

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 REQUEST FOR PROPOSAL
 Catastrophic Illness Account # 2
 Supplemental Workforce Development Account # 8
 Workforce Development Account # 10
 Health Care Subsidy Account # 12
 Paid Check Return File Layouts

FIELD	POS	LENGTH	TYPE	COMMENTS
ACCT-NUMBER	1	12	PIC X(12)	Enter account number with leading zeroes.
REC-TYPE	13	1	PIC X(12)	Enter 'P' for paid.
WARRANT-NUMBER	14	10	PIC X(10)	Check number with leading zeros.
CK_AMOUNT	24	12	PIC 9(12)	Amount of check with leading zeros and no decimal.
PD-DATE-CC	36	2	PIC XX	Two character century.
PD-DATE-YY	38	2	PIC XX	Two character year.
PD-DATE-MM	40	2	PIC XX	Two character numeric month.
PD-DATE-DD	42	2	PIC XX	Two character numeric day.
FILLER	44	136	PIC X(136)	Filled with spaces.

