

## ENROLLMENT FILE FORMAT

Uploaded file must be in Excel or Comma-Separated Variable File format (.xlsx or .xls or .csv). Uploaded file must have exact column names in the first line of the file.

Column #	Column Name	Format / Values	Additional Validations / Information
1	SSN	Format: 9 Numeric, #####	Required, must be a valid SSN. US Social Security Number: First three digits cannot be greater than 899. First three digits cannot be 000 or 666. 4th and 5th digit cannot be 00. Last four digits cannot be 0000. All digits cannot be the same. 123456789 is not allowed. 078051120 is not allowed. 219099999 is not allowed.
2	SALUTATION	Values: Mr, Ms, Mrs, Dr, Honorable	Required unless GENDER = 'Unknown or Other', error message if the value in the SALUTATION column is not valid.
3	LAST NAME	Format: String (30 characters)	Required
4	FIRST NAME	Format: String (30 characters)	Required
5	MIDDLE NAME	Format: String (30 characters)	Optional
6	SUFFIX	Values: Jr, Sr, I, II, III, IV	Optional, error message if the value in the SUFFIX column is not valid.
7	DATE OF BIRTH	Format: Date (MM/DD/YYYY)	Required, error message if the value in the DATE OF BIRTH column does not meet the required format.
8	GENDER	Values: Male, Female, Unknown or Other	Required, error message if the value in the GENDER column is not valid.
9	MARITAL STATUS	Values: Married, Single, Registered Domestic Partner, Unknown	Required, error message if the value in the MARITAL STATUS column is not valid.
10	PRIMARY PHONE TYPE	Values: Cell, Home, Work	Optional, error message if the value in the PRIMARY PHONE TYPE column is not valid.
11	PRIMARY PHONE	Format: 10 Numeric, #####	Optional

12	PRIMARY PHONE EXT	Format: 7 Numeric, #####	Optional, error message if the value in the PRIMARY PHONE EXT column is greater than seven characters.
13	PRIMARY EMAIL	Format: String with a '@' symbol and a period	Optional, must be a valid email address format
14	SECONDARY EMAIL	Format: String with a '@' symbol and a period	Optional, must be a valid email address format
15	ADDRESS LINE 1	Format: String, 55 characters	Required if COUNTRY = 'USA'
16	ADDRESS LINE 2	Format: String, 55 Characters	Optional
17	CITY	Format: String, 28 characters	Required if COUNTRY = 'USA'
18	STATE	Format: String, 2 character valid state code	Required if COUNTRY = 'USA', error message if the state code value in the STATE column is not valid
19	ZIP CODE	Format: 10 Characters, Format: ##### or #####-####	Required if COUNTRY = 'USA'
20	COUNTRY	Format: 3 character Country Code	Required, error message if the country code value in the COUNTRY column is not valid.
21	INTERNATIONAL ADDRESS	Format: String	Required if COUNTRY is not 'USA'. Error message if a value exists in the INTERNATIONAL ADDRESS column and the corresponding value in the COUNTRY column = 'USA'.
22	INTERNATIONAL PHONE NUMBER	Format: String	Optional
23	INTERNATIONAL PHONE EXT	Format: Numeric, 7 characters	Optional
24	EMPLOYER #	Format: 3 Numeric, ###	Required, error message if the value in the EMPLOYER # column is not valid.
25	ELIGIBLE	Values: 'Y' or 'N'	Error message if the value in the ELIGIBLE column is not 'Y' or 'N'.
26	ENROLLMENT DATE	Format: Date (MM/DD/YYYY)	Required if ELIGIBLE = 'Y', error message if the value in the ENROLLMENT DATE column does not meet the required format.

27	RE-EMPLOYED RETIREE	Values: 'Y' or 'N'	Error message if the value in the RE-EMPLOYED RETIREE column that is not 'Y' or 'N'.
28	EMPLOYMENT START DATE	Format: Date (MM/DD/YYYY)	Required if Eligible = 'N', error message if the value in the EMPLOYMENT START DATE column does not meet the required format.
29	EMPLOYMENT TYPE	Values for Eligible Member: Regular, MCCA, Other Elected, Police-Fire, Volunteer Fire Values for In-Eligible Member: Temporary, Substitute Teacher, Independent Contractor, Intermittent, <b>Ineligible Elected, Ineligible CLS</b>	Required unless employer is LRS or JRS, error message if the value in the EMPLOYMENT TYPE column is not valid.
30	FULL TIME EQUIVALENT	Values: Full-Time, Part-Time, Job Share	Required, error message if the value in the FULL TIME EQUIVALENT column is not valid.
31	JOB SHARE PERCENTAGE	Format: 3 Numeric, ###	Required if FULL TIME EQUIVALENT = 'Job Share', error message if the value in the JOB SHARE PERCENTAGE column does not meet the required format or is greater than three characters.
32	POSITION TYPE	Format: Numeric, values 1-7, 1=12/12, 2=9/12, 3=9/9, 4=10/12, 5=10/10, 6=11/12, 7=11/11)	Required if employer is a school, error message if the value in the POSITION TYPE column is not valid. Error message if the value in the POSITION TYPE column is greater than one
33	CONTR PLAN	Values: EES/ERS, ERPD	Required if Eligible = 'Y', error message if the value in the CONTR PLAN column is not valid.
34	DEPARTMENT/LOCATION	Valid Department or Location (agencies provide department or location)	Required if EMPLOYER # = 100 or 193, error message if the department / location code value in the DEPARTMENT/LOCATION column is not valid.
35	POSITION CODE	Valid Position Code (agencies provide position code)	Required if CLS = 'Y' or EMPLOYMENT TYPE = 'Police-Fire', error message if the value in the POSITION CODE column is not available in the system.
36	CONTRACT EMPLOYEE	Values: 'Y' or 'N'	Error message if the value in the CONTRACT EMPLOYEE column that is not 'Y' or 'N'.
37	CONTRACT START DATE	Format: Date (MM/DD/YYYY)	Required if CONTRACT EMPLOYEE = 'Y', error message if the value in the CONTRACT START DATE column does not meet the required format.
38	CLS	Values: 'Y' or 'N'	Error message if the value in the CLS column that is not 'Y' or 'N'.
39	DUAL EMPLOYMENT	Values: 'Y' or 'N'	Error message if the value in the DUAL EMPLOYMENT column that is not 'Y' or 'N'.

40	DUAL EMPLOYER #	Valid Employer #, 3 numeric, ###	Required if DUAL EMPLOYMENT = 'Y', error message if the employer number value in the DUAL EMPLOYER # column is not valid. Error message if the Dual Employer number is the same as the Employer number.
----	-----------------	----------------------------------	---

ESSN	QUALIFICATION	LAST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH	GENDER	MARRIAGE STATUS	STATE	PRIMARY PHONE TYPE	PRIMARY PHONE NUMBER	PRIMARY PHONE EXTENSION	PRIMARY EMAIL	SECONDARY EMAIL	ADDRESS LINE #	ADDRESS LINE #	CITY	STATE	COUNTRY	INTERNATIONAL ADDRESS	INTERNATIONAL PHONE NUMBER	INTERNATIONAL PHONE EXTENSION	EMPLOYEE ID	LEGISLATIVE ENROLLMENT DATE	EMPLOYED / RETIRED	EMPLOYMENT STATUS	EMPLOYMENT TYPE	FULL TIME EQUIVALENT	JOB SHARE PERCENTAGE	POSITION TYPE	CONTRACT PLAN	DEPARTMENT / LOCATION	POSITION CODE	CONTRACT EMPLOYEY	CONTRACT START DATE	C/S	DUAL EMPLOYMENT	DUAL EMPLOYER
243 Y																																					
99999999 H		Person 12	LtRoy	Test	J	5/5/1980	M	Married	CELL	7502224998		test@test.com	test@test.com	123	test dr	test city	NV	12345	USA			243 Y	1/13/2022	N	1/13/2022	Regular	Full Time		1	EE/VERS		N			N	N	
99999999 H		Person 11	LtRoy	Test	J	5/5/1980	M	Married				test@test.com	test@test.com	123	test dr	test city	NV	12345	USA			243 Y	1/13/2022	N	1/13/2022	Regular	Full Time		1	EE/VERS		N			N	N	
99999999 H		Person 10	LtRoy	Test	J	5/5/1980	M	Married				test@test.com	test@test.com	123	test dr	test city	NV	12345	USA			243 Y	1/13/2022	N	1/13/2022	Regular	Full Time		1	EE/VERS		N			N	N	