered to:

NH EMPLOYMENT SECURITY ATTN: NEW HIRE PROGRAM PO BOX 2092 CONCORD NH 03302-2092

NOTE: DISKETTES WILL NOT BE RETURNED

#### **Unprocessable Tapes or Diskettes**

A tape or diskette will be returned to the employers for correction and resubmittal if it is unprocessable due to formatting or coding errors. The report must be corrected and resubmitted to the Department within ten days of the date it was returned to the employer.

#### **Damaged Magnetic Media**

Magnetic media received in a physically damaged condition will not be processed and will be returned to the sender. A replacement must be submitted within ten days.

#### **Penalties**

Civil penalties for noncompliance are imposed on the employer. Employers who fail to report may face fines up to \$25 for each newly hired employee they fail to report. Employers who conspire with employees not to report, may face fines of up to \$500 for each newly hired employee they fail to report.

#### **Agent or Service Center**

An Agent or Payroll Service may submit a tape or diskette directly to the Department. All technical matters, such as formatting and coding, will be directed by the Department to the Agent. Other matters, such as incomplete reports or late reports, will be directed to the Employer.

#### IV. SPECIFICATIONS

#### Code

The code character set used to produce the tape or diskette must be either EBCDIC (Extended Binary Coded Decimal Interchange Code) or ASCII (American Standard Code for Information Interchange).

## **Acceptable Media**

# **Tape**

- IBM 3480 ( cartridge tapes, with or without IDRC ) but **NOT** 3490 (high density)
- Nine track ½ inch width reel-to-reel recorded at 6250 pr 1600 bpi. Reel size up to 10.5 inches in diameter.

#### **Diskette**

- 3.5 inch high density (1.44 meg); 3.5 inch double density (720k). IBM PC-DOS, MS-DOS.
- Records should be written to disk as a straight ASCII file with individual records delimited by a carriage return/line feed (Hex 0D 0A). Records written in a word processor format or spreadsheet format are **NOT** acceptable.

#### **Record Formats**

There are two records types required for the submission of new hires data: (1) Employer Record and (2) New Hire record. The Employer record provides the required information concerning the employing unit while the New Hire record provides the required information concerning the individual(s) hired. The record layouts for each of these records are attached to this document. There should be one Employer record per employer and the Employer record should be the first record on the file.

If you are submitting a tape you should use a blocking factor of 50.

# NHES NEW HIRE RECORD LAYOUT EMPLOYER RECORD

FIELD NAME	LOCATION	ALPHA/ NUMERIC	DESCRIPTION/ REMARKS	MANDATORY/ OPTIONAL
Record				
Identifier	1-2	A/N	'E1'	Mandatory
Employer				
Name	3-47	A/N	Fein address from w4	Mandatory
Employer				
Street Address 1	1 48-87	A/N	Non-blank	Mandatory
Employer	00.44			
Street Address 2	88-127	A/N		Optional
Employer	130 147	A /NT		Ontional
Street Address 3 City	168-192	A/N	At least two characters	Optional
City	100-172	A	No special characters	
			Except for hyphen	Mandatory
State	193-194	A	Valid State or	
			Territory Abbreviation	Mandatory
Zip code 1	195-199	N	Must be numeric	Mandatory
Zip code 2	200-203	N	If present must be num	eric Optional
Foreign Country	204-205	A/N	Refer to U.S. Departme	ent Mandatory if present
Code			Of Commerce FIPS cod	
			Manual , National Insti	
			of Standards and Techn	OU /
			FIPS PUB 10-4 (April 1	
Foreign Country Country	206-23	30 A/N	If present, at le	east two Mandatory, if Foreign
Name			Characters	code is present
Foreign Country Zip	231-245	A/N		Optional
State Employer	246-257	A/N	Left justify	Mandatory, if assigned
Account Number				
Federal	258-2	66 N		Mandatory
Identification				
Number	267.250	A /NT	Space	Mondatour
Filler	267-350	A/N	Spaces	Mandatory

# \ NHES NEW HIRE RECORD LAYOUT NEW HIRE RECORD

FIELD NAME	LOCATION	ALPHA/ NUMERIC	DESCRIPTION/ REMARKS	MANDATORY/ OPTIONAL
Record				
Identifier	1-2	A/N	'W4'	Mandatory
Social Security Number	3-11	N	As reported by Employee	Mandatory
First Name	12-27	A	At least one character	Mandatory
Middle Name	28-43	A	If non blank, at least one character	Mandatory
Last Name	44-73	A	At least one character, no special characters Except hyphen Name field should not Include suffixes such as "Jr", "Sr", and "III"	Mandatory
Employee				
Street Address 1	74-113	A/N	Non-blank	Mandatory
Employee Street Address 2	114-153	A/N		Optional
Employee	154 102	A /NT		
Street Address 3	154-193	A/N	A. 1	Optional
City	194-218	A	At least two characters No special characters Except for hyphen	Mandatory
State	219-220	A	Valid State or Territory Abbreviation	Mandatory
Zip code 1	221-225	N	Must be numeric	Mandatory
Zip code 2	226-229	N	If present must be numeric	Optional
Foreign Country Code	230-231	A/N	Refer to U.S. Department Of Commerce FIPS code Manual, National Institute of Standards and Technolo FIPS PUB 10-4 (April 199	e ogy,
Foreign Country Name	232-256	A/N	If present, at least two Characters	Mandatory, if Foreign Country code is present
Foreign Country Zip	257-271	A/N		Optional
Employee Date of Birth	272-279	N	If present, must be numeric YYYYMMDD Format	c Optional
Employee Date of Hire	280-287	N	if present, must be numeric YYYYMMDD Format	Optional
Employee State of Hire	288-289	N	Alphabetic state or Territory abbreviation	Optional
State Employer Account Number	290-301	A/N	Left justify	Mandatory, if assigned

# NHES NEW HIRE RECORD LAYOUT NEW HIRE RECORD (CONTINUED)

FIELD NAME	LOCATION	ALPHA/ NUMERIC	DESCRIPTION/ REMARKS	MANDATORY/ OPTIONAL	
I., d., d.,	202 202	A /NI	Fatan 6. 6 if in dama dama	Mandatama	
Independent	302 -302	A/N	Enter 'y ' if independent	Mandatory	
Contractor			Contractor, 'n' if employee Contractor		
Federal	303-311	N	Employer Federal	Mandatory	
Identification			Identification Number		
Number					
Filler	312-350	A/N	Spaces	Mandatory	