

Department of Employee Trust Funds
WISCONSIN RETIREMENT SYSTEM ADMINISTRATION MANUAL

APPENDIX A – Data Description and Format for Ongoing Transactions

Refer to the Data Type Legend at the end for further explanation.

#	Name	Positions	Length	Data Type	Description
1	Social Security Number	1-9	9	Numeric	The Social Security number of the participant. It must be numeric; an interim number of all zeroes or alphabetic characters cannot be used.
2	Social Security Number Tie Breaker	10	1	Unspecified	Leave blank. If it is necessary to use this field, please contact Employer Communication Center toll free (888) 681-3952 for instructions/approval.
3	Employer Identification Number (EIN)	11-17	7	Numeric	The seven-digit EIN assigned by the Social Security Administration as shown on your WRS <i>Monthly Retirement Remittance Report</i> . <u>The 69-036 prefix should not be included.</u> For all local government employers (except Milwaukee Public Schools), <u>the last three digits of the seven-digit EIN must be zero filled.</u> Note: Do not confuse this number with your Federal ID number beginning with 39-
4	Report Date	18-25	8	Numeric	Enter the date of the payroll transaction (CCYYMMDD). Refer to Chapters 9 and 10 for complete explanation.
5	Statement of Benefit Distribution Code	26-33	8	Unspecified	Optional. A maximum of an eight digit code to sort Statement of Benefits into the employers' desired mailing units. This field must be left justified and blank filled if less than eight digits.
6	Transaction Identifier	34	1	Alpha	Constant P.
7	Transaction Type	35-37	3	Numeric	000 Annual hours and earnings for employees not terminated or not on leave of absence. Action date should be 12/31 of the year you are reporting (CCYY/12/31). Hours and earnings must be reported.
					001 Resignation or retirement terminations.
					003 Enrolled in WRS, but is not eligible (i.e., the employee works less than 30 calendar days or is an active employee or a rehired annuitant enrolled in error). You should reimburse the employee for any WRS contributions taken as a payroll deduction. Refer to subchapter 311 for an exception for rehiring employees.
					004 Terminated due to a non-work related illness or injury. Must be used to terminate an employee for WRS purposes only when ETF notifies you that the employee is approved for a WRS disability annuity.
					005 Dismissed or discharged.
					006 Termination due to an employee's death. The date of death on the death certificate must be used for the action date.

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					007 Termination for a local elected official who is waiving part-time elected service for WRS purposes only. Refer to Chapter 16 for more information.
					008 Terminated due to a work-related illness or injury. Must be used to terminate an employee for WRS purposes only when ETF notifies you that the employee is approved for a WRS disability annuity.
					010 Changing employment category due to a <u>change in job duties</u> . This action code will terminate the old category and create the new category. Hours and earnings associated with the old category are reported with this transaction. The new category must be listed in the new employment category code column (positions 287-288). The action date is the effective date of the category change.
					022 Grievance settlement results in reporting hours, earnings and/or employee-paid contributions. Submit a copy of the settlement to ETF.
					023 Retroactive contract settlement for prior years. Enter retroactive earnings and associated employee-paid contributions with a separate entry for each affected year.
					024 Corrects previously reported hours only for prior years.
					027 Subtracts over-reported hours, earnings and/or employee-paid contributions for prior years.
					028 Employment category change reporting hours, earnings and/or employee-paid contributions for prior years.
					029 Omitted, invalid or incomplete hours, earnings and/or employee-paid contributions for prior years.
					031 Name correction or change.
					033 Begin date change.
					034 Statement of benefits code change.
					035 ETF employer number change.
					036 Gender change.
					040 Informal leave of absence with no annual earnings. Action date must be zero filled and last earnings date listed as CCYY1231. No hours and earnings are reported with this action code.
					050 Military leave of absence at year end. Action date must be left blank (or zero filled) and last earnings date listed (CCYY1231). If the employee had hours and earnings for the year reported, they must be indicated.

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#	Name	Positions	Length	Data Type	Description
					051 Unpaid leave of absence at year end. Action date must be left blank (or zero filled) and last earnings date listed (CCYY1231). If the employee had hours and earnings for the year reported, they must be indicated.
					053 Layoff at year end. Action date must be left blank (or zero filled) and last earnings date listed (CCYY1231). If the employee had hours and earnings for the year reported, they must be indicated.
					054 Leave of absence due to a non-work related illness or injury. Action date must be left blank (or zero filled) and last earnings date listed (CCYY1231). Once this code is reported, nothing more is reported until the employee returns to active employment or is terminated. Refer to subchapter 1900 relating to a leave of absence beyond three years.
					058 Leave of absence due to a work related illness or injury. Action date must be left blank (or zero filled) and last earnings date listed (CCYY1231). Once this code is reported, nothing more is reported until the employee returns to active employment or is terminated. Refer to subchapter 1900 relating to a leave of absence beyond three years.
					060 New employee.
					063 Employment category correction.
NOTE: Transaction types 08X's should include only the difference between what was originally reported and what should have been reported. Refer to Chapters 9 and 10 for further explanation.					
					080 Correct previously submitted 000 entry on the annual report.
					081 Correct previously submitted 001 termination.
					083 Correct previously submitted 003 termination.
					084 Correct previously submitted 004 termination.
					085 Correct previously submitted 005 termination.
					086 Correct previously submitted 006 termination.
					087 Correct previously submitted 007 termination.
					088 Correct previously submitted 008 termination.
					089 Correct previously submitted 054 and 058 transactions.
8	Action Date	38-45	8	Numeric	Enter the four-digit year, month and day on which the action occurred or affects (CCYMMDD). Refer to Chapters 6, 9, 10 and 11 for complete explanation.
9	Last Earnings Date	46-53	8	Numeric	Must be zero filled if this transaction type does not apply. Refer to Chapters 9 and 10 prior to use of this date (CCYMMDD).

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#	Name	Positions	Length	Data Type	Description
10	Employment Category	54-55	2	Numeric	The employment categories are:
					00 General Employee
					01 Court Reporter
					02 State Executive Retirement Plan
					03 Protective With Social Security
					04 Protective Without Social Security
					05 Supreme Court Justice
					06 Legislator or State Constitutional Officer
					07 Appellate Judge
					08 Circuit Court Judge
					09 Local Elected Official
					10 Teacher
					11 State Executive Retirement Plan Teacher
					12 Educational Support Personnel
11	Employee Name Last	56-72	17	Unspecified	Employee's last name.
12	Employee Name First	73-87	15	Unspecified	Employee's first name.
13	Employee Name Middle Initial	88	1	Unspecified	Employee's middle initial.
14	Sex Indicator	89	1	Alpha	M = Male F = Female
15	Birthdate	90-97	8	Numeric	Enter the four-digit year, month and day of the employee's birthdate (CCYYMMDD).
16	Fiscal Year Hours	98-104	7	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. <u>FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY:</u> The data shown in this field is the portion of fiscal year hours paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report hours of service to the nearest hour. For example, 880 hours would be reported as 0088000 without the decimal point.
17	Fiscal Year Earnings	105-113	9	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. <u>FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY:</u> The data shown in this field is the portion of fiscal year earnings paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report earnings (dollars and cents). As an example, 13,580.64 would be reported as 001358064 without the decimal point.
18	Calendar Year Hours	114-120	7	Numeric	<u>Calendar Year to Date:</u> Enter the hours for which paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to <u>all</u> employees, including fiscal year employees. Report hours of service to the nearest hour. For example, 2080 hours would be reported as 0208000 without the decimal.

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#	Name	Positions	Length	Data Type	Description
19	Calendar Year Earnings	121-129	9	Numeric	<u>Calendar Year to Date:</u> Enter the earnings for paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to <u>all</u> employees including fiscal year employees. Report earnings (dollars and cents). For example, 27,161.28 would be reported as 002716128 without the decimal.
20	Employee Required Contributions Employee Paid	130-136	7	Numeric	If you do not deduct anything from the employee's paycheck for this, you must zero fill. Enter the amount of money actually deducted from the employee's paychecks toward the Employee Required Contributions. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Employee Required Contributions paid by the employer or the amount deducted for the Benefit Adjustment Contribution. Report contributions (dollar and cents). For example, \$135.80 would be reported as 0013580 without the decimal.
21	Benefit Adjustment Contributions Employee Paid	137-143	7	Numeric	If you do not deduct anything from the employee's paycheck for this, you must zero fill. Enter the amount of money actually deducted from the employee's paychecks toward the Benefit Adjustment Contribution. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Benefit Adjustment Contributions paid by the employer or the amount deducted for the Employee Required Contributions. Report contributions (dollar and cents). For example, \$13.58 would be reported as 0001358 without the decimal.
22	Additional Contributions Core	144-150	7	Numeric	Additional core contributions made by employee. For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
23	Additional Contributions Variable	151-157	7	Numeric	Additional variable contributions made by employee (if applicable). For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
24	Tax Deferred (Sheltered) Additional Core	158-164	7	Numeric	Tax deferred core contributions made by the employee. For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
25	Tax Deferred (Sheltered) Additional Variable	165-171	7	Numeric	Tax deferred variable contributions made by the employee (if applicable). For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
26	Employer Paid Additional Core	172-178	7	Numeric	Additional core contributions paid by the employer for the employee. For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
27	Employer Paid Additional Variable	179-185	7	Numeric	Additional variable contributions paid by the employer for the employee (if applicable). For detailed explanation, refer to subchapter 1201. If nothing, must be zero filled.
28	Home Address Street -1	186-210	25	Unspecified	Home address for employee.
29	Home Address Street - 2	211-235	25	Unspecified	Home address for employee.
30	Home Address City	236-250	15	Unspecified	Home address for employee.
31	Home Address State	251-252	2	Alpha/Blank	Home address for employee.

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#	Name	Positions	Length	Data Type	Description
32	Home Address Zip Code	253-257	5	Numeric/Blank	Home address for employee.
33	Home Address Expanded Zip Code	258-261	4	Numeric/Blank	This is the additional four-digit code. Include the extended four-digit code if available.
34	Home Address Foreign Country	262-271	10	Unspecified	Home address for an employee living outside the U.S. only. If it is necessary to use this field, please contact the Employer Communication Center toll free (888) 681-3952 for approval.
35	Home Address Foreign Zip Code	272-286	15	Unspecified	Home address for an employee living outside the U.S. only. If it is necessary to use this field, please contact the Employer Communication Center toll free (888) 681-3952 for approval.
36	New Employment Category	287-288	2	Numeric/Blank	The employee's new employment category when reporting a 010 transaction. For all other transactions, leave blank.
37	Filler	289-346	58	Blank	This field must be blank.
38	Date Stamp	347-354	8	Numeric	Enter the file creation date (CCYYMMDD).
39	Time Stamp	355-360	6	Numeric	Enter the file creation time (HHMMSS).

Data Type Legend

Numeric = Field must be numeric, right justified and zero-filled if no data to report or required.

Unspecified = Any combination of characters allowed - alpha/numeric/blank.

Numeric/Blank = Field must be numeric, right justified or blank-filled if no data to report or required.

Alpha/Blank = Field must be alphabetic or blank filled if no data to report.

Blank = Field must be blank.

Alpha = Field must be alphabetic.