Appendix B - Bulk Transfer for 53 Weeks (Flat File Layout and Edit Rules)

File Format: Text File
File Size: Less than or equal to 1,048,576 bytes
Header Record Length: 7 Characters (includes end of record markers)
Data Record Length: 1106 Characters (includes end of record markers)
Naming convention: File name is maximum of 256 alphanumeric, File extension must be 'BLK'
                           (example: ACME_ROE200.BLK)

Notes: Field size must be respected. If the information required does not complete the field (including blanks), spaces must be entered to respect the field size.

Fields containing amounts must be justified to the right.

Fields with other numerical characters or with alphabetical characters must be justified to the left.

Thousand separators are not permitted.

All amounts fields must have a decimal separator and the decimal separator must be either a period or a comma.

Dates must be valid and must be in the format DDMMYYYY (example: 29032005)

Codes and types are not case sensitive.

The following header record must be the very first record within the file and must be present in all bulk files.

Header / MetaData Block

Field #	Offset	Size	Block #	Required Field (Y/N)	Description	Value
1	0	1	---	Y	**Very first Byte of the file; it identifies if the flat file format has a header/metadata section; must be the character "~" which can be generated by using ASCII character #126 which is part of base ASCII meaning there should be no issues generating this character.**	**~**
2	1	2	---	Y	**Major Version of the File Format Data Model (change could break backwards compatibility)**	**01**
3	3	2	---	Y	**Minor Version of the File Format Data Model (change keeps backwards compatibility)**	**00**

Example 1:   ~0100[Cr/Lf]

Data Block

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
1	0	15	3	N	**Employer's payroll reference number** • *May be blank* • Must be 15 characters or less.
2	15	15	5	Y	**Canada Revenue Agency Business Number** • *Must not be blank* • The first character must be an '8' or a '1' • The first 9 characters must be numeric and must not be all zeros. • Characters ten and eleven must be 'RP'. • The last four characters must be numeric and greater than '0000'
3	30	1	6	Y	**Pay period type** • *Must not be blank* • Must be one of the following codes: **B** = Bi-weekly **M** = Monthly **O** = Monthly non-standard **S** = Semi-Monthly **E** = Semi-Monthly non-standard **H** = Thirteen per year **W** = Weekly
4	31	9	8	Y	**Social Insurance Number of the employee for whom the ROE will be issued** • *Must not be all zeros*. • *All 9 characters must be numeric*. • 1st character could not be a '0', '3', or an '8'
5	40	20	9	Y	**First name of the employee for whom the ROE will be issued** • *Must not be blank* • Must be 20 characters or less.
6	60	4	9	N	**Initial of the employee for whom the ROE will be issued** • *May be blank* • Maximum of 4 characters.
7	64	28	9	Y	**Last name of the employee for whom the ROE will be issued** • *Must not be blank* • Must be 28 characters or less.
8	92	35	9	Y	**Line 1 of the address of the employee for whom the ROE will be issued (Number and street name)** • *Must not be blank* • Must be 35 characters or less.

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
9	127	35	9	N	**Line 2 of the address of the employee for whom the ROE will be issued (Place/City/Municipality)** • *May be blank* • Maximum of 35 characters.
10	162	35	9	N	**Line 3 of the address of the employee for whom the ROE will be issued (Province, Country and Postal Code)** • *May be blank* • Maximum of 35 characters.
11	197	8	10	Y	**First day worked** • *Must not be blank* • Must be 8 characters in the following format: "DDMMYYYY" • Must be earlier than or equal to the **Last day for which paid**. • Must be earlier than or equal to the **Final pay period ending date**. • Must pass the following overlapped ROE rule: The **First day worked** and **Last day for which paid** for the current ROE must not be overlapped with the **First day worked** and **Last day for which paid** for all previous ROEs issued by the same employer Canada Revenue Agency Business Number (CRABN), for the same employee Social Insurance Number (SIN), unless the Employer Business Number has been registered with the capability to issue overlap Records of Employment.
12	205	8	11	Y	**Last day for which paid** • *Must not be blank* • Must be 8 characters in the following format: "DDMMYYYY" • Must be equal to or after the **First day worked**. • Must be earlier than or equal to the **Final pay period ending date**.
13	213	8	12	Y	**Final Pay Period Ending Date** • *Must not be blank* • Must be 8 characters in the following format: "DDMMYYYY" • Must be equal to or after the **First day worked**. • Based on the **Pay period type**, must also match the following rule: **Weekly (W):** cannot be more than 6 days after **Last day for which paid**. **Bi-weekly (B):** cannot be more than 13 days after **Last day for which paid**. **Semi-monthly (S):** cannot be more than 15 days after **Last day for which paid** and must be the 15th or the last day of the month. **Monthly (M):** cannot be more than 30 days after **Last day for which paid** and must be the last day of the month.

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
					13 PP/year (H): cannot be more than 27 days after **Last day for which paid**. **Non-standard semi-monthly (E)**: cannot be more than 15 days after **Last day for which paid** and cannot be the 15th or the last day of the month. **Non-standard monthly (O)**: cannot be more than 30 days after **Last day for which paid** and cannot be the last day of the month.
14	221	40	13	N	**Employee occupation** • *May be blank* • Maximum of 40 characters.

15	261	1	14	N	**Expected recall code**
					 • *May be blank*
					 • If blank or other than the codes below, **U** is the default value.
					 • Must be one of the following codes:
					   Y-Date of recall
					   N-Not returning
					   U-Unknown
					   S-Unspecified
					 • If the code is **Y**, the **Expected date of recall** must be entered.

16	262	8	14	N	**Expected date of recall** • *May be blank* • **Mandatory** if the **Expected recall code** is **Y**. • If completed, must be 8 characters in the following format: "DDMMYYYY" • Must be later than the **Last day for which paid** if value is present. • Must be blank when **Reason for issuing** is Quit (E), Retired (G) or Dismissal (M).
17	270	4	15A	Y	**Total insurable hours** • *Must not be blank* • Must be 4 characters or less. • Valid value from 1 to 8904 (Must be rounded to the next available value because decimals are not permitted). • Must be less or equal to: (**Last day for which paid** - **First day worked** + 1) multiplied by 24 • Number of pay periods used to calculate this value must not exceed possible pay periods given pay period type period (refer to chart I at the end of Appendix A).
18	274	9	15B	Y	**Total insurable earnings** • *Must not be blank* • *Must not be equal to 0.00* • Maximum is 999999.99 • This amount will be overwritten by 15C values but must not exceed the maximum pay periods possible in the required period (refer to chart II at the end of Appendix A). • Number of consecutive pay periods used to complete 15B

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
					must not exceed the maximum pay periods possible in the required period (refer to chart II at the end of Appendix A).
19	283	9	15C	Y	**Earnings for Pay Period 1** • *See instructions for block 15C at the end of Appendix A, Chart III.* • *Must not be blank* • Must be 9 characters or less. • Valid value range between '1.00' to '999999.99'
20-71	292	9	15C	N	**Earnings for Pay Period 2…53** • *See instructions for block 15C at the end of Appendix A, Chart III.* • *May be blank* • Maximum of 9 characters. • A pay period **within the period of employment** with no insurable earnings should equal '0.00' • Pay periods **outside the period of employment** must be left blank. • Valid value range between '0.00' to '999999.99'
72	760	1	16	Y	**Reason for issuing this ROE** • *Must not be blank* • Must be one of the following codes: **A** = Shortage of Work **B** = Strike or Lockout **C** = Return to School **D** = Illness or Injury **E** = Quit **F** = Maternity **G** = Retirement **H** = Work sharing **J** = Apprentice Training **K** = Other **M** = Dismissal **N** = Leave of Absence **P** = Parental **Z** = Compassionate Care **If 'K' - 'Other' is indicated then additional information must be given in the Comments Section (Block 18)**
73	761	20	16	Y	**First name (only) for the contact person** • *Must not be blank* • Must be 20 characters or less.
74	781	28	16	Y	**Last name for the contact person** • *Must not be blank* • Must be 28 characters or less.

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
75	809	3	16	**Y**	**Phone area code for the contact person** • *Must not be blank* • Must be 3 numeric characters.
76	812	7	16	**Y**	**Phone number for the contact person** • *Must not be blank* • Must be 7 numeric characters.
77	819	5	16	**N**	**Phone extension for the contact person** • *May be blank* • Maximum of 5 numeric characters.
78	824	9	17A	**N**	**Vacation Pay amount** • *May be blank* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
79	833	8	17B	**N**	**Statutory Holiday Pay Date 1** • *May be blank* • If completed, must be 8 characters in the following format: "DDMMYYYY". • If completed then it must have a corresponding dollar value in **Statutory Holiday Pay amount 1**. • If completed then it must be different than **Statutory Holiday Pay Date 2 and Pay Date 3**.
80	841	9	17B	**N**	**Statutory Holiday Pay amount 1** • *Must be blank if no date is specified in the Statutory Holiday Pay Date 1* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
81	850	8	17B	**N**	**Statutory Holiday Pay Date 2** • *May be blank* • If completed, must be 8 characters in the following format: "DDMMYYYY". • If completed then it must have a corresponding dollar value in **Statutory Holiday Pay amount 2**. • If completed then it must be different than **Statutory Holiday Pay Date 1 and Pay Date 3**.
82	858	9	17B	**N**	**Statutory Holiday Pay amount 2** • *Must be blank if no date is specified in the Statutory Holiday Pay Date 2*. • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
83	867	8	17B	**N**	**Statutory Holiday Pay Date 3** • *May be blank* • If completed, must be 8 characters in the following format: "DDMMYYYY". • If completed then it must have a corresponding dollar value in **Statutory Holiday Pay amount 3**. • If completed then it must be different than **Statutory**

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
					Holiday Pay Date 1 and Pay Date 2.
84	875	9	17B	N	**Statutory Holiday Pay amount 3** • *Must be blank if no date is specified in the Statutory Holiday Pay Date 3*. • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
85	884	1	17C	N	**Other monies code 1** • *May be blank* • If completed then it must be one of the following codes: **A** = Anniversary Payout **B** = Bonus **E** = Severance Pay **G** = Gratuities **H** = Honorariums **I** = Sick Leave Credits **O** = Other **R** = Retirement Leave Credits **S** = Settlement Pay **U** = Supplemental Unemployment Benefits **Y** = Pay in Lieu of Notice • If **Other monies code 1 is not blank,** there must be a corresponding amount in **Other monies amount 1**.
86	885	9	17C	N	**Other monies amount 1** • *Must be blank if the Other monies code 1 is blank.* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
87	894	1	17C	N	**Other monies code 2** • *May be blank* • If completed, it must contain one of the codes listed under **Other monies code 1**. • If **Other monies code 2 is not blank**, there must be a corresponding amount in **Other monies amount 2**.
88	895	9	17C	N	**Other monies amount 2** • *Must be blank if the Other monies code 2 is blank.* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
89	904	1	17C	N	**Other monies code 3** • *May be blank* • If completed, it must contain one of the codes listed under **Other monies code 1**. • If **Other monies code 3 is not blank**, there must be a corresponding amount in **Other monies amount 3**.

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
90	905	9	17C	N	**Other monies amount 3** • *Must be blank if the* **Other monies code 3** *is blank.* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
91	914	160	18	N	**Comments** • *May be blank* • *Mandatory if Reason for issuing this ROE is* '*K-Other*'. • Maximum of 160 characters.
92	1074	8	19	N	**Paid Sick/Maternity/Parental or Group Wage Loss Insurance Date** • *May be blank* • If completed, must be 8 characters in the following format: "DMMYYYY". • If completed then there must be a corresponding dollar value in **Paid Sick/Maternity/Parental or Group Wage Loss Insurance Amount**.
93	1082	9	19	N	**Paid Sick/Maternity/Parental or Group Wage Loss Insurance Amount** • *May be blank* • Maximum of 9 characters. • Valid value range between '0.01' to '999999.99'
94	1091	1	19	N	**Paid Sick/Maternity/Parental or Group Wage Loss Insurance Period** • *May be blank* • **If completed it must have one of the following codes**: **D**: Per Day **W**: Per Week
95	1092	1	20	Y	**Communication Preferred In** • *Must not be blank* • Must be one of the following codes: **E**: English **F**: French
96	1093	1	---	Y	**Print language to be used in printing the ROE** • *Must not be blank* • Must be one of the following codes: **E**: English **F**: French
97	1094	1	---	Y	**ROE processing method** • *Must not be blank* • Must be one of the following codes: **D**: Draft (System will **only** verify the ROE and no serial number will be assigned). **S**: To be submitted (System will verify the ROE and if the ROE passed the validations, then a serial number will be assigned. If the ROE did no pass the validations, it must be modified and submitted again). • A Draft ROE will be deleted from the database after a period of 15 days.

Field #	Offset	Size	Block #	Required Field (Y/N)	Description & Edit Rules
98	1095	9	---	N	**S.N. of ROE Amended or replaced** *This field is not in use*