



SOLARIS – EMPLOYER FILE LAYOUT

Revised March 2011

Table of Contents

1. EMPLOYER CONTRIBUTION FILE LAYOUT	4
1.1 OVERVIEW	4
2. REVISED FILE FORMAT.....	5
2.1 FILE LAYOUT REQUIREMENTS	5
2.2 FILE FORMAT RULES.....	8
2.3 EMPLOYER CONTRIBUTION -- FIELD REQUIREMENTS.....	9
2.4 FILE REJECTION REASONS.....	11
2.5 CONTRIBUTION REPORT HEADER RECORD FORMAT (FIXED LENGTH).....	12
2.5 DETAIL CONTRIBUTION TRANSACTION RECORD FORMAT (FIXED LENGTH)	14
2.6 CONTRIBUTION REPORT FOOTER RECORD FORMAT (FIXED LENGTH).....	40
3. CONTRIBUTION FILE LAYOUT - FIELD VALUES.....	45
3.1 RETIREMENT PLAN CODES	45
3.2 REQUIRED FIELDS – REFERENCE TABLE	48

1. Employer Contribution File Layout

1.1 Overview

LASERS' SOLARIS system requires employers to report contribution and employee HR demographic data electronically.

Employers can either:

- Generate a file (in the file format specified by LASERS – outlined in section 2)
- Use LASERS' Employer Self-Service (ESS) website to enter their contribution information and employee HR demographic data

Should an employer choose to enter their monthly contribution information via the LASERS website, very little, if any, programming will be needed at the employer level.

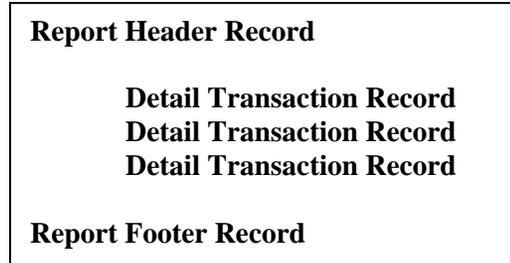
Section 2 contains technical format and data requirements on:

- Overall rules relating to the revised file format
- The fixed length file format
 - The Report Header Record Format
 - The Detail Contribution Transaction Record Format
 - The Report Footer Record Format

2. Revised File Format

2.1 File Layout Requirements

1. Contribution records will be read sequentially by LASERS. They must be submitted by employers in the following order:
 - Report Header Record
 - Detail Transaction Record(s)
 - Report Footer Record
2. Files that are improperly formatted, or contain invalid data (e.g., text data in numeric field) will not be processed. LASERS will reject the report and require the employer to resubmit the file in the correct format with valid data. See section 2.4 for details.
3. Employers will be able to send their files using File Transfer Protocol (FTP).
4. New Employees or rehires will be enrolled electronically via the employer contribution file. Employers must provide SSN, Name, Date of Birth, Gender, Address information, Date of Employment for new employee auto-enrollment. HR Demographic changes such as name and address changes of existing employees must also be reported electronically in this file.
5. LASERS expects to receive a contribution transaction on the monthly report submitted to LASERS from the time the employee is enrolled to the time the employee is terminated.
6. If a field is listed as “Optional,” LASERS can process the Detail Transaction Record without a value present.



7. Certain fields are ‘Conditional’, meaning if the “conditional” is populated for the record, then another field will require data entry in order to process the record; for example, if the LWOP begin date field is populated, then the LWOP Reason Code field becomes a required field and must also be populated.

8. Employers can now include retroactive and administrative adjustments within the contribution detail file for the current report month. A retroactive and/or administrative adjustment is an adjustment transaction to a previously submitted transaction the employer has determined was incorrect.

In order to submit a retroactive and/ or administrative adjustment transaction(s), the following rules must be followed in the file:

- The pay period date must be prior to the current report month in the detail record.
- The pay date of the retroactive and/or administrative adjustment must match exactly with the pay period in the contribution transaction being adjusted.

Employers must not report retroactive payments as a single contribution record, which will result in inflated salary and contributions in a single month, and cause an inaccurate calculation of service credit. The retroactive record will be a separate line item(s) from the current month’s contributions.

For example:

For contribution report 01/31/2007 the following retroactive detailed was received:

Agency Report Year/ Month	200608
Pay Period Begin Date	20060801
Pay Period End Date	20060831
Pay Adjustment Code	RETRO
Payment Date	20060831

9. Text fields such as First or Last Name may be entered using variables; for example: all uppercase letters, all lower case, or mixed case based upon the employer's preference SOLARIS will convert to ALL CAPS.
10. The system at LASERS will perform various "edits" on the data reported by employers to determine if the amounts can actually be posted to individual employee accounts. **When certain discrepancies defined as critical are found, the system will not post incoming transaction amounts (or service) to an employee's account.** Instead, an error code will be assigned to the transaction and a LASERS staff employee will contact the employer to resolve the critical errors. These errors are listed in section 2.4.
11. Electronic contribution files must be named as follows: 'TyyyymmVVNNNNN.CNT'
- T represents Type of File and can be any of three values
 1. Contribution file starts with C
 2. HR file starts with H
 3. ORP file starts with O
 - CNT is the file extension, representing a contribution report from the employer
 - yyyymm represents the report month
 - VV is a numeric code representing the version of the file
 - NNNNN is a numeric agency code that is five characters long. ISIS will use "ISIS" as its agency and LTC/LSUMC will use LPSFT

For example:

- The file name for the September 2006 contribution report from the LA State Penitentiary would be C20060901013.CNT
- The file name for the January 2006 contribution report from Grambling University would be C2006010100081.CNT
- The HR file name for the April 2006 contribution report from ISIS would be H20060401ISIS.CNT
- The ORP file name for the April 2006 contribution report from ISIS would be O20060401ISIS.CNT
- The file name for the April 2006 contribution report from LSUH would be C20060401LSUH.CNT

12. Employee and Employer Contributions will now be reported based on whether they were paid on a pre or post tax basis. Contributions are listed as sheltered for those contributions paid on a pre-tax basis and unsheltered for those contributions paid on a post-tax basis. The majority of all employee and employer contributions should be reported as pre-tax or “Sheltered”.

The Detail Transaction Record and Footer Record lists both sheltered and unsheltered contributions.

2.2 File Format Rules

The following are the rules relating to the file format.

- Amount fields such as Sheltered Employee Contribution, must be zero filled, right justified using two decimal positions and include the decimal point

For example, if the employee pre-tax contribution is \$143.75 then 000000143.75 must be placed in the Employee Sheltered Contribution field. In addition, if the employee post-tax contribution is \$143 then 000000143.00 must be placed in the Employee Unsheltered Contribution field

- Alphanumeric Text fields, such as First Name, Last Name and Address, etc. must be left justified, and right filled with spaces
- Do not include the +/- sign in an amount field
- Optional fields must be reported filled with spaces if no data is reported
- Conditional fields. Many fields are conditional. Inputting a value in one, requires a value in another

2.3 Employer Contribution -- Field Requirements

The following fields are required:

- Header record to include all fields
- Footer record to include all fields
- Detail Transaction Record fields to include the following fields

Employee Earnings Indicator

Positive / Negative Employee - Contributions Indicator

Positive / Negative Employer - Contributions Indicator

Unsheltered Employer Contributions

Unsheltered Employee Contributions

Unsheltered Reason

Pay Period Begin Date

Pay Period End Date

Payment Date

Pay Adjustment Code

Pay Frequency

Employee Hourly Rate

Agency Unit

New Enrollment/ Transfer

Prefix

Suffix

Work Email Address

Home Telephone #

Routing #

Account #
Transaction
LWOP Start Date
LWOP End Date
LWOP Reason
Furlough Begin Date
Furlough End Date
Furlough Hours per Pay Frequency
Furlough Hours per Pay Period
Work Period
Employment Type
Employment Type Beginning Date
Employment Type End Date
Employee Classification
Dual Indicator

2.4 File Rejection Reasons

LASERS reserves the right to reject an employer contribution file (complete file, no individual detail transaction records) when one or more of the following errors is found in the file layout. If a file is rejected, the agency will be notified of the rejection and reason(s) by LASERS.

#		Description	Example
File Reject Reasons			
1.	Duplicate File	An identical file with same reporting period, agency # and version has been submitted	C200601001081.CNT has been submitted. Another file with the exact same name is submitted
2.	Header or Footer missing	If the header or footer record is missing from a file	Header or footer is missing from file
Detail Transaction Reject Reasons			
1.	Format Errors	If any field does not contain the proper formatting	Improper field length Improper format such as a date in an alphanumeric assigned field
2.	Invalid data values	If any field contains a value that is invalid	Fields with pre-determined values such as gender are populated with an unrecognized value
3.	Missing “required” fields	If one or more fields that are required is blank/ contains a “null” value or zeros Value is missing from a file that is optional but becomes required due to condition	SSN is blank or contains 000000000 for a detail record LWOP Reason is blank but LWOP date is provided

2.5 Contribution Report Header Record Format (Fixed Length)

The following table contains the record format for a Header Record. It is a summary of the detail transaction data. Employers must submit one Header Record in the first row of the file. This record must identify the report type, employer and report month.

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
1	1	1	Required	Record Type	Field designating this as a header, detail or footer record	Alphanumeric	H = Header Record	<ul style="list-style-type: none"> ▪ This field must contain a value of “H” since this is a header record
2	6	5	Required	Agency Number	A unique system number identifying the employer	Alphanumeric, Right justified, left filled with zeros.		<ul style="list-style-type: none"> • For ISIS Agency = ISIS • For LSUH Agency = LSUH • For LCTCS Agency =LCTCS • All other agencies must put their individual agency number
7	12	6	Required	Report Period	The month and year of the report	Date Field YYYYMM		<ul style="list-style-type: none"> ▪ The reporting period for which the employer is submitting the contribution report ▪ Date must include all 6 digits

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
13	14	2	Required	Version #	Identifies the number of the file that the employer is currently submitting	Alphanumeric	01 - 99 = Version '01' of file	<ul style="list-style-type: none"> Field designating the number of the file submitted This field is used to identify when an agency submits more than one file per reporting period
15	22	8	Required	File Creation Date	The date on which this file was created by the employer	Date Field YYYYMMDD		<ul style="list-style-type: none"> The date on which this file was created by the employer Date must include all 8 digits

2.5 Detail Contribution Transaction Record Format (Fixed Length)

The table below contains the record format that employers must use to report contribution detail transactions. These detail records follow the header record in the file layout.

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
1	1	1	Required	Detail Record Code	Field designating this as a header, detail or footer record	Alphanumeric	D = Detail Record	<ul style="list-style-type: none"> This field must contain a value of “D” since this is a detail record
2	6	5	Required	Agency Number	A unique system number identifying the employer	Numeric	See appendix for agency number listing	<ul style="list-style-type: none"> This number must be the same value as the Agency Number in the header record except for ISIS andLSUHSC,

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
7	12	6	Required	Agency Report Year/ Month	The month and year of the contribution were reported	Date Field YYYYMM		<ul style="list-style-type: none"> This is the year and month that the contributions were reported, not the date of the contribution file Date must include all 6 digits
13	22	10	Optional	Agency Unit	Agency unit	Alphanumeric		<ul style="list-style-type: none"> Agency Unit Optional field allowing agencies to report internal departments of the agency – this number can be any internal number used by the agency to designate a department, but must meet the data standards of the field

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
23	23	1	Required	New Enrollment/ Transfer	Indicates if employee record is for a new enrollment or a transferred employee	Alphanumeric	Y = Yes N = No	<ul style="list-style-type: none"> Indicates if record is for a new employee enrollment or a transferred employee
24	73	50	Required	First Name	First name of the employee being reported	Alphanumeric, Left justified, right filled with spaces Only punctuation allowed is a hyphen "-" and ""		<ul style="list-style-type: none"> Must reflect the employee name as maintained on the employee's employment record
74	123	50	Optional	Middle Name	Middle name or initial of the employee being reported	Alphanumeric, Left justified, right filled with spaces Only punctuation allowed is a hyphen "-" and ""		<ul style="list-style-type: none"> Must reflect the employee name as maintained on the employee's employment record
124	173	50	Required	Last Name	Last name of the employee being	Alphanumeric, Left justified,		<ul style="list-style-type: none"> Must reflect the employee name as

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
					reported	right filled with spaces Only punctuation allowed is a hyphen "-" and ""		maintained on the employee's employment record
174	203	30	Optional	Prefix	Prefix of the employee being reported	Alphanumeric, Left justified, right filled with spaces	DR MISS MRS MR MS REPRESENTATIVE REVEREND SENATOR THE HONORABLE	<ul style="list-style-type: none"> The Code used must reflect the employee name as maintained on the employee's employment record
204	206	3	Optional	Suffix	Suffix of the employee being reported	Alphanumeric, Left justified, right filled with spaces	II = The Second III = The Third IV =The Fourth V = The Fifth JR = Junior SR = Senior MD = Medical Doctor	<ul style="list-style-type: none"> The Code used must reflect the employee name as maintained on the employee's employment record

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
207	215	9	Required	Social Security Number	SSN of the employee being reported	Numeric, Right justified. Do not include the '-' Example 540612345		<ul style="list-style-type: none"> ▪ Agencies must report a valid SSN for all employees. The SSN entered must match the number shown on the employee's Social Security card. ▪ An SSN reported with all zeroes will result in the transaction receiving an error status ▪ Incorrect SSNs may result in contributions getting posted to the wrong employee account or may result in a new employee record being created
216	265	50	Required	Address Line 1	First line of employee's home address	Alphanumeric, Left justified, right filled with spaces		<ul style="list-style-type: none"> ▪ Represents the primary address of the employee. It must include Street Address, P.O. Box,

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
						<p>No punctuation allowed. Only one space between each word or number is allowed</p> <p>Only the following special characters will be allowed:</p> <p>/</p> <p>#</p>		<p>etc</p> <ul style="list-style-type: none"> NOTE: A complete address includes Address Line City. State and Zip If anyone of these values are missing it will cause the record to be rejected
266	315	50	Optional	Address Line 2	Second line of employee's home address	<p>Alphanumeric, Left justified, right filled with spaces</p> <p>No punctuation allowed. Only one space between each word or number is allowed</p> <p>Only the following special</p>		<ul style="list-style-type: none"> Represents secondary line of home address of the employee. It may include apartments, suites, etc

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
						characters will be allowed: / #		
316	347	30	Required	City	City of employee's home address	Alphanumeric, Left justified, right filled with spaces		<ul style="list-style-type: none"> Represents city for the home address of the employee
346	347	2	Required	State	State of employee's home address	Alphanumeric, Left justified, right filled with spaces		<ul style="list-style-type: none"> Represents state for the home address of the employee
348	356	9	Required	Zip Code + 4	Zip Code of employee's home address	Numeric Zero filled, Left justified. Do not include the '-' for zip+4 codes.		<ul style="list-style-type: none"> Represents the zip code of the home address of the employee Zip Code can only be 5 digits or 9 digits
357	366	10	Optional	Location Code	Employee's Work Location	Alphanumeric Left justified, right filled with spaces	Agency assigned value	<ul style="list-style-type: none"> Employee's location of employment

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
367	374	8	Conditional	Date of Birth	Date of birth of the employee	Date Field YYYYMMDD		<ul style="list-style-type: none"> ▪ Employee's birth date is required to enroll new employees Required if new enrollment/transfer is set to "Y" ▪ A blank or '00000000' will result in an error ▪ Birth date cannot be a future date ▪ Birth date must make the employee 16 years or older and younger than 100 ▪ Date must include all 8 digits
375	409	35	Optional	Work Email Address	Employee's work email address	Address must include a "@" and a dot.xxx end		<ul style="list-style-type: none"> ▪ Work email of employee
410	410	1	Required	Gender	A unique code identifying the gender of the employee	Alphanumeric	M = Male F = Female U = Unknown	<ul style="list-style-type: none"> ▪ Gender is required to enroll a new employee Required if new enrollment/transfer is set to "Y"

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								<ul style="list-style-type: none"> Changes will only be allowed for those records with U
411	420	10	Optional	Work Telephone # - including area code	Employee's work telephone #	Numeric	xxxxxxxxxx	<ul style="list-style-type: none"> Employee's work phone #
421	430	10	Optional	Home Telephone # - Including area code	Employee's home telephone #	Numeric	xxxxxxxxxx	<ul style="list-style-type: none"> Employee's home phone #
431	439	9	Optional	Routing Number <i>Reserved for future use</i>	Employee's Financial Institution Routing Number	Numeric Left justified, left filled with zeros		<ul style="list-style-type: none"> Employee's financial institution Routing Number
440	449	10	Optional	Account Number <i>Reserved for future use</i>	Employee's Financial Institution Account Number	Numeric Right justified, left filled with zeros		<ul style="list-style-type: none"> Employee's financial institution account #
450	457	8	Optional	Account type <i>Reserved for future use</i>	Employee's Financial Institution Account Type	Alphanumeric Left justified, right filled with spaces	Checking = Checking Savings = Savings	<ul style="list-style-type: none"> Employee's financial institution account type

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
458	465	8	Conditional	Enrollment Date	Employee's first day of employment at agency, reported	Date Field YYYYMMDD		<ul style="list-style-type: none"> ▪ Enrollment Date cannot occur before Date of Birth ▪ Enrollment Date must be 16 years or greater after Date of Birth ▪ Enrollment Date can only occur up to one month in the future ▪ Date must include all 8 digits ▪ Required if new enrollment/ transfer is set to "Y" ▪ New hires and transfers
466	473	8	Optional	Termination Date	Date of employee's last day of work for the employer	Date Field YYYYMMDD		<ul style="list-style-type: none"> ▪ Termination Date cannot occur prior to the Employment Date. ▪ Termination Date can only occur up to three weeks in the future

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								<ul style="list-style-type: none"> Date must include all 8 digits
474	477	4	Required	Retirement Plan Code	Retirement Plan Code assigned to employee	Alphanumeric Left justified, right filled with spaces	RGL1 = Regular Employee RGL2 = Regular Employee-New Plan hired on or after 07/01/06 and before 01/01/11 RGL3 = Regular Employee-New Plan hired on or after 01/01/11 COR1 = Correctional Primary COR2 = Correctional Secondary ATCR = Alcohol and Tobacco Control POPS = Peace Officers WLO2 = Wildlife & Fisheries LGST = Legislative Plan	<ul style="list-style-type: none"> Retirement plan code assigned to an employee

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
							SPLG = Special Legislative Employees JUDG = Judges and Judicial Employees hired before 01/01/11 JUD2 = Elected Judges hired on or after 01/01/11 TRSR = State Treasurer BRG1 = Bridge Police Employees BRG2 = Bridge Police Employees 2 Hired on or after 07/01/06 HAZP = Hazardous Duty APL1 = Appellate Law Clerks APL2 = Appellate Law Clerks 2 Hired on or after 07/01/06 ORP1 = Optional Retirement Plan	

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
							Hired before 07/01/06 ORP2 = Optional Retirement Plan Hired on or after 07/01/06 and before 01/01/2011 ORP3 = Optional Retirement Plan Hired on or after 01/01/11	
478	489	12	Required	Full-Time Base Salary	Reported monthly base salary for the employee (for the pay period being reported)	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> ▪ Enables LASERS to determine how to award service credit accurately ▪ This field must have two decimal positions and must include a decimal point. For example, report 000003650.00 in this field if the employee was paid \$3,650 for the pay period ▪ Full Time Base must

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								<p>be reported as a positive amount</p> <ul style="list-style-type: none"> Formulas: <p><u>Hourly employee</u></p> <p>Hourly Rate * 2080/12</p> <p><u>Salaried employee</u></p> <p>Annual Salary/ 12</p>
490	501	12	Optional	Other Pay	Other pays paid to employee during reporting period other than Full-Time Base Salary	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Other pays paid to employee other than Full-Time Base Salary that are LASERS eligible funds
502	502	1	Required	Positive / Negative Employee Earnings Indicator	Indicates whether 'Employee Earnings' is a negative or positive amount	Alphanumeric	+ = Positive - = Negative	<ul style="list-style-type: none"> To report Positive (+) Employee Earnings, earnings must be greater than 0

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
503	514	12	Required	Employee Earnings	Reported employee monthly earnings for the employee (for the pay period being reported)	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Total Employee monthly earnings
515	515	1	Conditional	Positive / Negative Employee Unsheltered Contributions Indicator	Indicates whether 'Employee Unsheltered Contributions' is a negative or positive amount	Alphanumeric	+ = Positive - = Negative	<ul style="list-style-type: none"> To report a Postive (+) Employee Unsheltered Contributions, contributions must be greater than 0 Required if Unsheltered Employee contributions are reported
516	516	1	Required	Positive / Negative Employer Sheltered Contributions Indicator	Indicates whether 'Employee Sheltered Contributions' is a negative or positive amount	Alphanumeric	+ = Positive - = Negative	<ul style="list-style-type: none"> To report Postive (+) Employee Contributions, contributions must be greater than 0
517	517	1	Conditional	Positive/ Negative Employer Unsheltered	Indicates whether 'Employer Unsheltered	Alphanumeric	+ = Positive - = Negative	<ul style="list-style-type: none"> To report Postive (+) Employer Unsheltered

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
				Unsheltered Contributions Indicator	Contributions' is a negative or positive amount			<ul style="list-style-type: none"> Contributions, contributions must be greater than 0 Required if Unsheltered Employer contributions are reported
518	518	1	Required	Positive/Negative Employer Sheltered Contributions Indicator	Indicates whether 'Employer Sheltered Contributions' is a negative or positive amount	Alphanumeric	+ = Positive - = Negative	<ul style="list-style-type: none"> To report Postive (+) Employer Sheltered Contributions, contributions must be greater than 0
519	530	12	Required	Sheltered Employer Contributions	Reported pre-tax employer contributions for the employee (for the pay period being reported)	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Reported earnings multiplied by the retirement plan contribution rate must equal the total of sheltered and Unsheltered contributions
531	542	12	Required	Sheltered Employee Contributions	Reported Pre-Tax employee contributions for the employee (for	Numeric, Right justified, left filled with zeros, two decimal	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Reported earnings multiplied by the retirement plan contribution rate

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
					the pay period being reported)	positions, include decimal point		must equal the total of sheltered and Unsheltered contributions
543	554	12	Optional	Unsheltered Employer Contributions	Reported post-tax employer contributions for the employee (for the pay period being reported)	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Reported earnings multiplied by the retirement plan contribution rate must equal the total of sheltered and Unsheltered contributions
555	566	12	Optional	Unsheltered Employee Contributions	Reported post-tax employee contributions for the employee (for the pay period being reported)	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Reported earnings multiplied by the retirement plan contribution rate must equal the total of sheltered and Unsheltered contributions
567	567	1	Conditional	Unsheltered Reason	Reason for both employer and employee being contributions unsheltered	Alpha-numeric	F = Furlough M = Military	<ul style="list-style-type: none"> Reason code for employee and employer code being unsheltered Required if

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								Unsheltered EEs or ERs are entered
568	575	8	Required	Pay Period Begin Date	Date indicating the begin date for the period of time paid in the earnings being reported	Date Field YYYYMMDD		<ul style="list-style-type: none"> ▪ Begin Date of the Pay Period according to the manner in which the agency processes payroll ▪ The Pay Period Begin Date of a transaction may not appear after the Pay Period End Date of the same transaction. ▪ If the earnings paid on 09/10/2005, and is being reported on the 09/2005 report, is for the period of time from 08/05/2005 through 09/05/2005, then this date would be 08/05/2005 ▪ Date must include all 8 digits

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
576	583	8	Required	Pay Period End Date	Date indicating the end date for the period of time paid for in the earnings being reported	Date Field YYYYMMDD		<ul style="list-style-type: none"> ▪ End Date of the Pay Period according to the manner in which the agency processes payroll ▪ The number days between the Pay Period Begin Date and Pay Period End Date may not exceed 31 calendar days (per transaction). ▪ If the earnings paid on 09/10/2005, and is being reported on the 09/2005 report, is for the period of time from 08/05/2005 through 09/05/2005, then this date would be 09/05/2005 ▪ Date must include all 8 digits

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
584	591	8	Required	Payment Date	Check payment date	Date Field CCYYMMDD		<ul style="list-style-type: none"> • Check date of payment • Date must include all 8 digits
592	596	5	Required	Pay Adjustment Code	Unique code indicating the detail transaction is an adjustment	Alphanumeric,	RETRO = Retro-active Payment ADMIN = Administrative Error	<ul style="list-style-type: none"> ▪ When reporting a retroactive or administrative error payment, the transaction type must be "RETRO" or "ADMIN" and posting period must be prior to report period in the header and footer. ▪ When not reporting "RETRO" or "ADMIN" transaction, this field should be filled with spaces ▪ Required if the transaction represents an adjustment to a

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								<p>employee's contributions)</p> <ul style="list-style-type: none"> "ADMIN" posting period must be greater than 12 months prior to the report period in the header and footer >12 months "ADMIN" =< 12 months "RETRO"
597	608	2	Optional	ISIS Employee/ Person ID #	Unique ID # only for those employees reported via ISIS	Numeric Right justified, left filled with zeros		<ul style="list-style-type: none"> If Agency # is an ISIS reported # then ID # must be provided ISIS required
609	613	2	Optional	ISIS Personnel Area #	Unique # only for those employees reported via ISIS	Numeric Right justified, left filled with zeros		<ul style="list-style-type: none"> If Agency # is an ISIS reported # then ID # must be provided ISIS required

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
614	614	1	Conditional	Scheduled Hours Per Week	Standard hours employee is scheduled to work each week	Numeric	1 = Greater than 20 hours per week 2 = Less than or equal to 20 hours per week	<ul style="list-style-type: none"> Required if new enrollment/ transfer is set to "Y"
615	620	6	Required	Actual Hours Worked per Reporting Period	Actual hours an employee worked per reporting period	Numeric Right justified, left filled with zeros	1.00-240.00	<ul style="list-style-type: none"> Actual hours an employee worked per reporting period
621	626	6	Conditional	ORP Provider	Name of the 3 rd party benefit provider of the DC Optional Retirement Plan	Alphanumeric	GWEST = Great West	<ul style="list-style-type: none"> If Header Record Type = O, and Retirement Plan Code = ORP1 or ORP2 ORP3 provider name must be included
627	634	8	Conditional	LWOP Start Date	The date an employee started a Leave of Absence without pay (LWOP)	Date Field YYYYMMDD		<ul style="list-style-type: none"> Date required if LWOP reason code is entered Date must include all 8 digits
635	642	8	Optional	LWOP End Date	The date an employee returned to work from a	Date Field YYYYMMDD		<ul style="list-style-type: none"> Date required if LWOP reason coded is entered

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
					Leave of Absence without pay (LWOP)			<ul style="list-style-type: none"> Date must include all 8 digits
643	646	4	Conditional	LWOP Reason	The reason why an employee was out of work on a Leave of Absence without pay (LWOP)	Alphanumeric Left justified, right filled with spaces	LDLW = Workers Comp LWM = Military leave LOTH = Other	<ul style="list-style-type: none"> If LWOP start or end date are provided then a reason must be included
647	654	8	Conditional	Furlough Begin Date	The date an employee begins a furlough	Date Field YYYYMMDD		<ul style="list-style-type: none"> The day after the last day of employment when an employee is furloughed Date must include all 8 digits
655	662	8	Optional	Furlough End Date	The date an employee ends a furlough	Date Field YYYYMMDD		<ul style="list-style-type: none"> The day an employee starts work after being recalled to work from being furloughed Date must include all 8 digits
663	668	6	Conditional	Furlough Hours per Pay	Furlough Hours	Numeric Right justified,	1.00 – 240.00	<ul style="list-style-type: none"> Hours per pay frequency listed in

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
				Period		left filled with zeros		“Furlough Pay Frequency” field that a employee is absent while on furlough
669	669	1	Conditional	Furlough Hours Pay Frequency	Furlough Pay Period Frequency	Alphanumeric	Employee furlough pay frequency B = Bi-weekly S = Semi-monthly M = Monthly	<ul style="list-style-type: none"> Pay frequency of a furloughed employee
670	670	1	Required	Pay Frequency	An employee's pay period frequency	Alphanumeric	Employee pay frequency B = Bi-weekly S = Semi-monthly M = Monthly	<ul style="list-style-type: none"> Employee’s pay frequency
671	672	2	Conditional	Work Period	An employee's standard work period	Numeric Right justified, left filled with spaces	9 = 9 month employee 10 = 10 month employee 12 = 12 month employee	<ul style="list-style-type: none"> Employee’s standard work period Required if new enrollment/ transfer is set to “Y”

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
673	674	2	Conditional	Employment Type	Employee's status code	Alphanumeric	RE = Regular (Prob/Perm) TM = Temporary IN = Intermediate-WAE EM = Emergency JA = Job Appointment RT = Restricted	<ul style="list-style-type: none"> Employee's employment status code Required if new enrollment/transfer is set to "Y"
675	682	8	Conditional	Employment Type Begin Date	Employment Type Begin Date	Date Field YYYYMMDD		<ul style="list-style-type: none"> Date employment type started Date must include all 8 digits Required if Employment Type is Restricted or Job Appointment.If Restricted, date range can not be more than 6 months
683	690	8	Conditional	Employment Type End Date	Employment Type End Date	Date Field YYYYMMDD		<ul style="list-style-type: none"> Date must include all 8 digits Required if Employment Type is Restricted or Job Appointment.If

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
								Restricted, date range can not be more than 6 months
691	691	1	Conditional	Employee Classification	Employee Classification	Alphanumeric	Classification of employee C = Classified U = Unclassified	<ul style="list-style-type: none"> Employee's employment classification Required if new enrollment/transfer is set to "Y"
692	703	12	Optional	Employee Hourly Rate	Employee Hourly Rate	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> Employee's base hourly rate Required for all employees except Judges, Legislatures and Correctional Officers
704	707	4	Required	Filler	Filler	Space (4)	Space (4)	<ul style="list-style-type: none"> Space (4) Future and technical reasons
708	708	1	Optional	Dual Indicator	Indicates Yes or No if the employee holds a dual position	Alphanumeric	Y = Yes N = No	<ul style="list-style-type: none"> Indicates Yes or No if the employee holds a dual positions if not available default to N

2.6 Contribution Report Footer Record Format (Fixed Length)

The following table contains the record format for a Footer Record. It must have a record count and total of employee contribution and employer contributions (sheltered and unsheltered) reported in the detail transactions. Employers must submit one Footer Record in the file. The Footer Record will provide a means to verify the accuracy and integrity of the detail transactions submitted in the file and also is used as a way to reconcile against monies submitted for the contributions listed in the file.

Columns From To Length			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
1	1	1	Required	Record Type	Field designating this as a header, detail or footer record	Alphanumeric	F = Footer Record	<ul style="list-style-type: none"> ▪ This field must contain a value of “F” since this is a footer record
2	6	5	Required	Agency Number	A unique system number identifying employer	Alphanumeric		<ul style="list-style-type: none"> • This number must be the same value as the Agency Number in the header record except for ISIS and LSUHSC • LSUH Agency=LSUH • For LCTCS Agency=LCTCS • For Senator Agency=SEN • For Representative Agency=REP • For Southern University

Columns From To Length			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
7	12	6	Required	Report Period	The month and year of the report	Date Field YYYYMM		<ul style="list-style-type: none"> The period for which the employer is submitting the contribution report The date must match the Report Period in the header record
13	21	9	Required	Record Count	Total number of detail transactions	Numeric, Right justified, left filled with zeros	000000000 to 999999999	<ul style="list-style-type: none"> This must be the record count of transactions in the detail file
22	23	2	Filler	Space	Space	Space	Space	<ul style="list-style-type: none"> Space and future purpose
24	32	9	Required	Unique SSN Count	Total number of unique Social Security Numbers reported in detail transactions	Numeric, Right justified, left filled with zeros	000000000 to 999999999	<ul style="list-style-type: none"> This must be the record count of individual/ distinct SSN reported in detail file
33	518	486	Filler	Space	Space	Space	Space	<ul style="list-style-type: none"> Space and future pupose
519	530	12	Required	Total Employee Sheltered Contributions	Total amount of employee pre-tax contributions reported from the detail transactions	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal	000000000.00 to 999999999.99	<ul style="list-style-type: none"> This must be the total of 'Employee Sheltered Contributions' reported in the detail file

Columns From To Length			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
						point		<ul style="list-style-type: none"> This data is to have two decimal positions and must include a decimal point. For example placing 000005143.75 in this field will be understood by LASERS to be 5143.75
531	542	12	Require	Total Employee Sheltered Contributions	Total amount of employee pre-tax contributions reported from the detail transactions	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> This must be the total of 'Employee Sheltered Contributions reported in the detail file This data is to have two decimal positions and must include a decimal point. For example placing 000005143.75 in this field will be understood by LASERS to be 5143.75
543	554	12	Required	Total	Total amount of	Numeric,	000000000.00	<ul style="list-style-type: none"> This must be the total

Columns			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
From	To	Length						
				Employer Unsheltered Contributions	employer post-tax contributions reported from the detail transactions	Right justified, left filled with zeros, two decimal positions, include decimal point	to 999999999.99	<p>of 'Employer Unsheltered Contributions' reported in the detail file</p> <ul style="list-style-type: none"> This data is to have two decimal positions and must include a decimal point. For example placing 000005143.75 in this field will be understood by LASERS to be 5143.75
555	566	12	Required	Total Employee Unsheltered Contributions	Total amount of employee post-tax contributions reported from the detail transactions	Numeric, Right justified, left filled with zeros, two decimal positions, include decimal point	000000000.00 to 999999999.99	<ul style="list-style-type: none"> This must be the total of 'Employee Unsheltered Contributions' reported in the detail file This data is to have two decimal positions and must include a decimal point. For example placing 000005143.75 in this

Columns From To Length			Optional / Required	Field Name	Description	Format	Available Values	Rules and Information
								field will be understood by LASERS to be 5143.75
567	708	142	Required	Filler	Space (62)	Space (652)	Spaces	<ul style="list-style-type: none"> ▪ Space and future purpose ▪ File Footer length to be consistent with header and footer

3. Contribution File Layout - Field Values

3.1 Retirement Plan Codes

As part of the Employer Contribution Reporting Process, employers will be required to report one of the following Retirement Plan Codes for each detail transaction on the employer report.

Retirement Plan Code	LASERS Description	Contribution Rate
RGL1	Regular State Employee Hired before 7/01/06	7.50%
RGL2	Regular State Employee Hired on or after 7/01/06 (Act 75) and before 1/1/11	8.00%
RGL3	Regular State Employee Hired on or after 1/1/11 (Act 992)	8.00%
COR1	Correctional Primary	9.00%
COR2	Correctional Secondary	9.00%
ATCR	Alcohol and Tobacco Control	9.00%
POPS	Peace Officers	9.00%

Retirement Plan Code	LASERS Description	Contribution Rate
WLO2	Wildlife & Fisheries Plan	9.50%
LGST	Legislative Plan	11.50%
SPLG	Special Legislative Employees	9.50%
JUDG	Judges & Judicial Employees Hired before 1/01/11	11.50%
JUD2	Elected Judges Hired on or after 1/01/11	13.00%
TRSR	State Treasurer	7.50%
BRG1	Bridge Police Employees	8.50%
BRG2	Bridge Police Employees 2 Hired on or after 7/01/06	8.50%
HAZP	Hazardous Duty (Act 992)	9.50%
APL1	Appellate Law Clerks	7.50%

Retirement Plan Code	LASERS Description	Contribution Rate
APL2	Appellate Law Clerks 2 Hired on or after 7/01/06	8.00%
ORP1	Optional Retirement Plan Hired before 7/01/06	7.50%
ORP2	Optional Retirement Plan Hired on or after 7/01/06 (Act 75) and before 1/1/11	8.00%
ORP3	Optional Retirement Plan Hired on or after 1/1/11 (Act 992)	8.00%

3.2 Required Fields – Reference Table

The following table is provided as a reference for those fields which are **Required or Conditional** depending on the detail record code.

Field Name	Description	HR R = Req C = Conditional O = Optional	Contribution R = Req C = Conditional O = Optional	ORP R = Req C = Conditional O = Optional
Header	Header Data	R	R	R
Footer	Footer Data	R	R	R
Detail Record Code	Field designating this as a header, detail or footer record	R	R	R
Agency Number	A unique system number identifying the employer	R	R	R
Agency Report Year/ Month	The month and year of the contribution were reported	R	R	R
Agency Unit	Unit # that the employee being reported on, is assigned to	O	O	O
New Enrollment/ Transfer	Indicates if employee record if for a new enrollment	C	C	O
First Name	First name of the employee being reported	R	R	R
Middle Name	Middle name or initial of the employee being reported	O	O	O
Last Name	Last name of the employee being reported	R	R	R
Prefix	Prefix of the employee being reported	O	O	O
Suffix	Suffix of the employee being reported	O	O	O
Social Security Number	SSN of the employee being reported	R	R	R
Address Line 1	First line of employee's home address	R	O	O

Field Name	Description	HR R = Req C = Conditional O = Optional	Contribution R = Req C = Conditional O = Optional	ORP R = Req C = Conditional O = Optional
Address Line 2	Second line of employee's home address	O	O	O
City	City of employee's home address	R	O	O
State	State of employee's home address	R	O	O
Zip Code + 4	Zip Code of employee's home address	R	O	O
Location Code	Employee's Work Location	O	O	O
Date of Birth	Date of birth of the employee	R	C	O
Work Email Address	Employee's work email address	O	O	O
Gender	A unique code identifying the gender of the employee	R	C	O
Work Telephone # - including area code	Employee's work telephone #	O	O	O
Home Telephone # - Including area code	Employee's home telephone #	O	O	O
Routing Number	Employee's Financial Institution Routing Number	O	O	O
Account Number	Employee's Financial Institution Account Number	O	O	O
Account Type	Employee's Financial Institution Account Type	O	O	O
Enrollment Date	Employee's first day of employment at agency, reported	R	O	O
Termination Date	Date of employee's last day of work for the employer	O	O	O
Retirement Plan Code	Retirement Plan Code assigned to employee	R	R	R
Full-Time Base Salary	Reported monthly base salary for the employee (for the pay period being reported)	O	R	O

Field Name	Description	HR R = Req C = Conditional O = Optional	Contribution R = Req C = Conditional O = Optional	ORP R = Req C = Conditional O = Optional
Positive / Negative Employee Earnings Indicator	Indicates whether 'Employee Earnings' is a negative or positive amount	O	C	O
Employee Earnings	Reported employee monthly earnings for the employee (for the pay period being reported)	O	R	R
Positive / Negative Employee Sheltered Contributions Indicator	Indicates whether 'Employee Contributions' is a negative or positive amount	O	R	R
Positive / Negative Employer Sheltered Contributions Indicator	Indicates whether 'Employer Contributions' is a negative or positive amount	O	C	O
Positive / Negative Employee Unsheltered Contributions Indicator	Indicates whether 'Employee Contributions' is a negative or positive amount	O	O	O
Positive / Negative Employer Unsheltered Contributions Indicator	Indicates whether 'Employer Contributions' is a negative or positive amount	O	O	O
Sheltered Employer Contributions	Reported sheltered employer contributions for the employee (for the pay period being reported)	O	R	O

Field Name	Description	HR R = Req C = Conditional O = Optional	Contribution R = Req C = Conditional O = Optional	ORP R = Req C = Conditional O = Optional
Sheltered Employee Contributions	Reported sheltered employee contributions for the employee (for the pay period being reported)	O	R	O
Unsheltered Employer Contributions	Reported unsheltered employer contributions for the employee (for the pay period being reported)	O	C	O
Unsheltered Employee Contributions	Reported unsheltered employee contributions for the employee (for the pay period being reported)	O	C	O
Unsheltered Reason	Reason for contributions both employer and employee being unsheltered	O	C	O
Pay Period Begin Date	Date indicating the begin date for the period of time paid in the earnings being reported	O	R	R
Pay Period End Date	Date indicating the end date for the period of time paid for in the earnings being reported	O	R	R
Payment Date	Check payment date	O	R	R
Pay Adjustment Code	Unique code indicating the detail transaction is an adjustment	O	C	O
ISIS Employee/ Person ID #	Unique ID # only for those employees reported via ISIS	O	O	O
ISIS Personnel Area #	Unique # only for those employees reported via ISIS	O	O	O
Hours Per Week	Standard hours employee is scheduled to work each week	R	C	O

Field Name	Description	HR R = Req C = Conditional O = Optional	Contribution R = Req C = Conditional O = Optional	ORP R = Req C = Conditional O = Optional
ORP Provider	Name of the 3 rd party benefit provider of the DC Optional Retirement Plan	C	C	C
LWOP Start Date	The date an employee started a Leave of Absence without pay (LWOP)	C	O	O
LWOP End Date	The date an employee returned to work from a Leave of Absence without pay (LWOP)	C	O	O
LWOP Reason	The reason why an employee was out of work on a Leave of Absence without pay (LWOP)	C	O	O
Furlough Begin Date	The date an employee begins a furlough	O	C	O
Furlough End Date	The date an employee ends a furlough	O	C	O
Furlough Hours per Pay Period	Furlough Hours	O	C	O
Furlough Hours Pay Frequency	Furlough Pay Period Frequency	O	C	O
Pay Frequency	An employee's pay period frequency	O	R	R
Work Period	An employee's standard work period	R	O	O
Employment Type	Employee's status code	R	C	O
Employment Type Begin Date	Employment Type Begin Date	C	C	O
Employment Type End Date	Employment Type End Date	C	C	O
Employee Classification	Employee Classification	R	C	O

Field Name	Description	<u>HR</u> R = Req C = Conditional O = Optional	<u>Contribution</u> R = Req C = Conditional O = Optional	<u>ORP</u> R = Req C = Conditional O = Optional
Employee Hourly Rate	Employee Hourly Rate	O	O	O
Dual Indicator	Dual Indicator	O	O	O