

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
REQUEST FOR PROPOSAL

Check Issuance File Layout

Labor Suspense Account #1

Catastrophic Illness Account #2

Family Leave Account #6

State Plan Disability Account #7

Supplemental Workforce Development Account #8

Workforce Development Account #10

Health Care Subsidy Account #12

Unemployment Compensation (UC) Benefit Account #15

Wage and Hour Suspense Account #19

Prevailing Wage Account #20

Wage and Hour Account #21

Wage Collection Account #22

FIELD	LENGTH	VALUE
01 HEADER-CARD.		
05 HEADER-LIT	PIC X (20)	RECONCILIATIONHEADER
05 BANK-NO	PIC 9 (4)	0075
05 ACCT-NO	PIC 9 (13)	0001234567890
05 AMT-ISS	PIC 9 (10) V99	000000000000
05 NUM-ISS	PIC 9 (5)	00000
05 FILLER	PIC X (26)	SPACES
01 CHECK-RECORD		
03 CR-ACCT-NUM	PIC X (13)	
03 CR-CK-NUM	PIC 9(10)	
03 CR-AMT	PIC 9(8)V99	
03 CR-DATE		
05 CR-DT-CC	PIC XX	
05 CR-DT-YR	PIC XX	
05 CR-DT-MON	PIC XX	
05 CR-DT-DAY	PIC XX	
03 CR-VOID	PIC X	
03 CR-SSN	PIC 9(9)	
03 FILLER	PIC X(6)	SPACES
03 FILLER	PIC X(23)	SPACES