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	numeri	ocial Security number of the participant. It must be ic; an interim number of all zeroes or alphabetic sters cannot be used.	
2	Social Security Number Tie Breaker	10	1	Unspecified	contac	Leave blank. If it is necessary to use this field, please contact Employer Communication Center toll free 1-877-533-5020 for instructions/approval.	
3	Employer Identification Number (EIN)	11-17	7	Numeric	Admini <i>Remitt</i> includ Milwau seven-	The seven-digit EIN assigned by the Social Security Administration as shown on your WRS <i>Monthly Retirement</i> <i>Remittance Report</i> . The 69-036 prefix should not be included . For all local government employers (except Milwaukee Public Schools), the last three digits of the seven-digit EIN must be zero filled. Note : Do not confuse this number with your Federal ID number beginning with 39-	
4	Report Date	18-25	8	Numeric		he date of the payroll transaction (YYYYMMDD). 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 (YYYY/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.	
<u> </u>					005	Dismissed or discharged.	
					000	Distilissed of discillaryed.	

#	Name	Positions	Length	Data Type		Description
					006	Termination due to an employee's death. The date of death on the death certificate must be used for the action date.
					007	Termination for a local elected official who is waiving part-time elected service for WRS purposes only. Refer to Chapter 15 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 change in job duties . This transaction type 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/Arbitration award 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.
					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 day worked listed as YYYY1231. No hours and earnings are reported with this transaction type.
					050	Military leave of absence at year end. Action date must be left blank (or zero filled) and last day worked listed (YYYY1231). If the employee had hours and earnings for the year reported, they must be indicated.

#	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 day worked listed (YYYY1231). 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 day worked listed (YYYY1231). 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 day worked listed (YYYY1231). Once this code is reported, nothing more is reported until the employee returns to active employment or is terminated. Refer to subchapter 1800 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 day worked listed (YYYY1231). Once this code is reported, nothing more is reported until the employee returns to active employment or is terminated. Refer to subchapter 1800 relating to a leave of absence beyond three years.
					060	New employee.
Not	te: Transaction type have been report					ween what was originally reported and what should lanation.
					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.
					000	
					086	Correct previously submitted 006 termination.
					086 087	
						Correct previously submitted 006 termination.
					087	Correct previously submitted 006 termination. Correct previously submitted 007 termination.
8	Action Date	38-45	8	Numeric	087 088 089 Enter t	Correct previously submitted 006 termination. Correct previously submitted 007 termination. Correct previously submitted 008 termination. Correct previously submitted 054 and 058
8 9	Action Date Last Day Worked	38-45 46-53	8	Numeric	087 088 089 Enter t occurr and 11 Must b Refer t	Correct previously submitted 006 termination. Correct previously submitted 007 termination. Correct previously submitted 008 termination. Correct previously submitted 054 and 058 transactions. the four-digit year, month and day on which the action ed or affects (YYYYMMDD). Refer to Chapters 9, 10
	Last Day				087 088 089 Enter t occurr and 11 Must b Refer t (YYYY	Correct previously submitted 006 termination. Correct previously submitted 007 termination. Correct previously submitted 008 termination. Correct previously submitted 054 and 058 transactions. the four-digit year, month and day on which the action ed or affects (YYYYMMDD). Refer to Chapters 9, 10 for complete explanation. we zero filled if this transaction type does not apply. to Chapters 9 and 10 prior to use of this date
9	Last Day Worked Employment	46-53	8	Numeric	087 088 089 Enter t occurr and 11 Must b Refer t (YYYY	Correct previously submitted 006 termination. Correct previously submitted 007 termination. Correct previously submitted 008 termination. Correct previously submitted 054 and 058 transactions. the four-digit year, month and day on which the action ed or affects (YYYYMMDD). Refer to Chapters 9, 10 for complete explanation. be zero filled if this transaction type does not apply. to Chapters 9 and 10 prior to use of this date MMDD).

#	Name	Positions	Length	Data Type		Description
					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
	New Employment Category	54-55	2	Numeric	The en	nployment categories are:
	(Changed with imp	lementation of	of ACT 32)		30	General Employee
					31	Court Reporter
					32	State Executive Retirement Plan
					33	Protective With Social Security
					34	Protective Without Social Security
					35	Supreme Court Justice
					36	Legislator or State Constitutional Officer
					37	Appellate Judge
					38	Circuit Court Judge
					39	Local Elected Official
					40	Teacher
					41	State Executive Retirement Plan Teacher
					42	Educational Support Personnel
	New Employment Category	54-55	2	Numeric	The en	nployment categories are:
	(Changed for electer implementation of a		n effective	date(s) with	N/A	General Employee
					N/A	Court Reporter
					N/A	State Executive Retirement Plan
					N/A	Protective With Social Security
					N/A	Protective Without Social Security
					45	Supreme Court Justice
					46	Legislator or State Constitutional Officer
					47	Appellate Judge
					48	Circuit Court Judge
					49	Local Elected Official
					N/A	Teacher
					N/A	State Executive Retirement Plan Teacher
					N/A	Educational Support Personnel

#	Name	Positions	Length	Data Type	Description
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 (YYYYMMDD).
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.
					For Teachers, Judges and Educational Support Personnel Only: The data shown in this field is the portion of fiscal year hours paid from 01-01-YYYY to 06-30-YYYY 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.
					<i>For Teachers, Judges and Educational Support</i> <i>Personnel Only</i> : The data shown in this field is the portion of fiscal year earnings paid from 01-01-YYYY to 06-30-YYYY 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	Calendar Year to Date : Enter the hours for which paid from 01-01-YYYY to date of 12-31-YYYY for annual transactions or the actual termination date. This applies to all 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.
19	Calendar Year Earnings	121-129	9	Numeric	Calendar Year to Date: Enter the earnings for paid from 01-01-YYYY to date of 12-31-YYYY for annual transactions or the actual termination date. This applies to all employees including fiscal year employees. Report earnings (dollars and cents). For example, 27,161.28 would be reported as 002716128 without the decimal.

#	Name	Positions	Length	Data Type	Description
20	Employee Required Contributions Employee Paid (Post-Tax)	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 (Post-Tax)	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	Spacing	158-164	7	Numeric	Must be zero filled.
25	Spacing	165-171	7	Numeric	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.
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.

#	Name	Positions	Length	Data Type	Description
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 1-877-533-5020 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 1-877-533-5020 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	Pre-Tax Employee	289-295	7	Numeric	If you do not deduct anything from the employee's paycheck for this, you must zero fill.
	Required Contributions (EERC) Employee Paid				Enter the amount of money actually deducted <i>Pre-Tax</i> from the employee's paychecks toward the Employee Required Contributions. This amount can never exceed the maximum contribution for the category reported. Report contributions in dollar and cents. For example,
					\$135.80 would be reported as 0013580 without the decimal.
38	<i>Pre-Tax</i> Benefit Adjustment Contributions (BAC) Employee Paid (Not Applicable at this time)	296-302	7	Numeric	Must be zero filled. Pre-tax BAC is not applicable at this time.
39	Filler	303-346	44	Blank	This field must be blank.
40	Date Stamp	347-354	8	Numeric	Enter the file creation date (YYYYMMDD).
41	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.